

Letters to the Journal

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POSSIBLE PSYCHIC FACTORS IN DUPUYTREN'S CONTRACTURE

To the Editor:

In spite of a large body of literature pertinent to Dupuytren's contracture, very little consideration seems to have been given to the possible role of psychic factors in its etiology, maintenance and therapeutic management. This is surprising in the light of the significant incidence and disability which have been reported. Moorhead,¹ in an extensive review of Dupuytren's contracture, quotes an incidence of 1 to 2% in adults between the ages of 40 and 50 years. Careful and extensive reviews of the subject^{1, 2} consider such possible etiologic factors as heredity, age, tuberculosis, epilepsy, barbiturates, gout, arthritis, neurological lesions, diabetes, occupation, handedness and history of trauma. Many recent papers further investigate these questions and discuss surgical and medical non-psychiatric management.

It is notable, however, that such thorough reference indexes as Psychological Abstracts³ and Biological Abstracts⁴ do not list even one reference to the subject of psychic factors in relation to Dupuytren's contracture over the past 12 to 18 years. Although Dunbar⁵ quotes Jelliffe (1931) as stating that "the purposive grasping of the hand" may be an unconscious factor in the pathogenesis of Dupuytren's contracture, very little seems to have been written on the subject since that time.

A review of modern psychiatric, medical, surgical and psychosomatic textbooks which might reasonably be expected to contain references to the subject failed to reveal one such listing.

I became very interested in the possibility of unconscious factors playing a part in causation when I treated a patient with Dupuytren's contracture about four years ago. Such factors did appear to be applicable at least in the origin of the process, but there was no opportunity at that time to test the hypothesis through response to treatment.

An opportunity to investigate this subject further was provided recently. A patient presented himself for psychiatric treatment with the incidental finding of clear-cut bilateral Dupuytren's contractures of 10 and 12 years' duration in the left and right hands, respectively. The chief complaints were related to depressive and manic mood swings and to repeated episodes of compulsive gambling. It is interesting to note that he had been changed from left- to right-handedness at the age of 10. The patient, a 35-year-old business man, confirmed that the diagnosis of Dupuytren's contracture had been made some 10 years ago in England, and that surgery had been strongly recommended four years later. In spite of many years of physiotherapy, the contractures had worsened and continued to inter-

fere with necessary functions such as writing. No consideration had evidently been given by the patient or by previous physicians to the question of possible psychic factors. Yet there were sufficient data in the history, especially as they relate to his mother and grandmother, at least to raise this question.

During the course of psychiatric treatment, a striking change occurred. In an LSD-25 abreactive interview, while the patient was speaking about his dependence on sick, distorted, crippled mother figures, he suddenly stretched out both hands as he expressed anger at his mother and grandmother. Over the next eight months he regained almost complete function of both hands. He was no longer aware of any disability or pain when he attempted to extend his fingers, although a very slight contracture could be identified in each hand. No history of significant trauma or positive family history of epilepsy or Dupuytren's contracture could be elicited. Further psychiatric treatment included combinations of chemotherapy, psychotherapy and electrotherapy, with remission of the affective and compulsive symptomatology.

In the light of the above findings, I would suggest that psychic factors in the etiology, maintenance and relief of some cases of Dupuytren's contracture have unfortunately been overlooked in the recent past. It is probable that the above observations may cast some useful light on at least a few cases of this not uncommon, progressive, crippling and resistant disease. Perhaps such considerations would be more applicable to atypical cases like this one (age at onset: 25 years). However, until we are more certain, I suggest that more attention be paid to the role that psychic factors might play in this condition and that more frequent reporting of relevant cases may cast additional light on this perplexing but significant subject.

Dr. G. F. Gower, on whose referral this report was seen, has helped to make possible the above report.

The LSD-25 used in this investigation was supplied as Delysio by Sandoz Pharmaceuticals, Dorval, Quebec.

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