

colleges, Ludhiana, takes in an equal number of men and women medical students, and for its 50 places this year had 2,400 applications, a steadily rising number over the past six years.—I am, etc.,

E. GERARD HOUSDEN.

London S.W.19.

Abbreviations

SIR,—I should like to support most strongly the plea by Dr. J. A. Frai (21 December, p. 776) that some attempt be made to standardize abbreviations.

Many abbreviations in current use mean different things to different people—for example, T.C.A. on outpatient notes may mean “to come again”; or, to dermatologists, trichloroacetic acid.—I am, etc.,

E. M. DONALDSON.

Newcastle, Staffs.

Folic Acid and the Nervous System

SIR,—Your leading article on folic acid and the nervous system (21 December, p. 722) repeats the statement that folic acid can precipitate epileptic fits. Dr. I. Chanarin and his colleagues¹ reported one patient who began to have frequent epileptic fits after treatment with folic acid. In a condition so variable as epilepsy this and subsequent evidence² seems insufficient to prove this point. In Reynolds's series the folic acid was stopped after periods varying from 10 days to 22 months. After giving any drug to patients with epilepsy, including barbiturates and phenytoin, there may be an exacerbation of the fits, and the drug may have to be stopped. Little may be known of the causes of this, but they are likely to be complex, and only sometimes the results of toxic side-effects. Certainly it cannot be claimed that barbiturates tend to make epilepsy worse. It would seem much more important to direct attention to the possible risks of folic acid deficiency among patients taking anti-epileptic drugs, and if this is present to rectify it. Although the role of folic acid in the treatment of epilepsy may be unproved it certainly can be given without making the fits worse.³—I am, etc.,

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REFERENCES

- Chanarin, I., Laidlaw, J., Loughridge, L. W., and Mollin, D. L., *Brit. med. J.*, 1960, **1**, 1099.
- Reynolds, E. H., *Lancet*, 1967, **1**, 1086.
- Gordon, N., *Devel. Med. Child. Neurol.*, 1968, **10**, 497.

Revising Psychiatry

SIR,—There can be very few textbooks which achieve perfection in their first edition. Reviewers therefore have a responsibility to point out faults not only to your readers but also to authors, who, if they are sensible, heed these strictures. Neither are all reviews perfect, and, while one should overlook minor errors, it is equally the responsibility of authors to your readers and reviewers alike to answer unfair or misleading comment.

Dr. E. A. Bennet (28 December, p. 817), after a short preamble on the intention of our recent book *Basic Psychiatry*, uses most of his space on the following points.

(1) The lack of an index. To illustrate this deficiency (if I may use this word) he quotes, “The student, puzzled by psychiatric jargon, turns expectantly to this volume to find the meaning of, say, porphyria.” One would have thought that with the recent publicity given by the *British Medical Journal* to porphyria, the royal malady, students and your reviewer would not regard the word as belonging to “psychiatric jargon.” Neither is it a purple passage but the name of a well-known organic disease. It is indeed listed under the section on organic psychiatry at the end of the seventh line (total 8+) between pages 79 and 116. It should not therefore be necessary to scrutinize the first 30 pages of the section. One would start to look for it between pages 105 and 110. As each term in the table of contents refers to a question in the text, the key word of which is in bold type, the question on “porphyria” is readily found on page 108. In a leisurely search I reached it in under 10 seconds.

There are terms and surnames mentioned in the text which are not in the table of contents, but this surely is not a serious criticism; it would be if it was the other way round. The book is meant primarily for people who wish help in passing examinations and a basic, articulate framework for psychiatry. It is not intended to be a psychiatric dictionary.

(2) Dr. Bennet disapproves of the term “mental deficiency” on the grounds that the Mental Health Act (1959) uses the term “mental subnormality.” In our section on legal psychiatry, as he points out, we do use the term “mental subnormality,” but we prefer to confine it to this aspect, for it has not yet achieved general clinical acceptance. In several countries the term “mental retardation” is favoured, yet the specialist journals on the subject still use the term “mental deficiency.” Furthermore, there are many who are mentally defective who are not dealt with under the Act, and it looks as if this number will increase now that education departments will be mainly responsible. Dr. Bennet should know that I am not so conformist as to abandon a well-recognized clinical term because of a recent change in the law. He may disagree, but he has not proved me wrong.

(3) His parting shot, that disorders of pregnancy are not discussed, is only partly true, for under Section 8, p. 133, there are two questions and answers on this subject. The psychoses of pregnancy are not dealt with as such for they approximate to other functional psychoses.

As stated in the preface, *Basic Psychiatry* is intended for the student who needs help in formulating answers to questions in psychiatry and for those who need quick and helpful revision for examinations. I am pleased to note that on these points Dr. Bennet and I are in agreement.

I regret that as my co-author, Dr. E. B. Gordon, is on holiday, I sign this letter.—I am, etc.,

MYRE SIM.

Queen Elizabeth Hospital,
Birmingham.

Use of Word “Blind”

SIR,—I notice in your report (*Supplement*, 30 November, p. 46) of the proceedings of the Ophthalmic Group Committee held on 15 November that a proposal was discussed to substitute for the one word “blind” the two words “visually disabled” in connexion with blind certification, while partially sighted

persons are to be designated “partially visually disabled.” What a mouthful!

What possible advantage can there be in this profuse verbosity?—I am, etc.,

F. J. CURTIS.

Reigate, Surrey.

Cathartic Action

SIR,—The leading article on cathartic action (21 December, p. 723) states the reasons for taking laxatives are hard to determine. I suggest in the elderly the reason is to overcome dyschezia. Bulky food is uncomfortable, and the alternatives to aperients are suppositories or enemata. Why have the chemists ceased to manufacture 1 gr. (65 mg.) cascara sagrada tablets?—I am, etc.,

DUNCAN WOOD.

Hallatrow,
Nr. Bristol.

Wearing Tights

SIR,—I was interested to read my colleague and neighbour Dr. L. Tann's observation regarding the increasing incidence of pruritus vulvae in his practice (21 December, p. 776). I think this must be a common experience of general practitioners at the present time, and further inquiry might reveal that many of his patients are not only wearing tights but also regularly ingesting oral contraceptive drugs.

The increased incidence of vaginal candidiasis in patients on contraceptive steroids is already a well-established example of iatrogenic disease, and in my own practice, out of 121 patients currently using oral contraceptives 13 (11%) had complained of pruritus. In 9 of these vaginal swabs were positive for yeasts (usually *Candida albicans*), although the full clinical picture of vaginal candidiasis was not always apparent.—I am, etc.,

M. J. V. BULL.

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Christmas Cracker or Duogastrone Symptoms

SIR,—While I was reading the history of a newly admitted patient on the final ward round before Christmas a loud crack, like a pistol shot, rang out from the other end of the ward disturbing the proceedings. We found no commotion and no weapon, not even a prematurely pulled Christmas cracker. Instead, there was a timid woman of 40, Mrs. A, who called out apologetically that it was her and her capsules. She told us that her general practitioner had prescribed Duogastrone (a special preparation of carbenoxolone sodium), which according to her doctor would dissolve beyond the stomach and heal her duodenal ulcer. She then explained in detail that since taking her capsules a loud shot would occur in her bowels from three to seven hours after swallowing them. She and her husband had many sleepless nights awaiting the “shot” at 2 a.m. after the evening meal at 7 p.m. Two weeks before Christmas the television repair man had called in the afternoon to adjust the set while