is accepted that the way history, examination, and investigation are applied must also alter, we become aware of yet another difference between general and geriatric medicine, and the failure of many teaching hospitals to provide adequate (or sometimes any) instruction on the management of old people becomes even more absurd.—I am, etc.,

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The Suicide Profile

SIR,—I was interested to read your leading article on suicide (7 June, p. 525). The figures over the past decade may well have fallen, but the coroner today bends over backwards to avoid the verdict of suicide, so that the statistics are an underestimate of the true state of affairs. A woman patient of mine drowned herself in a foot of water. She was a known case of depression with a strong suicidal urge and she had spent a good deal of time in a psychiatric hospital. Because there was no note to indicate her intent, accidental death was recorded. There are many cases like this.

You were right to stress the importance of the doctor-patient relationship. Surely one of the best ways of enhancing the rapport situation is to inquire tactfully about the presence or absence of suicidal ideas. It usually gives the patient great relief to be able to share such a guilt-laden secret with his doctor, and his sagging morale can be boosted by remarks to the effect that such feelings are an indication of how ill he must have felt and how wise he is to seek advice. He is told that today depression is a treatable illness. Surely every doctor should know how to assess the suicidal risk of the depressed patient.—I am, etc.,

C. A. H. WATTS

Ashby de la Zouch, Leics

Secondary Syphilis and Hepatitis

SIR,—May I support the reminders in your leading articles (31 May, p. 460 and 18 January, p. 112) that abnormal liver function tests and pyrexia of unknown origin may be presenting features of "the great mimic" by citing a recent patient with both these features in whom we initially omitted to consider syphilis?

An unmarried 48-year-old artist, admitted under the care of Dr. J. H. Baron, gave a three-week history of recurrent headache and drenching night sweats, having recently returned from three weeks in South Africa, where he had a week's influenzal illness of headache, neck stiffness, and sweating. He was febrile, with large axillary and inguinal nodes, a large tender spleen, and a smoothly enlarged and slightly tender liver, but no rash. Haemoglobin was 12·6 g/dl, white cell count $4{\cdot}8 \times 10^9$/l (4800/mm^3) (normal differential), E.S.R. 60 mm in 1 hr, alkaline phosphatase 277 IU/l (normal range 20-95), aspartate transaminase 27 IU (normal range 4-17), Paul-Bunnell negative. No malarial parasites were seen on thick and thin films. Four blood cultures were negative.

Because he drank unpasteurized milk brucellosis was suspected, but agglutination tests were non-diagnostic. His Australia antigen test (cross-over electrophoretic method) was negative.

Histological examination of multiple sections of a liver biopsy specimen revealed an intact overall liver architecture, slightly oedematous portal tracts infiltrated by chronic inflammatory cells, and a few polymorphs, scattered microfoci of inflammatory cells in the parenchyma, scanty doubtful areas of focal reticulin collapse, and an area showing prominent Kupffer cells. Subsequent special staining failed to reveal spirochaetes. These findings are similar to those described by Lee *et al.*[1]

His intermittent pyrexia persisted throughout his four weeks in hospital. When we reported our lack of a diagnosis to his general practitioner he mentioned that he obtained a V.D.R.L. test on this patient regularly and that this had been negative when last done, three months previously. On being repeated, the V.D.R.L. test was now positive, as were the cardiolipin W.R. and the fluorescent treponemal antibody test. He became well, free from symptoms and signs, following penicillin therapy.

Several recent reviews of differential diagnosis in pyrexia of unknown origin do not mention testing for syphilis,[2-4] which, if done initially, would have saved our patient unnecessary investigation in hospital.—We are, etc.,

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1 Lee, R. V., Thornton, G. F., and Coun, H. O., *New England Journal of Medicine*, 1971, **284**, 1423.
2 *British Medical Journal*, 1969, **3**, 128.
3 Molavi, A., and Weinstein, L., *Medical Clinics of North America*, 1969, **54**, 379.
4 Bennett, I. L., and Petersdorf, R. G., in *Harrison's Principles of Internal Medicine*, ed. R. D. Adams, *et al.*, 6th edn., p. 84. New York, McGraw-Hill, 1970.

Abortion (Amendment) Bill

SIR,—We, the undersigned, are general practitioners who wish to record our general support for the Abortion (Amendment) Bill 1975.

The change proposed in clause 1 is valuable because it would discourage the interpretation of the law for sanctioning abortion on demand. We welcome the provisions of clause 7, which further restrict the period of gestation during which termination is permissible—in the interests of both mother and child. We feel that the way clause 11 has been drafted has given rise to misinterpretation. We would suggest that the wording be changed to clarify the intentions of the sponsors.

We regard the whole Bill as an important measure for eliminating abuses of the present Act without restricting the grounds for abortion originally agreed by Parliament in 1967. We believe that the Bill thus clarified will reflect the true desires of the great mass of British opinion rather than those stirred up temporarily by a vociferous lobby who showed unnecessary anxiety at the appearance of the Bill.—We are, etc.,

J. BEATSON HIRD
R. TODMAN
D. L. KIRK

Birmingham

Picking a Diuretic

SIR,—Your leading article on diuretics (7 June, p. 521) concludes that there is "a substantial degree of inappropriate prescribing." This is stating things rather gently.

Some of my work has me visiting elderly handicapped patients, many on treatment for cardiac failure and oedema. The proportion on frusemide is surprisingly high. Surprising and distressing when one considers the efficacy of thiazides and the extraordinarily high cost of frusemide. Distressing to the handicapped elderly patient who has difficulty hobbling to the lavatory or commode fast and often enough to respond to frusemide's precipitant action. For such patients the drug is an unintentionally unkind and embarrassing prescription.

Frusemide is splendid when urgent diuresis is needed. It is acceptable also if the patient has abnormal facilities to obey abnormal bladder messages. This perhaps is why it is so much used in hospitals. But once the patient is discharged he could be treated as befits home circumstances. The general practitioner could replace frusemide by a thiazide. He would help his patient a great deal (and as a nice side effect contribute a small something to the relief of the taxpayer).—I am, etc.,

A. S. PLAYFAIR

Cambridge

Defence of the French Language

SIR,—I should like to express my admiration for the sensitive and distinguished article by Professor Philippe Meyer on the problems which the use of English as an "international" medium can cause the French and on the effects which this use may have on the French language itself (7 June, p. 553).

Having in mind that the oral use of new words may influence the development of a language, Professor Meyer fears that the use of foreign scientific terms by French people may in time have a paralysing and corrosive effect on French itself. I think that the main danger here comes from scientific terms as such, and the fact that they may be foreign, though no doubt making their effect marginally worse, is entirely secondary. Scientific terms by their very nature are superficial and "quantitative," and it seems to me to be "vulgar" to use them, even if they are in one's own language, outside a strictly defined scientific context. The beauty of a language resides in its poetic and "qualitative" overtones, and it is precisely these which are lost when scientific jargon usurps normal speech.

I agree most strongly with Professor Meyer's final point—namely, that in spite of all utilitarian arguments in favour of developing English in France an energetic defence of the French language is what is really called for. The "gift" of French or English, as the case may be, to a variety of "colonial" peoples was unquestionably a "cadeau empoisonné." Such a gift amounts to cultural genocide. (This is why, incidentally, the "indirect rule" of British colonialism was so infinitely preferable to the "assimilationism" of French colonialism.) English words in French are likewise a poisoned gift, but the biggest poison of all is the infiltration into a language of scientific jargon and the mode of thought that goes with it.—I am, etc.,

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Br Med J: first published as 10.1136/bmj.3.5974.42-a on 5 July 1975. Downloaded from http://www.bmj.com/ on 9 April 2024 by guest. Protected by copyright.