

Once again I offer support to Dr Benjamin's appeal that philosophy should have a place in the medical curriculum. A medical school which would facilitate philosophical debate among its students and teachers could not fail to improve the quality of its graduates both by sharpening their minds and perhaps even uplifting their spirits.

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### Anorexia Nervosa

SIR: We read with great interest the recent report by Shur *et al* (*Journal*, July 1988, 153, 72–75) who found blood cell alterations in eight out of twelve patients with anorexia nervosa. We would like to add to their interesting report our recent findings in 13 patients with anorexia nervosa (Geissler *et al*, 1988): granulocytopenia (granulocytes <2000/ $\mu$ l) and anaemia (haemoglobin <12.0 g/dl) were found in five and one patient respectively. However, the number of myeloid and erythroid stem cells in the circulating blood using a colony assay described previously (Geissler *et al*, 1986) was significantly decreased compared with age-matched controls, showing a more pronounced haematopoietic abnormality in anorexia nervosa than was hitherto inferred from blood counts. Some patients maintained normal peripheral blood counts despite decreased numbers of stem cells. It is reasonable to suggest that careful haematological observation during treatment with certain drugs with potential haematotoxicity is mandatory in patients with anorexia nervosa, even if normal blood counts seem to reflect intact haematopoiesis.

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### References

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SIR: Touyz *et al*'s paper (*Journal*, August 1988, 153, 248–250) on anorexia nervosa developing in a blind woman refers to absence of hallucinatory or other psychotic thought processes and no abnormalities on testing cognition. This statement seems to be contradicted by perception of this woman of her wasted biceps muscle, saying, "I am worried about this fat". This kind of perceptual disturbance is not uncommon in anorexia nervosa, and I think that it reflects psychotic phenomena. Furthermore, I would stress that hallucinatory phenomena belong to the level of perception, not to the level of thought processes as Dr Touyz *et al* suggest.

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SIR: In their study on body shape dissatisfaction in schoolchildren, Salmons *et al* (*Journal*, July 1988, 153, Suppl. 2, 27–31) commented on the finding of concern about undersized thighs in boys over 16, significantly more so than in girls of the same age (although the majority of boys of this age in their sample were satisfied with the thigh size). From their results it would appear that in the same group of boys there was also a concern about undersized stomach, significantly more so than in the girls. It is not clear specifically what their concern was, but presumably in boys the concern would be about undersized muscles. We have recently been following up a group of early onset anorexic children and have found a 16-year-old boy fully recovered on most of the usual indices of outcome who was, it seemed to us, preoccupied with body building and concerned that his thigh and leg muscles were too small. Perhaps, given the findings of Salmons *et al*, this preoccupation is within normal limits, but our subject also scored strongly on the self-deprecation item of the PSE. We would postulate that in recovering anorexic males whose self-esteem is still fragile, a need to have well-developed musculature and act on this need is a reflection of the ongoing struggle to resolve the anorexic experience.

It would be interesting if Salmons *et al*'s findings of some boys' concern about undersized thighs and stomachs could be replicated and then further clarified, (a) as to whether it is specifically musculature which is considered too small, and (b) as to whether they feel so strongly about their concern as to take steps to remedy the perceived defect. This would help gauge the normality or otherwise of the