Envenomation by the lesser weever fish

Sir,

Every summer, British bathers are stung on their feet by the venomous fish, the lesser weever (*Echiicthys vipera*) which lives on the sea bed. The fish injects a holocrine venom into the bather when it is trodden on. The effects of this envenomation have been overstated in the literature.[1] An account of a fisherman who amputated his finger to relieve the pain of envenomation by the greater weever fish (*Trachinus draco*) dates from 1782,[2] before opiates, paracetamol and salicylates were available. There have been three reports of death following envenomation by the greater weever fish but these all occurred before antibiotics had been discovered and were more consistent with secondary sepsis than a venom effect.[3-5] The greater weever fish differs from the lesser weever fish in that it is a larger fish which lives in deeper water; it will sting fishermen who unwittingly handle it in their nets.[6]

While studies document the morbidity consequent on greater weever envenomation,[7,8] and note that a typical victim will take a week to recover, no such study exists for envenomation by the lesser weever fish. We sought to establish the morbidity arising from envenomation by the lesser weever fish on beaches in Caswell Bay in Wales; Tintagel, Cornwall; Gunwalloe, Cornwall; and Christchurch, Dorset between 1 April and 28 August 1990. Consecutive bathers presenting to the lifeguard with an acutely painful limb, consistent with envenomation while bathing, were included in the study. Records were completed for 24 cases. The cases were treated by immersion of the stung limb in water as warm as could be tolerated for five to 20 minutes (mean 10.3 minutes). The mean interval between envenomation and leaving the lifeguard's care was 29.9 minutes (standard deviation 18.3 minutes). Twenty three of the 24 cases (96%) were recorded as having less pain after treatment than before.

A follow-up questionnaire was sent to these 24 patients and to a further 23 patients who were not entered into the first part of the study, because they were stung and given hot water treatment on a non-study beach. Thirty nine questionnaires were returned completed. All 39 respondents said their pain was improved with hot water immersion. Only nine respondents had additional treatment after the initial hot water treatment: four received paracetamol alone, one received reimmersion of the limb in hot water and paracetamol therapy, one reimmersion alone, one removal of the embedded spine, one tetanus immunization and one a topical analgesic spray. One patient, who did not have any further treatment, developed 'a painful lump which discharged four weeks later'. While 18 of the 39 patients (46%) had had pain lasting less than an hour, and only 8 (21%) described pain lasting over six hours, 19 patients (49%) said that their foot was not entirely normal 24 hours after the sting. This discomfort lasting for 24 hours or more may be due to a foreign body reaction.

We conclude that cases of presumed envenomation by the lesser weever fish occurring on British beaches can be adequately treated by removal of any obvious foreign material from the wound, immersion for 10 to 20 minutes in water at about 40 °C and paracetamol analgesia.

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Patient or consumer?

Sir,

With increasing pressure towards consumerism in the National Health Service[1,2] there is a perception that doctors are patronizing the people they see by calling them patients. Indeed many of our nursing colleagues and paramedical workers already prefer the term 'client'. On 10 June 1991 a one day siminar titled 'What's in a name?' was arranged by the Department of Postgraduate Medical Education at Glasgow University with funding from the Nuffield Provincial Hospitals Trust. The purpose of the meeting was to explore the issues surrounding terminology. In preparation for this meeting I sampled the views of 28 general practitioners whom I met in the week before the meeting and 110 adult patients attending an evening surgery in my four partner training practice in Blantyre, Strathclyde on 16 May 1991.

A total of 102 patients replied to the questionnaire. When asked 'When you go to see a doctor do you think of yourself as a client, consumer, user or patient?' 101 patients chose 'patient' and one 'user'. When asked if they felt that any of the terms should specifically not be used the numbers objecting and the reasons given were: client (eight respondents: sounds like a lawyer; expect to pick up a bill), consumer (12 respondents: business term; too formal; suggests money is more important), user (11 respondents: implies guilt; sounds like some sort of drug addict; can mean liberty taker). General comments from respondents about the possibility of changing the term from patient emphasized the warmth of the relationship between general practitioners and their patients, for example, 'To most patient (s)he is a friend and adviser'.

Of the 28 general practitioners surveyed all except one preferred to continue to use the term 'patient'. The only exception was one doctor who had worked in a predominantly fee for service environment in Australia and New Zealand. He felt that use of the term 'customer' might be beneficial in forcing doctors to recognize their responsibility to satisfy patients' demands for better access to more pleasant services. Despite this, the overwhelming view of both doctors and patients in this small, selective study is that there is no great desire to drop the term 'patient' in favour of any alternatives.

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Computerized health information

Sir,

I was interested to read the report by Stanley and Tongue (December *Journal*, p.499) which confirms our own experience with *Healthpoint* in Glasgow.[1,2] *Healthpoint* is a public access health informa-