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Twins have a reduced risk of suicide, which supports the hypothesis that strong family ties reduce the risk for suicidal behaviour. This finding was consistent across cohorts, sex, and zygosity. As we used population based register data there was little room for selection bias. The strongest risk factor for suicide is mental illness,² but other Danish register studies have found mental illness to be slightly more common among twins than among singletons.⁵ This should lead to a higher proportion of twins committing suicide compared with the general population, but our findings show exactly the opposite, further underscoring the importance of strong family ties.

Contributors: CT and KC proposed the current use of already existing data on Danish twins' mortality. These data were collected by NVH and AS and analysed by KJ. CT prepared the first draft of the paper. All authors took part in discussions about the design, analyses, and reporting of the study, made individual contributions to the final content of the paper, and approved the final version for publication. KC is the guarantor.

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A memorable exam

On moving from the primarily English speaking Canadian province of Ontario to predominantly francophone Quebec in the late 1970s, I had to pass a French language proficiency test in order to receive my medical licence. I was already bilingual (native English and reasonable Hebrew) and had studied French in high school. However, nearly 15 years had passed since I had last said "bonjour" to my teacher, and so I had to go back to night school.

In addition to my formal language studies, I watched cartoons on television, perused the French press, and studied the television news "en français" (after learning the main facts on the English version, which came on earlier). I assiduously studied, practised in front of a mirror, and tortured my poor French speaking patients, who were both enormously kind and helpful.

We "immigrant" physicians had one year to prove our linguistic competency, with an option for another year of study should one fail the initial test. Until receiving a certificate of language proficiency, our medical licences were deemed "temporaire" only. The exam comprised two parts: the first, taken in a language laboratory, involved reading and listening comprehension. Always pretty good at exams, I passed this one with relative ease. But it was the viva which frightened me to death.

Apparently, I belong to one of those rare breeds which finds it easier in the early stages of language acquisition to speak than to understand. (My wife claims I frequently suffer from the same syndrome even in English.) As such, I was afraid that I might not understand something my examiner asked me. But that was not to be the problem.

On the day of my oral exam, I arrived at the headquarters of the "Office de la langue française" (what we Anglos called the headquarters of the language cops). The examiner, about 10 years my senior, was polished, polite, and spoke French clearly and precisely. Phew, no problem with comprehension. And as the exam went forward, we seemed to get on famously.

It looked as if things were winding down and that my ordeal was nearing its end. I felt an enormous sense of relief creeping over me. Apparently as an afterthought (was this a trick?), my examiner asked if he could get some medical advice. "Bien sur," I answered. His 10 year old daughter had been diagnosed with infectious mononucleosis a week ago, and he wanted to know if she was in any danger.

Confidently (both medically and linguistically) I hastened to reassure him, explaining that virtually everyone made a complete

recovery from this viral illness. That being said, his daughter should be sure to avoid contact sports for the next few weeks to reduce the small but real chance of a traumatic rupture of the... Oh, no. For the life of me (and I felt that my professional life might well depend on it), I could not remember the French word for spleen. I racked my brains: no, "le foie" was the liver, "les reins" were the kidneys, not "poumons," not "coeur." I was "sans eyes, sans mind, sans everything."

Growing desperate, I finally did what I had learnt to do in everyday life in la belle province. I started again and slowly said the whole sentence in French. However, when I got to the bloody organ in question, I just said "splin" in my most Peter Sellers-like French accent. My examiner did not seem to notice, smiled, and thanked me for my reassurance.

He told me that I had passed the exam and complimented me not only on my comprehension but on the quality of my spoken French. He even smiled and said that my accent was not at all bad. The gentleman shook my hand and led me the door of the exam room, ushering me out into the corridor.

How could I have done it? Had he not heard? Did he not care? Could the French word for spleen really be "splin"? Impossible, but what did I care as I was on my way to receiving my certificate?

As I walked down the corridor on the way to the elevator, the examiner called out to me, this time in perfect unaccented English: "Oh, Dr Clarfield."

"Oui?" I turned, fearing the worst.

"By the way," he informed me, "the proper French word for spleen is "la rate."

"Merci beaucoup" was all I could think to say.

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