Points from Letters

Endocrinology Nomenclature

Dr. A. S. DARRAGH (St. James's Hospital, Dublin) writes: Your issue of 21 June contains two leading articles relating to the use of oestrogens and progestogens in two differents sets of clinical circumstances. The two articles are, as usual, most helpful and informative. However, I should like to comment on some terminological malpractice which may prove to be confusing to readers who are not deeply involved with steroid endocrinology. . . . For the substance 17α-ethynyl-19-nortestosterone the trivial name noresthisterone (*B.P.*) is used in the article entitled "Excessive Height" (p. 648), while in the article on "Oestrogenic Potency and Oral Contraceptives" (p. 651) the same substance is referred to as norethindrone. Confusion is likely to be compounded for your reader who may then try to find a "pill" to prescribe containing norethindrone. This trivial name is not to be found in the formulation of any of the contraceptive preparations listed in *MIMS*. On the other hand, norethisterone-containing varieties of the pill abound.

Mention must also be made of the fact that the progestogen given the best review in the second of the articles referred to—namely, norethynodrel—is available in the U.K. in only two pill preparations, Conovid and Conovid-E, in which the oestrogen moiety exceeds the generally accepted maximum level of 50 μg or 0·05 mg. . . .

Outpatient Treatment of Haemorrhoids

Mr. J. H. L. FERGUSON (London N.W.1) writes: In your leading article (21 June, p. 651) on this subject it was surprising not to see any reference to injections of 5% phenol in almond oil. Many surgeons would agree that over 90% of haemorrhoids of all types, including a large number of third-degree piles, may be satisfactorily cured or palliated by this method, which has stood the test of time since the late nineteenth century. . . .

History-taking and Examination in Diagnosis

Dr. D. MCGAVIN (Berlin) writes: While not disputing the enormous value of history taking in diagnosis (Dr. J. R. Hampton and others, 31 May, p. 486), I feel it may often be a false saving to cut back on physical examination. . . . In days when anxiety so often contributes to the patient's illness a thorough clinical examination goes a long way not only in gaining his confidence but towards getting him better. Cries of ". . . but he didn't even examine me properly!" are always meant seriously.

Words

Dr. IRENE P. ROWLANDS (Newbridge, near Wrexham, Clwyd) writes: . . . I thought the poem quoted by Dr. J. S. Bradshaw (14 June, p. 611) was very apt but I wonder if he realizes that there have been in the past people with a flair for poetry living in the area of How Capel—for example, Lena Letchmere of Fownhope. This age of communication, especially in medicine, is indeed adversely hit by the lack of explicit speech. The linguistics of the philosopher must define precisely the meaning behind any word used; otherwise the situation is as Humpty Dumpty said to Alice: "When I use a word it means just what I choose it to mean."

Management of Depression

Dr. M. H. BROOKS (Karkur, Israel) writes: . . . Dr. G. W. Ashcroft's article . . . makes no mention of the association of an underlying carcinoma with depression. I have had several patients presenting with intractable depression which only in the passage of time turned out to be carcinoma of the lung. I feel that any patient not responding to standard antidepressant treatment should have a further physical examination and routine laboratory investigations.

Seat-belt Mastitis

Dr. E. L. ELLIS (Titchfield, Hants) writes: A man aged 52 recently consulted me with pain and swelling in his left breast. I asked him somewhat light-heartedly whether the strap of his satchel was catching him in that area. His reply revealed a new disease to me. He told me that the cross-belt of his car safety belt came over his left nipple and it had obviously produced an inflammatory reaction by continued minor trauma. Perhaps manufacturers of seat belts should take due note of this problem.

SI Units

Dr. A. B. MURGATROYD (Sheffield) writes: Without wishing to detract in any way from the article by Dr. R. A. Martin and others (12 July, p. 75) I wonder about the justification for expressing the number of cerebrospinal fluid lymphocytes as $0{\cdot}020 \times 10^9$/l. This is a multiplication of a very small number by an enormously large one in a volume of C.S.F. that I am never likely to see. It is far more satisfactory and easier to understand if the number of lymphocytes is expressed per 1 ml of C.S.F.

Overseas Doctors

Dr. R. K. GULATI (Watford, Herts) writes: The recent unjustified criticism of the level of competence of overseas doctors has led, and continues to lead, to a decline in patients' faith and confidence in general practitioners and junior hospital doctors. Being an overseas doctor myself, currently in general practice, I have naturally watched and followed with great interest and much disappointment the manner in which the whole affair has been publicized. . . . Most overseas doctors in the U.K. try to further their knowledge and experience. There are no adequate postgraduate training programmes. Overseas doctors hardly get a chance to work in teaching hospitals. . . . Why is this matter being debated now? If there was a need to vet a doctor's standards it should have been done years ago. The N.H.S. has been accepting, quite gladly, overseas doctors for over 20 years—why did they get jobs if they were below standard? . . . The British Government should make a proper selection of overseas doctors in their own countries before allowing them to practise in the U.K. Once accepted by the N.H.S. overseas doctors should be treated on a par with their British colleagues.

Notification of Death

Dr. J. J. BRENNAN (Southsea, Hants) writes: I have often thought that if the medical certificate of cause of death were slightly changed and a further tear-off portion added the registrar of deaths could send this to the records department of the last hospital group the patient had attended. . . . There would be many advantages. The hospitals would know when patients had died. It would then be up to each records department to look up the patient's notes and to notify the last hospital the patient had attended previously.

Need for Professional Organization

Dr. J. M. CUNDY (Bromley, Kent) writes: I found that the A.R.M. at Leeds provided a sober analysis of the present and future problems of the profession and the Health Service. However, the educated ear could hear rumblings of economic thunder without the hall, and while appreciative that the profession's views had been transmitted to the Cabinet by the Secretary of State we should insist that the professions are consulted, as of right, at these times. It is now imperative that we do not withdraw into apathetic acceptance of the present situation. . . . I would suggest that all doctors, as a matter of principle, should belong to a professional organization and actively influence that organization in order that representatives understand what the profession needs and can work towards these needs. At the present time there is only one organization with an adequate peripheral structure, strong enough secretarial support, representative central committee, and able negotiators to do this job—namely, the B.M.A. and its autonomous central committees.

Rationing N.H.S. Resources

DR. REX BINNING (Hove, Sussex) writes: In your leading article "Rationing N.H.S. Resources" (19 July, p. 122) you give credit to Mr. Enoch Powell for first voicing the principle that "within a free N.H.S. demand will always rise to absorb all the resources made available." It was Dr. Ffrangcon Roberts, in his book *The Cost of Health* (1952) and many articles in the medical journals before that, who demonstrated most convincingly that no society, however affluent, could afford a completely free health service as the cost was bound to accelerate to infinity. . . .

Br Med J: first published as 10.1136/bmj.3.5978.310-g on 2 August 1975. Downloaded from http://www.bmj.com/ on 19 April 2024 by guest. Protected by copyright.