rare as was once thought. We think our case is of added interest in that the parents have had two other mongol children as well as the twin.

The father is aged 35 years, and is now out of work, with a chronic anxiety state. He was on a baker's delivery round previously. The mother is also aged 35 years. She has had seven confinements, all at home and carried out by the midwife. The first child, a girl, was stillborn at full term. This birth was in 1944, the weight was 9½ lb. (4.3 kg.). This child was probably normal. The second child, a male mongol, was born in 1945, and weighed 8¾ lb. (3.9 kg.). He died at the age of 7½ months, and we do not know the cause of death. The third child, a male mongol, was born in 1946, and weighed 8½ lb. (3.8 kg.). He is alive now, quite healthy: he is clean in his habits, feeds himself, can dress and undress himself, and he is helpful around the house in small ways. He has an atrocious temper. He was graded when he was 6 years old, and given a mental age of 2 years. The fourth child, a normal girl, was born in 1949 and weighed 8½ lb. (3.8 kg.). In 1952 twins were born, two girls, one a mongol, and both were breech deliveries. The midwife states that there were two placentas. This mongol is more intelligent than the boy. She has talked at an earlier age and is already as advanced as he is. She has had no gradation tests yet. The other twin had some cerebral birth trauma resulting in a right hemiplegia, and subsequent epileptic fits. She has had only four of these, the hemiplegia has now cleared, and she is attending school, and appears to be of normal intelligence. In 1953 and 1954 normal girls were born. The one in 1953 weighed 8½ lb. (3.8 kg.), and the one in 1954 weighed 7¾ lb. (3.5 kg.).

The children all play together, but the two mongol children stick more together, play better together, and stand united against the other children in any quarrel. The mother says she always knows when she is having a mongol child, as she feels ill and vomits throughout the pregnancy. The mother's blood group is A_2 Rh-negative. So far as we can discover, there is no family history of twins or other mongols.—We are, etc.,

DAVID ANTHONY.
J. G. HUGH THOMAS.

Abercynon, Glam.

SIR,—With reference to the letter of Dr. L. L. Mistlin (*Journal*, November 16, p. 1179) concerning the aetiology of mongolism in a twin, in observations on over 500 human follicular and tubal ova, I do not see anything to prevent at times the second polar or the two polar bodies which may result from division of the first polar body from being fertilized. This may account for certain cases of twin pregnancy, and may have given rise to the mongolian twin cited in his letter.—I am, etc.,

LANDRUM B. SHETTLES.

New York.

"Nomen Proprium"

SIR,—The chairman and honorary secretary of the Association of Teaching Hospital Pharmacists oppose (*Journal*, December 7, p. 1366) the labelling of dispensed medicines on the grounds that such labelling increases the risk of ill-advised self-medication. Their hypothetical objections are heavily outweighed by other, practical, considerations. When a few years ago the local medical committee of which I am secretary sought the co-operation of the local pharmacists in labelling all dispensed medicines the committee had in mind the following points.

(1) A majority of doctors (at least in West Bromwich, and almost certainly elsewhere) practise in partnerships so that patients are sometimes of necessity seen in their homes by different doctors during the same illness. From their academic fastness your correspondents may think that "other proper systems of recording patients' treatments are available," but in the home there is no convenient practicable alternative method which does not share the objections voiced by your correspondents. (2) Rota systems result in patients being seen by different doctors who are much less closely related than are partners. A considerable proportion of rota calls is to patients already under treatment by their own doctors. These facts make even more cogent the points raised in the above paragraph. (3) A case of accidental poisoning can well arise (especially in these days of tablets) in the absence of a prescriber, yet immediate identification of the drug taken might well be vitally necessary. (4) The use of the label as a reminder to a prescriber himself is quite incidental, but is not without its value.

Your correspondents' antipathy to self-medication may be reasonable. The pharmaceutical industry and the pharmaceutical trade, however, are to a significant extent dependent on the prevalence of this habit, and they have it in their power seriously to check the habit without their refusing to help doctors with fully labelled dispensed packages. A public which is so widely informed by press, radio, and television quite properly expects to be fully informed by its doctors, and information on the pharmacist's label is rarely news. Is it the wish of your pharmacist correspondents that doctors should begin to write prescriptions illegibly?—I am, etc.,

D. SAKLATVALA.

West Bromwich.

SIR,—The opinion expressed by the Association of Teaching Hospital Pharmacists (*Journal*, December 7, p. 1366) goes against the basic principle of contemporary clinical medicine, the necessity of treating patients as rational beings. To give to patients tablets or coloured liquids without telling them what they are is not only an insult to their intellect but makes us revert to the mysterious magic of the apothecaries of the Middle Ages and is thus unworthy of a scientific physician. If we except some cases of individuals of low intellect who need magic more than medicine, patients collaborate more effectively in their treatment when knowing what they are taking. Further, when they travel or move elsewhere and need medical help, this becomes more effective when the physician who sees them for the first time knows what they have been taking. Accidents also occur—when, for example, tablets of digoxin or of antihistaminics are taken for vitamins—and this may involve responsibilities of pharmacists and physicians. There are, of course, rare cases in which the name of the medicine must not be divulged, and it is for such cases that a special sign is needed for the pharmacist, while maintaining as a general rule the careful labelling of the medicines. Until, however, such rational and scientific mode of prescribing is reached it is imperative for chemists to follow the instructions embodied in the term *nomen proprium*, as most of them ignore such instructions.

The Association of Teaching Hospital Pharmacists would have rendered a greater service to medical practice if they insisted on this point, instead of wishing to maintain this antiquated and anti-intellectual method of secrecy which is being abandoned in all other countries.—I am, etc.,

A. P. CAWADIAS.

London, W.1.

Night Hospital for Neuroses

SIR,—In January, 1958, we are opening a night hospital for the short-term treatment and resettlement of neurosis cases. Both men and women will be accepted. Patients will arrive between 6 and 8 p.m., and treatment will include individual, group, and social psychotherapy. An evening meal and breakfast will be available for patients, who will normally leave between 7 and 9 a.m.

It is hoped that these facilities will be particularly valuable for patients who are working, and special attention will be paid to the occupational aspects of each case. These facilities are being provided under the National Health Service, and cases for treatment are being considered now.—I am, etc.,

JOSHUA BIERER,
Medical Director,
Marlborough Day Hospital.

London, N.W.8.