

It is important to remove the pain if reassurance is to have optimum effect.

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Reference

- 1 Bourne IHJ. Treatment of painful conditions of the abdominal wall with local injections. *Practitioner* 1980; 224:921-5

A tale of two paintings

In his account of Robert Smirke's paintings depicting resuscitation (August 1990 *JRSM*, p 520), John Griffin mentions two prints of these pictures at the 'Royal Bath Hospital' and suggests that their provenance may have been William Heberden. I assume the author is referring to the Royal National Hospital for Rheumatic Diseases (formerly known simply as the Bath Hospital). As far as I am aware, the only connection that this hospital has with Heberden, other than a mutual interest in rheumatological disease, is the possession of one of the physician's cut-throat razors which was donated to the hospital after the last war.

The prints in question now hang in the Post-graduate Medical Centre at the Royal United Hospital following their donation to the Bath Clinical Society by Drs Henry and Zeta Eastes who acquired them in 1939 from the widow of Dr Ivan Hawes, a general practitioner in the village of Wick, a few miles east of Bristol. One must assume that Dr Hawes interest in the prints was one of family connection.

Ironically, it is fitting that these prints should have come to rest in Bath. It was in this city that Dr Thomas Cogan, the co-founder of the Royal Humane Society, spent some time in practice and, in 1805, founded the Bath Humane Society which still flourishes. The Bath society was originally run on identical lines to its London counterpart, though in recent years it has merely provided funds for prizes in life saving.

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Saint Vitus' dance

Having read with interest and appreciation the paper on 'Saint Vitus dance: vital misconceptions by Sydenham and Bruegel' by Park and Park (August 1990 *JRSM*, p 512), it seems appropriate to draw attention to the remarks of Felix Platter (1539-1614) on this condition.

Platter refers to Saint Vitus' dance in his *Praxeos Medicae* (1602) as 'that frightening and remarkable though rare disease' and comments 'There are of course some who for the sake of extorting a sizeable alms or because they have been put up to it do imitations of this disorder to impress on the minds of men the erroneous popular conception of the disease.

... An alienated mind however, may be impelled into this insanity and perverse appetite'¹.

It is evident that Platter, like Paracelsus, considered Saint Vitus' dance to be heterogeneous in nature.

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Reference

- 1 Diethelm O, Heffernan TF. Felix Platter and psychiatry. *J History Behav Sci* 1965;1:10-23

I don't fancy cheiromancy

I presume that Newrick *et al.* (August 1990 *JRSM*, p 499) are writing tongue (or hand) in cheek when they relate length of lifeline to longevity. In the normal hand the main palmar creases, including the so-called lifeline, are present by the 14th week of embryonic life and indicate binding down of skin to deeper structures. Do these palmar creases elongate with age? Certainly my own main creases have not altered when I compare prints I took 20 years ago. However, the late Professor L S Penrose mentioned that the lifelines may lengthen and become more complex as age increases¹. This suggests that orthodox medicine is correct to dismiss out of hand the idea of a predictive value for lifeline length. Indeed the Old Testament notes that '... ye have not found ought in my hand' (I Samuel 12:5) and '... there is nothing in his hand' (Ecclesiastes 5:13).

Will there now be a proposal to form a Royal College of Palmistry?

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Reference

- 1 Penrose LS. Fingerprints and palmistry. *Lancet* 1973; i:1239-42

We wish to applaud the adroit attempt by Newrick *et al.* to get to grips with the neglected science of palmistry (August 1990 *JRSM*, p 499). They claim a strong statistical correlation between lifeline length in the right hand and age at death, lifeline length in the left hand being less significant. However, the dexterity with which they put across their case disguises a vital omission. One might expect 10 of the 100 cases to be left-handed, yet the data they present was not corrected for hand dominance. One of us (JRN) is a southpaw and is mortified that his death might be predicted from the examination of the right (ie wrong) extremity. Does this disregard mere sleight-of-hand, or something more sinister? It would be a shame if an exciting new diagnostic tool were to slip through our fingers as a result of such high-handedness.

Finally, regarding their suggestion of 10-year meetings in exotic locations, may we suggest Las Palmas for the first conference?

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