Correspondence

providing the cultures and Ms E M Belsey
for assistance with the statistical analysis.

Yours faithfully,

Y J Erdman
J M Parry

Department of Microbiology,
Middlesex Hospital Medical School,
London W1

Penicillinase-producing gonococci in the
Netherlands

Sir,
The number of infections with strains of
penicillinase-producing Neisseria gonor-
rohoeae (PPNG) in the Netherlands has risen
progressively from one in 1976 to 273 in
1979.1 This trend has continued during
1980, when 475 such infections were
reported. From January to August of this
year (1980) they formed 3% of all strains of
gonococci isolated in Amsterdam; in the
following months this proportion rose to
18.3% in December.

The proportion of infections in women in
1980 (28%) is about the same as in 1979
(25%) but the proportion of Dutch cases
(65%) is higher than in 1979 (45%) but
about the same as in 1978 (62%). The pro-
portion of PPNG infections contracted out-
side the Netherlands decreased from 11% in
1979 to 9% in 1980. Most of the locally
acquired infections were contracted in
Amsterdam (58% in 1979 and 68% in 1980)
followed by The Hague (17% in 1979 and
12% in 1980). Contact tracing often
remains unsuccessful; many men were
infected by prostitutes in Amsterdam who
were heroin addicts.

Yours faithfully,

H Bijkerk
Division of Infectious Diseases,
Office of the Chief Medical Officer of
Public Health,
Dokter Reijersstraat 8,
Leidschendam,
The Netherlands

Reference
1. Bijkerk H. Penicillinase-producing gono-

Monosymptomatic hypochondriacal
psychosis

Sir,
For some time now I have been interested in
studying patients who present with a false
conviction of disease, abnormality, or
alteration in a single part of the body or a
single organ system. This solitary delus-
ional belief, unaccompanied by other
features of psychotic disturbance, does not
relate to any distinct cerebral pathology and
is not the most prominent manifestation of
a clear-cut primary pathological disorder of
mood (severe depression or anxiety). For
perhaps understandable reasons these
patients tend to be referred to general
physicians or surgeons, dermatologists,
venereologists, plastic surgeons,
parasitologists, and dental surgeons rather
than to psychiatrists.

I am presently collecting data on such
patients. To do this, the responsible physi-
cian/surgeon completes a fairly straight-
forward questionnaire on the personal and
family history of such patients, the specific
nature of their complaint and its evolution,
and their therapeutic history. If any of your
readers believe they may have encountered
such an individual relatively recently and
would care to assist me in this exercise, I
invite them to contact me with a view to
obtaining further information on this
project. I would, of course, preserve the
anonymity of the patients concerned and
the information acquired would be used for
my own personal research purposes.

It might serve to jog the memories of
your readers if I remind them that such
patients may present to dermatologists or
parasitologists with a complaint of skin
infestation by parasites, worms, or insects
(parasitophobia); to venereologists with a
complaint of venereal infection (venereo-
phobia, syphilophobia); to plastic surgeons
with a complaint that a facial feature
(commonly the nose) is misshapen or ugly;
to surgeons/gastroenterologists with a
complaint of bowel blockage or degenera-
tion or an evil smell emanating from the
gastrointestinal tract or both; to dental
surgeons with a complaint of malocclusion
or other dental abnormality; and to almost
any physician/surgeon in one of many
unspecifiable ways.

I would like to thank you for allowing me
the use of your columns for this purpose.

Yours faithfully,

Terence M Reilly

Maudsley Hospital,
Denmark Hill,
London SE5

References
1. Kellogg DS, Peacock WL, Deacon WE,
Brown L, Pirkle CI. Neisseria gonorrhoeae.
I Virulence genetically linked to clonal vari-
2. Phillips I, Humphrey D, Middleton A, Nicol
CS. Diagnosis of gonorrhoea by culture on a
selective medium containing vancomycin,
colistin, nystatin, and trimethoprim
(VCNT). A comparison with Gram staining
and immunofluorescence. Br J Vener Dis
3. Platt DJ, Gerken A. Inhibition of gonococci
by a selective medium: disparity between
isolates from sexual partners (letter). Br J
4. Taylor E, Phillips I. Assessment of a selec-
tive medium for the isolation of Neisseria
i:674-5.
Monosymptomatic hypochondriacal psychosis

Terence M Reilly

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