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CORRESPONDENCE

Correspondents are urged to write briefly so that readers may be offered as wide a selection of letters as possible. So many are now being received that the omission of some is inevitable. Letters should be signed personally by all their authors.

Virtuous Husband Syndrome

SIR,—I would be grateful if you would allow me the courtesy of your columns to describe this female disorder, one which leads the women who suffer it into needless and repetitive investigations for non-existent physical disease, sometimes over many years.

If a husband is a rogue—if, for example, he gambles the housekeeping or goes out drinking all night or chases loose women—his wife has legitimate cause for complaint. She may spit in his eye or weep on her mother's shoulder or pour out her heart to the next-door neighbour; and all who are familiar with the situation will sympathize with her and hold her husband in contempt. In this way her insecurity and sense of neglect may be relieved and she may continue to be able to cope.

If, however, a husband is virtuous—if, for example, he is a vicar who succours his parishioners day and night or a doctor constantly attending his patients or a businessman who by his skill and long working hours has built up the wealth on which the family depends for its high standard of living—he will be held in high esteem by all and his wife would herself be considered worthy of contempt were she to object to his activities. Yet she may be equally neglected and, without a reasonable outlet for her insecurity, may take refuge in ill health.

The symptoms are necessarily vague and variable from case to case. Headache and dizziness are common, as are symptoms referable to the digestive tract. Weakness may be severe enough to confine the patient to bed, and a general sense of illness almost invariably invokes great concern by the husband. It is not the specific symptoms but the association of the appropriate background with symptoms and no disease that should allow the alert clinician to make the diagnosis.

Not all problems are capable of solution and this syndrome is certainly no exception. Fortunately it is particularly a disorder of the successful and intelligent, and tactful discussion will often allow both spouses to obtain considerable insight so that they may seek their own solution.

I have little doubt that most practising clinicians will spot this syndrome from time to time, sometimes in their patients, sometimes in their friends and even—dare I suggest it?—sometimes in themselves.—I am, etc.,

MICHAEL MACAULAY
Walton Hospital, Liverpool

Value of E.M.I. Scanner

SIR,—The opening sentence in your leading article on "Routine Chest Radiographs in Hospital" (15 March, p. 592) refers to an annual increase in the number of radiological examinations of the order of 10%. Our experience at this hospital suggests that this statement may no longer be true, in that our total patient attendances in the *x*-ray department for the year of 1974 were about the same as those for 1973. The greatest increase in demand occurred in the years 1969-72 inclusive, but since then the curve has flattened out, to give the impression that the peak attendance figure may well have been reached. Returns from other hospitals might well show a similar trend.

Your second paragraph indicates an increasing complexity of investigatory procedures, and as you mention the E.M.I. scanner you may be interested to know of the impact such a machine has had on the diagnostic scene at one of the few British hospitals fortunate enough to receive such an installation. In a setting of a district responsibility, with regional commitments in neurosurgery, thoracic surgery, and plastic surgery, it would be no exaggeration to say that the introduction of the E.M.I. scanner has revolutionized our approach to a clinical intracranial problem. At last, it seems, we have the equivalent of a "chest *x*-ray" of the brain, with the result that our techniques have become simplified rather than the reverse. Our standard approach to a clinical problem now embodies routine chest and skull radiographs, followed by an E.M.I. scan as the next most informative procedure. All these can of course be carried out on an outpatient basis, with an impressive saving of inpatient beds and facilities as a corollary. In many cases this simple scheme provides a satisfactory answer, but if not it almost invariably indicates the next step. At this stage resource may be needed to the more traditional techniques of neuroradiological investigation on an inpatient basis, but already considerable time and money are likely to have been saved. The impact on the numbers of such techniques carried out has been remarkable. Since the introduction of the E.M.I. scanner to our neuroradiological department in the midsummer of 1974 the requests for air encephalography have been reduced to about one-third of the previous figures and those for carotid angiograms and isotope scans to about one-half. This trend appears to be continuing at the present time, and in June of this year it is hoped to present the final figures for the first year's experience to a