

The Frescher Syndrome, Hyperemisis Lethargicum

THE Frescher syndrome is a classical manifestation of spasmodic occurrence in scholars at medical schools and universities. Though not of great clinical significance—it is a disease of but low pathogenicity—the symptoms are clearly recognisable as a syndrome.

Subjective manifestations are a feeling of well-being, and introvertive psychoses (such as the hallucinatory idea that the patient is equal with older students) are frequently seen. This brings about gross breaching of social etiquette, such as nipping unbidden behind the bar in Club, and playing Errol Garner loudly on the piano to the annoyance of those seriously engaged in poker-schools.

The sufferer of hyperemisis lethargicum usually arrives at Club filled with high aspirations and keen to work. This leads to the cadging of spare sections from histology and enthusiastic poring over case-records, and so on. But this phase soon gives way to a chronic period of alcoholic indulgence or addiction to other narcotics such as cigarettes, rock and roll, and members of what may be arbitrarily defined as the Opposite Sex. This chronic phase incurs a greater degree of deviation, and the affected freshman may take to conversing with all and sundry in an *authoritative* manner. When a finals man allows a frescher-sufferer through a door before him, for example, the patient replies: "Thanks, dear boy", or "That's better. Out of the bloody way" instead of more conventional responses, such as: "After ME? No, Sir. I could never allow so presumptuous an act to blot my character".

It may be as well to consider here the case-history of a typical patient, brought to the clinic originally with toe-cap bruises of the right gluteus maximus.

R.B., a boy aged 20 years. Born of indulgent parents, both healthy, when father was aged 37 and mother 17. As an infant he slept for fourteen hours every day, which became an embarrassment by the time he was 18. At infants school he was said to be mentally retarded, and graduated from this establishment to High School at the age of 12. His father, incidentally, served at this time on the regional educational schools-allocation board.

At 15, failing to find himself acceptable to any suitable employer during the summer vacation, he resolved to return to school and enter the sixth form. Subsequently he became involved with a group of heavy-drinking, gambling thugs, many of whom aspired to enter university. One of these, to whom he became closely attached, had been ordered by his father (a general practitioner) to enter medical school, and thus, R.B.—considering this an easier course than working for a living—went along too.

Physical examination of the patient revealed no gross abnormality, although the slope of his shoulders and stoop were greatly exaggerated. The breath smelt faintly of ethereal fumes which it was assumed had been imbibed. Blood count was not abnormal, although a little which accidentally fell upon an objective lens dissolved the alcohol-soluble cement holding it in place. Most of the leucocytes, when examined in a warm stage, were asleep.

A phenomenon associated with the complaint was also seen. The skin on the sole of the right foot was excessively keratinised over a band running across the centre of the foot. This has been held to be due to the habit of resting the foot on a public-house bar-rail.

The fingers were browned with tobacco fumes, and a local rash, due to hypersensitivity to billiard-cue chalk, was elicited.

Laboratory determinations are not of great significance :—

Hb. : 72% (Haldane).

Erythrocytes per cu. mm. : 4,200,000.

White cells per cu. mm. : 8,500.

Differential : Neutrophils 55%.
Lymphocytes 28%.

Eosinophils 8%.
Monocytes 8%.

Basophils 1%.

Reticulocytes : 1.2%.

E.S.R. (Wintrobe) : 10 mm. in 1 hour.

Platelets : 220,000.

Urine : Slight trace of albumin present, ethreal odour. Pleasant taste, with considerable commercial potential, we feel.

Much of the clinical picture, however, is due to psychological changes. A constant feature of the Frescher Syndrome is the ritualistic scarf-disfigurement that may be observed. In this state the patient will obtain a new-looking Med. scarf from a recognised source (such as Roberts's stores, or the men's cloakroom in Club), and then he retires to some secluded spot and proceeds to anoint the article with soil, in an effort to stimulate many years of use. If the patient is disturbed at this stage he will act in an agitated manner and attempt to hide the scarf ; or he may pretend to remain in ignorance of the observer's presence and mutter loudly : "Oh, dear. Dropped the damn thing right in the mud. Tch, tch". The patient is much happier after this ceremony, and wears his scarf with euphoric bliss written across his countenance.

In the same way, he may buy a new pipe and contrive a method whereby he may enter the Chemistry laboratories unobserved, and scorch it over a bunsen flame in order to give the appearance of having been a pipe-smoker for *years*.

The gregarious nature of these diseased minds leads them to congregate in local hostelries where they may indulge in a peculiar type of psythopathically-induced moaning known generally as "singing". The patient will endure agonies from over-indulgence in alcohol and tobacco in order to impress his friends. The suggestion that such conduct may shorten his life will bring the reply : "Whoshe livin', anyway? Huh? Huh??".

Therapy is best attempted along symptomatic lines, and is conducted psychiatrically. The patient may be told that he is not well ; that there are other things in life apart from cards and beer ; that the lecturers are *dying* to see him again some day ; or that you will poke'im arahnd the ear'ole if he refrains from common courtesy any longer.

Prognosis is generally good. A cure is claimed when the sufferer has his scarf cleaned, starts reading medical literature, and occasionally comes to lectures once again. Former sufferers are easily recognised among the student body—for one thing, they kick Frescher-sufferers *much* harder.

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