Correspondence

SIR—The case reported under the heading 'Haemorrhage and fever in the Munchausen syndrome' (*Postgraduate Medical Journal*, 48, 445) is a complete misnomer. The patient was a florid hysteric on the account presented and does not by any means fulfil the criteria of the reference cited (Asher (1951) *Archives of Internal Medicine*, 1, 339).

The features of the syndrome cited are dramatic and untrue stories related by people who have 'travelled widely', i.e. taken themselves to many hospitals. Other points are (1) apparent acute illness (2) history plausible and dramatic (3) admissions at multiple hospitals (4) frequently abusive self-discharge.

The patient concerned in this report did not take herself to many hospitals but was by the account always referred by normal channels. There is no evidence that she had merely manipulated herself to produce alarming symptoms and signs.

She was apparently completely tractable and accepted her discovery with equanimity and indeed gratefulness.

The fact that secondary gain was not demonstrated does not exclude hysteria and factitious skin signs and fever are almost diagnostically suggestive.

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SIR—In the article 'Radiological changes in hepatic amebiasis' by S. Ramachandran, D. L. N. Jayawardena & J. R. A. Perumal (*Postgraduate Medical Journal*, 47, 615), the authors found that 25.8% of their cases showed elevation of the right dome of the diaphragm in the lateral chest X-ray but no elevation on the PA chest film. The centring point for a lateral chest X-ray is the axilla. So the left diaphragm which is further away from the film will be the divergence of the X-ray beam be projected downwards. The right diaphragm being nearer the film will be projected downwards less and this explains why the right diaphragm appears elevated on the lateral chest film when this is not apparent on the PA chest film. It is unreliable to detect diaphragmatic elevation on a lateral chest X-ray.

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