

Points

Reiter's disease

Dr JOHN W TODD (Farnham, Surrey GU9 8DR) writes: In his leading article on Reiter's disease (2 January, p 3) Dr P Fisk comments, "Reiter's disease may present diagnostic difficulties that need careful untangling." He nevertheless implies that if a physician is knowledgeable enough and thorough enough he can conclude that a patient is or is not affected by Reiter's disease. Certainly, if it is laid down that to diagnose Reiter's disease a number of specified criteria must be present one can easily decide whether a patient has this disease . . . The question therefore arises: which criteria are needed to make the diagnosis . . . and what is the point of all this hair splitting? We are often told that there are over 200—or is it 300?—distinct rheumatic conditions. . . . I have long believed that, rather than indulging in endless diagnostic hair splitting, we should view the rheumatic conditions together as multisystem disorders affecting the joints, mucous membranes, connective tissues, and internal organs. We can still use such terms as Reiter's disease . . . provided that we rid ourselves of the idea that they have some precise meaning and are—in Sir George Pickering's words—"a unique and specific fault with a unique and specific cause."

Disposable EEA 25 surgical stapler

Mr J G MOSLEY (Norfolk and Norwich Hospital, Norwich NR1 3SR) writes: . . . I recently encountered a serious problem when using the Auto-suture Disposable EEA 25 Surgical Stapler. If this gun is used on tissue that can be compressed to 2 mm, as in oesophagectomy, the wing nut can be tightened easily to break the thread in the central rod, although the green dot is still between the black marks. It is then impossible to release the anvil from the head, with the effect that the tissues are imprisoned between the anvil and the head. I suggest that this instrument is used with extreme caution until the thread in the central rod is strengthened or a safety mechanism devised to slacken the anvil and allow the user to release the anastomosed tissues.

General paralysis of the insane

Mr J C GRIFFITHS (Manchester M3 4DW) writes: It might be a trifle literal to take issue with Sir Ian Fraser on his light-hearted leading article (19-26 December p 1631) on the benefits provided by the spirochaete, which reaches those parts that others cannot. However, the argument, with special reference to tuberculosis, is not new and remains irritatingly unconvincing. The fact that untold millions have over the years succumbed to tuberculosis and general paralysis of the insane without a single act of useful creative endeavour to show for it should be explained. Bohemianism, a feature of nineteenth century artistic life, means moral laxity and an unhealthy environment. The resulting diseases are, however, to be regarded as secondary rather than primary. . . .

Dr IVAN JANOTA (Maudsley Hospital, London SE5 8AF) writes: A long light-hearted letter from an Irish surgeon hardly makes a leading

article, even at Christmas (19-26 December, p 1631). Your scientific standards would be better served if at least the implication was substantiated that Good King Wenceslaus (sic) had general paralysis of the insane. As it is, we learn that Sir Ian Fraser with some sadness read something somewhere. The "Good King" of a relatively recent English carol lived in Bohemia around the year AD 900. He was made a saint. There may be something in the walking in the snow and not feeling the cold. The male companion was thus afflicted: not general paralysis of the insane, but perhaps tabes (dorsalis). The mind boggles. I challenge Sir Ian to produce evidence for the existence of syphilis in Europe in the ninth or tenth centuries. I am aware of the current popularity of the transmission from man to man. Who had the disease from Oscar Wilde?

Last scene of all

Dr R TEPPER (Bury General Hospital, Bury, Lancs BL9 6PG) writes: With reference to Professor P M Millard's leading article (12 December, p 1559), . . . the better equipped the human brain when the "fall-out syndrome" begins, the less likely will be the devastating effects. . . . Intellectual stimulation is essential throughout life. The tragedy as one gets older is that society expects and imposes an intellectual indolence which is a sure recipe for brain failure. This is one of the great arguments against early compulsory redundancy and retirement. In a recent talk on the radio, Alistair Cooke ended with the following words: "For those of you who are contemplating retirement, don't. Retirement brings a hardening of the arteries and softening of the brain, and makes you a nuisance about the house." The social isolation which redundancy, retirement, and bereavement can impose, particularly in a society in which familial fission and not fusion is now the rule, is often the basis on which, as a result of apathy, the feeling of being unwanted, despondency, and lack of physical and mental stimulation, the last scene of all does develop.

ABC of alcohol

Mr STEPHEN DUFFY (South Thames Cancer Registry, Sutton, Surrey SM2 5PY) writes: I was interested to read in the article by Drs K O Lewis and A Paton (5 December, p 1531), that "blood alcohol concentration is not used enough as a test for alcohol abuse." The authors themselves point out its major shortcoming as a diagnostic test when they admit that it does not distinguish an isolated drinking session from chronic abuse. I should have thought that this rendered the test grossly non-specific and therefore that the less it is used the better. It is ironic that the article should have appeared just before a time of year when, were their recommendation widely accepted, the number of false-positive diagnoses of alcoholism would run into the thousands.

Dr IAIN S FOULDS (Royal Hallamshire Hospital, Glossop Road, Sheffield S10 2JF) writes: I would like to draw attention to a popular myth expressed by Dr A Paton and others in their article (12 December, p 1594) in the "ABC of Alcohol" series—namely, that acne rosacea is a marker of the potential alcoholic. Since the comprehensive studies of

rosacea by Soybe¹ and Marks,² in which both workers found no increased incidence of alcohol consumption in affected individuals compared with a control population, the association is now not accepted by dermatologists. Any such association must be regarded as anecdotal and a throw-back to characters of Chaucer and Shakespeare, who were red-faced, bulbous-nosed debauchees.

¹ Soybe P. *Acta Derm Venereol (Stockh)* 1950;30:137-56.
² Marks R. *Br J Dermatol* 1968;80:170-7.

Smoking and drinking by middle-aged British men

Dr M W N NICHOLLS (St Richard's Hospital, Chichester, W Sussex PO19 4SE) writes: With reference to the paper by Dr R O Cummins and others (5 December, p 1497) from the Royal Free Hospital School of Medicine, . . . I know nothing about the towns north of the Royal Free but I can assure the authors that at least two of the three towns that have been put on this map south of the Royal Free are displaced by up to 30 miles, and indeed one of them (Maidstone) has narrowly missed being placed in the sea.

Milwaukee shoulder

Dr G L BOLT (Queen Elizabeth Hospital, King's Lynn, Norfolk PE30 4ET) writes: . . . I hope that Dr P A Dieppes (5 December, p 1488) will allow me . . . to correct him on the term rotator cuff. I regret that I cannot recall the original article and modern medical dictionaries add "etym dub." However, it is clear that the muscles arising from the glenoid do not surround it as a cuff but spare the lower part. Thus when the joint is exposed and the muscles are divided the appearance is that of the old-fashioned feminine head dress or coif. The mistake is easily understood and perhaps one of your readers may recall who first used this charming description.

Fake!

Mr J S PHILLPOTTS (Guilford, Surrey GU4 8PW) writes: Dr T J Hamblin wrote an interesting debunking article entitled "Fake!" (19-26 December, p 1671). Evidently he missed Hunter's article "Why Popeye took spinach"¹ and the book edited by Botez and Reynolds.² It was the high folic acid content of spinach which gave Popeye his instant strength and nothing to do with its quite average iron content. Besides the slow haematological action of folic acid there is an extremely rapid effect on the nervous system, which Popeye seems to have been the first person to appreciate. So the inhabitants of Crystal City, Texas, were quite right to erect a statue to him.

¹ Hunter R. *Lancet* 1971;ii:746-7.

² Botez MI, Reynolds EH, eds. *Folic acid in neurology, psychiatry and internal medicine*. New York: Raven Press, 1979.

Correction

Pathogenesis and treatment of myasthenia gravis

In the letter by Professor Peter Kornfeld and others (9 January, p 113) we regret an error in the third line of the first paragraph. The authors of the review should have been referred to as Drs Glenis K Scadding and C W H Havard.