

cytokines as a result of HIV infection (Werner *et al.*, 1988, 1989).

Reduced serotonergic neurotransmission by HIV infection may therefore contribute to explain the development of sexual dysfunction during the HIV infection.

- GREEN, A. R. & COSTAIN, D. W. (1981) *Pharmacology and Biochemistry of Psychiatric Disorders*. Chichester: John Wiley.
- LARSSON, M., HAGBERG, L., NORKRANS, G., *et al.* (1989) Indoleamine deficiency in blood and cerebrospinal fluid from patients with human immunodeficiency virus infection. *Journal of Neuroscience Research*, **23**, 441–446.
- SVENSSON, K., LARSSON, K., AHLINIUS, S., *et al.* (1987) Evidence for a facilitatory role of central 5-HT in male mouse sexual behaviour. In *Brain 5-HT_{1A} Receptors: Behavioural and Neurochemical Pharmacology* (eds C. T. Dourish, S. Ahlenius & P. H. Hutson), pp. 199–210. Chichester: Ellis Horwood.
- WERNER, E. R., FUCHS, D., HAUSEN, A., *et al.* (1988) Tryptophan degradation in patients infected by human immunodeficiency virus. *Biological Chemistry Hoppe-Seyler*, **369**, 337–340.
- , WERNER-FELMAYER, G., FUCHS, D., *et al.* (1989) Parallel induction of tetrahydrobiopterin biosynthesis and indoleamine 2,3-dioxygenase activity in human cells and cell lines by interferon- γ . *Biochemical Journal*, **262**, 861–866.

SERDAR M. DURSUN

*Pharmaceutical Sciences Institute
Aston University
Birmingham B4 7ET*

Hysteria in childhood

SIR: Garralda (*Journal*, December 1992, **161**, 759–773) points to the paucity of studies on hysterical conversion symptoms in childhood in the psychiatric literature. I would like to offer some explanations for this from my own recent experience in carrying out a pilot study on this topic.

A pilot study was conducted on all children admitted to a district general hospital between December 1989 and May 1991, under all departments of the hospital. It was hoped to identify children with functional illness from the diagnoses in the ward admission books. Case notes of all such children were examined.

Of the 8517 children admitted to the hospital, 191 might have had functional illness: 160 of these were suffering from abdominal pain that did not result in surgery; the remaining 31 suffered from a variety of complaints of pain or loss of function. Four of these children fulfilled diagnostic criteria for hysterical neurosis, conversion type: one was a 16-year-old girl with a history of sexual abuse; one was a 7-year-old girl for whom no definite diagnosis was made but an investigation into sexual abuse had been undertaken some years previously; the remaining two were Asian boys aged 13 and 11. One of the boys had been

involved in a road traffic accident and his father was pursuing compensation, the other was an obese, aggressive, school refuser whose family background was unknown. Over a similar time period, two local child psychiatry in-patient units each admitted one patient with hysterical neurosis, conversion type: both were 16-year-old girls with histories of sexual abuse.

This study highlights the difficulties in identifying cases of hysterical conversion. The admission rate was just 0.4% for paediatric units and 1.4% for in-patient child psychiatry units.

In addition, the findings are suggestive of the need to exclude sexual abuse in all children presenting with hysterical neurosis (conversion type), especially if it is severe enough to warrant either paediatric admission or referral to child psychiatry.

C. J. FEEHAN

*Children's Services Division
Heathlands (Charles Burns Clinic)
Queensbridge Road, Moseley
Birmingham B13 8QD*

Hysterical conversion and developmental psychiatry

SIR: The comprehensive papers by Dr Mace (*Journal*, September 1992, **161**, 369–377 and 378–389) on hysterical conversion do not mention its frequency in childhood. Mace's remarks on the nosological status of conversion would be reinforced if childhood, and even infancy, were taken into account. The use of hysteria as a clinical category has decreased, largely due to the confusion and obscurity of the concept. For instance, conversion disorder and hysteria have both disappeared from the chapter on disorders of infancy and childhood in the DSM-III-R manual (American Psychiatric Association, 1987). However, conversion is known to be frequent at certain phases of childhood, particularly when physiological changes shake up the mental representation of the body, both during the latency period and during adolescence. Conversion disorder in infancy can also be linked with many different types of psychopathology, ranging from a single episode in an almost normally developing child, to borderline or frankly psychotic disorders.

The role of depression in the genesis of a conversion episode is stressed by many. Such cases of early conversion disorder were described as early as 1897 by Terrien, and by some others since, including Anna Freud (1926). Goodyer (1981) proposes to label as conversion anything that looks like it regardless of age. It seems that conversion can be seen as a potentiality that tends to disappear with age, but can be