

# BRITISH MEDICAL JOURNAL

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*We may return unduly long letters to the author for shortening so that we can offer readers as wide a selection as possible. We receive so many letters each week that we have to omit some of them. Letters should be typed with double spacing between lines and must be signed personally by all their authors, who should include their degrees. Letters critical of a paper may be sent to the authors of the paper so that their reply may appear in the same issue.*

*Correspondents should present their references in the Vancouver style (see examples in these columns). In particular, the names and initials of all authors must be given unless there are more than six, when only the first three should be given, followed by et al; and the first and last page numbers of articles and chapters should be included.*

## The deceivers

SIR,—Having had a patient with Munchausen's syndrome for the last eight years my experience is not quite as Sir Richard Bayliss describes (25 February, p 583). The patient is known affectionately in this practice as "son of McIlroy." For eight years he has had repeated hospital admissions. He presents in casualty departments with haematemesis which is never seen. He is currently on his third circuit of the country and is often out of one hospital and into another in the same day. They may be within walking distance of each other in London or up to 30 miles apart in Yorkshire.

I have studied the time that discharge letters take to arrive and the average length of stay in hospital. Length of stay seems to be half as long in the north as the south, and the average is five days. In a London teaching hospital it may be two weeks. Does this reflect pressure on beds? About 95% of admissions resulted in gastroscopies, sometimes three a week in different hospitals: a fifth have been normal, half showed oesophagitis with or without a hiatus hernia, and a third showed Mallory Weiss tears (this is a very common diagnosis around London). One report from a famous hospital was of ectopic gastric mucosa.

I have written to most hospitals after discharge of this patient with his past history, but only one has telephoned me when he

presented again. I was pleased that this was St Thomas's Hospital—my alma mater. Unfortunately, the same day he was admitted to another London teaching hospital.

In the north the true diagnosis is more likely to be made. He was once removed from one general hospital casualty department but was admitted the same day to a teaching hospital for a cosy 10 day stay.

He is a tall, blond, outgoing character aged 34, who is now more convincing as he has two operation scars—one was for a suspected duodenal ulcer in 1975 (nil was found) and the second for a supposed hiatus hernia. The last was done "so he never complains of this again," but he was admitted to another hospital during the month with the same presenting complaint.

This man came to my surgery three years ago when I confronted him, although I realise this is not always a good idea. He admitted to me he had only once brought up a trace of blood in his life, but, he said, so many gastroscopies seemed to find something that he came to the conclusion there was something wrong; and he could never resist seeing what the latest would show. I told him (to frighten him) that all the hospitals in this country now knew about him, but after a month we had the first of many discharge letters from Manchester—this time addressed to my partner.

He often alters his name, address, or both very slightly, and often his old notes are never discovered. He told me he could often prolong his stay by saying he had brought up more blood in the bathroom which he did not think to keep. Interestingly, in 1970 he was bound over by the police for non-payment of hotel bills.

LYNETTE MOSS

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SIR,—Surely in the 1980s we understand that illness and its management is more than symptoms, signs, and diagnoses and the application of surgical or pharmacological remedies. What does Sir Richard mean by the "normal doctor patient relationship" if he precludes all patients whose ill health does not conform to a normal pattern of history, examination, diagnosis, and treatment, where the doctor feels brilliant and the patient feels gratitude? He implies that all such patients are time wasters and deceivers. This is a fallacy, and I think that if he spent a week in general practice with an experienced general practitioner he would see that many patients who are frequent attenders at surgeries would qualify in his terms as "deceivers."