Correspondence

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

Yours faithfully,

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TO THE EDITOR, *British Journal of Venereal Diseases*

Penicillinase-producing gonococci in the Netherlands

Sir,

The number of infections with strains of penicillinase-producing *Neisseria gonorrhoeae* (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 proportion of PPNG infections contracted outside 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,

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TO THE EDITOR, *British Journal of Venereal Diseases*

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 delusional 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 physician/surgeon completes a fairly straightforward 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 (venereophobia, 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 degeneration 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 unspecified ways.

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

Yours faithfully,

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