

heavy-smoking doctors to continue setting a "good example" to the community but also cohorts of graduates who will want the content of medical courses radically changed. This may not be in the profession's best interest.

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The cancer patient: communication and morale

SIR,—We note with warmth and interest Dr T B Brewin's article (24-31 December, p 1623) and the subsequent correspondence (21 January, p 178) on this desperately important topic.

During last autumn we interviewed a small series of patients with carcinomatosis and, where relevant, their spouses as a project for the general practice part of the clinical curriculum. Our findings were then discussed in a small seminar with other students and doctors.

Our patients gave evidence that confirmed our previous impression that full and frank discussion of the diagnosis with both patient and spouse at the same time was eventually warmly appreciated by both sides and facilitated discussion and possibly the effectiveness of symptomatic treatment. Requests for prognosis should be resisted: one patient was still alive and mobile for two years after an outlook of less than three months had been given.

Opinion at the subsequent seminar was that the patient's right to know what is wrong should usually override the doctor's very doubtful ability to tell whether the patient is intelligent enough or emotionally strong enough to receive the news.

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Cimetidine in "chickenpox oesophagitis"

SIR,—I recently had the misfortune to have chickenpox. On the fourth day my general misery was exceeded only by fairly severe retroxiphisternal pain, worsened by lying down. The next day I developed some heart-burn; the pain moved higher up and was increased by eating and drinking hot fluids.

At this point my cowardice overcame the spirit of scientific inquiry and instead of undergoing endoscopy to confirm a presumed diagnosis of oesophageal involvement by chickenpox vesicles I put myself on cimetidine 1 g daily. The effect was rapid and by the next day I had no pain. Four days later, by which time I had numerous vesicles in my mouth and a sore throat, I stopped the drug. The pain soon returned but disappeared quickly after restarting treatment. A further four days later I was finally able to stop the drug and had no recurrence of the retroxiphisternal pain.

Though I was unable to find any supporting published literature despite computer assistance, it seems quite likely that the oesophagus can be involved by chickenpox and that it was the cause of my pain. The oesophagus, like the skin, is lined by squamous epithelium

and might therefore be affected by varicella. Another virus, herpes simplex, which typically produces skin vesicles, can also affect the gullet,¹ and my colleagues in general practice and in infectious diseases hospitals tell me that they have not infrequently encountered retroxiphisternal pain in this illness.

Cimetidine is known to be effective in reflux oesophagitis²; I presume I had transient reflux, possibly due to sphincter dysfunction following infection. However, I am unaware of a report on its use in "chickenpox oesophagitis." Perhaps other readers may have come across this condition and have treated it. I would welcome their comments.

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¹ Steisenger, M H, and Fordtran, J S, *Gastrointestinal Disease*. Philadelphia, Saunders, 1973.
² Burland, W L, and Simkins, M A, *Cimetidine: Proceedings of the Second International Symposium on Histamine-H₂-Receptor Antagonists*. Amsterdam, Excerpta Medica, 1977.

Henry VIII and the NHS

SIR,—Mr M J Gilkes in his Personal View (14 January, p 103) makes some interesting comparisons between the present state of the Health Service and the monasteries at the time of their dissolution. I think I can answer some of his queries.

In the north at least local people rebelled strongly against these changes. The revolt known as the Pilgrimage of Grace resulted from the dissolution of the smaller monasteries in the north—for example, Sawley. The leaders of this rebellion controlled almost the whole of the north of England and had a greatly superior military strength when they confronted the royal forces at Doncaster. King Henry escaped by agreeing to the rebels' terms and made promises which he never intended to keep. Like other politicians he was more concerned with not being shown to have broken his word than actually keeping it, and the herald who conveyed his promises to the rebels was later executed on a trumped-up charge of treason, a salutary lesson for our negotiators today, who should also remember that this unsuccessful revolt destroyed any hope of preserving the best of the monastic system.

There is no evidence that bribery of or co-operation with the establishment saved any of the monasteries, though it might have increased the pensions of some of the "retiring" abbots. Nor did excellent service in the past seem to help; the reason why Ely was saved and Tintern destroyed was that in one case the public at large had a right to use the church and in the other they had not. An excellent example can be seen at Bolton Priory, where the nave alone remains today as a parish church with a solid stone east wall, while the chancel and the rest of the priory are in ruins.

The lesson here is that our services to the general public *today*, and not in the past alone, will count.

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J S H LODGE

Conciser, but is it nicer?

SIR,—Miss Jane Smith, in her admirable account of subediting problems (28 January, p 222), stresses the need for "conciseness."

Might not "concision" be conciser—and nicer?

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* * * Miss Smith replies: "Conciser, yes, but not necessarily nicer. According to the dictionary the primary meaning of concision is 'mutilation' or 'circumcision,' which is not at all what I wanted to suggest."—ED, *BMJ*.

More health education needed

SIR,—During the 30 years of the NHS frequent criticism has been directed at doctors, administrators, and other health workers in their efforts to make the service viable.

Intensive antenatal care, early detection of fetal abnormalities, postnatal examination of babies, efficient immunisation, and medical examination of children have all helped to produce a healthier younger generation. Screening procedures have helped in the early detection of disease. Pathological and radiological services have aided diagnosis and modern drugs properly used have produced great advantages in treatment.

The doctors and their helpers have done well for the Health Service despite the politicians, but what of the patients? There is disinclination to breast-feed; instead grandma or any other willing helper is left to feed and often overfeed with artificial mixtures while mum goes to work. Schoolchildren return to empty houses, bribed with pocket money which is spent on sweets and fish-and-chips, so starting faulty eating habits. Obesity, smoking, and lack of exercise tend to be corrected only when the first coronary episode has been survived. Painful deformed feet from ill-fitting shoes afflict many women. Lower limb joints ache under the strain of too big a load.

I have mentioned only a few of the self-inflicted disabilities, but if only patients took advice as readily as tablets there would be much less cause for criticism of the service. Unfortunately doctors represent only thousands of votes compared with patients' millions, but informed health education could convert the National Disease Service to the National Health Service.

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Devolution and the Health Service

SIR,—It is disappointing to read about the controversy surrounding the Scotland Bill on devolution and the alleged effect this may have on abortion availability. Does the BMA really oppose the Scottish Assembly having control of the Health Service in Scotland?

I am a member of the Scottish Council of the BMA and I would not support any attempt to divide up the administration of the service after devolution. I am not in favour of any more devolution at all; I believe it is economically and politically wrong and in the very short-term financial interest of Scotland, only because of the few years that we shall have North Sea oil.

But if we are to have devolution let's have it properly; the Health Service is already suffering from too much administration; attempts to devolve some and not all of it would only add to the difficulties. There will