foritori a paragraph, to open with functional or attention-catchling words.

amrap: defending is the same that applies in choosing the titles of articles. All authorities agree that functional words should occasionally occur in front position. This is something that "Retinoblastoma: a study of the natural history and prognosis in 268 cases" is better than "A study of the natural history and prognosis in 268 cases of retinoblastoma"; "Acute myeloid leukaeemia treated according to the Hammersmith protocol: a preliminary report" is preferable to "Acute myeloid leukaeemia according to the Hammersmith protocol".

Similarly, "The possible role of nitrosoamines in the genesis of oesophageal carcinoma has been suggested by Magee and Barnes and McGlashan et al." (12 July, p 61) is a more enticing beginning for a paragraph than "Magee and Barnes and McGlashan et al have suggested a possible role of nitrosoamines in the genesis of oesophageal carcino"ma would have been. On the other hand, instead of "A recent North American survey has re-examined the problem of chest pain in smokers" (15 November, p 368) I should have preferred "The problem of chest pain in smokers has been re-examined in a recent North American survey". This example also shows one of the pitfalls to which too strict avoidance of the passive can lead. A problem can be examined in a survey, but could a survey, even a computerised one, examine a problem properly and examination calls for conscious intel-

lectual effort.

My second point is to recall Sir George Wilson's warning1 against the misuse of "develop," as in "the patient developed pancreatitis". The patient did not develop pancreatitis; pancreatitis developed in the patient. One develops photographs. An investi-
gator develops disease in experimental animals. But one does not develop disease in oneself unless one is a self-experimenting psychopath, or a cigarette smoker. I expect it was with this third exception in mind that you (13 December, p 607) wrote of smokers "who have already developed chronic bronchitis a coronary artery disease."

Finally, it is disquieting to note in how many otherwise respectable American journals the word "data" is treated as a singular noun. It is true that neuter plural nouns took singular verbs in classical Greek, but I doubt if the perpetrator of "This data was carefully analyzed" was under the in-
fluence of deep reading in Plato and Thucydides. He would not have spelled "analysed" with a z.

J A PARFORD

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Long-stay mental hospital population

Sir,—The terrible chronicity of rate, causing so much suffering to the patients and relatives concerned, is still a problem. Dr Eamonn Fottrel and others (p 675) at Tooting Bec Mental Hospital needs an explanation.

Can a lot of it be due to lack of intensive treatments when the patients were admitted there or elsewhere earlier in their illness? Will these authors also tell us how many now "chronic" schizophrenics and affective states had insulin, electric conversion therapy, the phenothiazines, and finally a modified lower medial leucotomy before being con-
demned to a lifetime of suffering in the chronic wards of Tooting Bec?

When Tooth and Brooke2 and also Baker3 made their calculations on the emptying of mental hospitals, so criticised by Dr Bewley and his colleagues, they had already found, for instance, that over 40% of 10 000 supposedly chronic patients had been able to leave mental hospitals following mostly modified lower medial leucotomies. Baker had worked with me, and learnt also at Banstead, what can now be achieved by the use of intensive physical treatments and not "giving up" before all such treatments have been used.

Unless we know about the treatment of all these supposedly chronic patients this paper loses most of its value as a guide to whether or not we shall be able to close our mental hospitals and use general hospital units instead.

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1 Tooth, G C, and Brooke, E M, Lancet, 1961, 1, 710.

The third man

Sir,—In his interesting letter about the Everest expedition (10 January, p 92), Dr C R A Clarke mentions the curious situation of two climbers that their snow-hole bivouac had been shared by a third. Some claim that this is a well-recognised phenomenon in the mental state of exhausted travellers, and it inspired T S Eliot to write in "The Waste Land": "Who is the third who walks always beside you? When I count, there are only you and I together But when I look ahead up the white road There is always another one walking beside you."

In his own notes on the poem Eliot says, "The lines were stimulated by the account of one of the Antarctic expeditions (I forget which, but I think one of Shackleton's): it was related that the party of explorers, at the extremity of their strength, had the constant delusion that there was one more member than could actually be counted."

I cannot recall having seen this mentioned in medical literature before. Has it ever been noted and investigated by any psychiatric authority?

R L WYNNE

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Sodium valproate and platelet function

Sir,—Dr A Richens and Dr S Ahmed (1 November, p 255) and Jeavons and Clark4 have shown that sodium valproate reduces the frequencies of seizures in epilepsy. The drug is likely to be widely used and, while reported side effects have so far been minor, there has been one report5 of a prolonged bleeding time in four patients who also showed coagulation abnormalities. The prolonged bleeding time was attributed to defective platelet function, but one patient who was thrombocytopenic and one thrombocytopaenic patient has therefore studied the effects of sodium valproate on platelet function and coagulation to deter-

mine the clinical significance of these findings.

Sodium valproate was added to citrated plasma from six healthy adults to give final concentrations of 0-2, 1-0, and 5-0 g/l corresponding to one, five, and 25 times the therapeutic level. Platelet ad-
hesion to glass beads, platelet factor 3 release, and ristocetin- and collagen-induced aggregation were normal. Inhibition of the secondary phase of platelet aggregation following normal primary aggregation with adenosine diphosphate (2.4 x 10-4 mol/l), adrenaline, and thrombin was demonstrated in all six plasmas at 25 times the therapeutic levels of both thrombin and platelet aggregation. Standard tests of coagulation (prothrombin, partial thromboplastin, thrombin, and kaolin clotting times) were normal at all three concentrations.

Platelet function tests were also performed on whole blood (aged 4 days after valproate) and sodium valproate. Inhibition of the secondary phase of aggregation following primary aggregation with adenosine diphosphate, adrenaline, and arachidonic acid was demonstrated in six patients, five of whom were taking sodium valproate as the sole anticonvulsant.