

account for its supposed beneficial effect?

Recent observation of a patient who had severe psoriasis showed that her serum calcium was slightly below normal and her nails were cracked. I prescribed a calcium preparation called 'Sandocal', to be taken three times daily, and she noted a marked improvement in her psoriasis. 'Sandocal' was discontinued after about six weeks and her psoriasis returned. Is there any possible relationship? Has there been a report of the effect of calcium in psoriasis?

I look after a residential centre for retarded children where there is a high incidence of Down's syndrome. An observation has been made that there appears to be a higher incidence of carcinoma in one or other of the parents of mongoloid children, compared with parents of other children in the centre. Is there any evidence to substantiate this observation?

P. J. HENRY

Medicentre
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AGM 1977

Sir,
Saturday afternoon at the AGM can be viewed as a partnership meeting. For the first time ancillary staff had produced some ideas: the doctors sitting in their white coats facing the staff were a little put out as no preparation had been made for this contingency. The practice chairman was dogmatic, the junior partner persuasive and a little overbearing, while the senior partner kept his head down as the resolutions from the staff led to discussion.

When one secretary suggested that the practice was better than the one down the road the junior partner replied that the practice policy was not to praise themselves or to belittle the practice down the road, but to strive to do better.

By the time three or four of the staff's ideas had been discussed the doctors' policy emerged. Any ideas produced by the staff would be taken away and looked at by people who knew what they were talking about (i.e. the doctors) and the staff would be told of their decisions later.

As this junior receptionist left to catch a bus home, the sixth item on the staff's list having been briefly discussed, the practice chairman was saying "Now we've got that one out of the way, we may be able to get on a little faster." The next stage will be that the staff will become more vocal, will demand a share

in policy-making and will eventually turn the meeting from a charade into a "meaningful exercise in co-operation"-participation by staff in the decision-making process!

Having seen the process slowly emerge in our practices, it will be fascinating to observe the operation on a bigger canvas.

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NUMBER 15 PRINCES GATE

Sir,
I learn from the November *Journal* (p.645) that the College has agreed to purchase the adjoining house at Princes Gate. I understand that the reason is twofold: that the College is growing out of its present accommodation, and that "investment in good property is likely to be a better hedge against inflation in the years ahead than holding stocks and shares".

The sum quoted to do this is a staggering £323,000. One of the reasons frequently heard from the *majority* of general practitioners for not joining the College is that the leadership is out of contact with ordinary practitioners. Surely this action confirms this view?

I appreciate that a move away from the prestigious Princes Gate would be regretted by some members, but there are others who feel that concentrating College resources in this way diminishes the influence of the College in other parts of the UK.

I have little knowledge of investment but regret that a no longer wealthy profession owns a building worth nearly £1m, in one of the most expensive parts of the country, while the membership subscription continues to rise without evident benefit to country members.

A provincial or suburban manor house would provide a large building (prestigious even) with considerable parking space, at a tenth of the present investment, releasing a large sum for the provision of income for maintenance with a considerable residue to be used in improving general practice, which is what the College is all about.

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H & C IN ALL ROOMS

Sir:
As a 'rank and file' member of the College who happened to stay in the College accommodation recently, I wish

to draw your attention to a rather unpleasant inadequacy.

There is no running hot water for the guests in their rooms. In this day and age, in the centre of a capital city, this is incomprehensible. One does not know whether the Kennedy family minded the absence of hot water, but I am sure the average doctor would willingly pay more to enjoy this basic amenity. Perhaps a government grant might be made available for this improvement?

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EPIDIDYMO-ORCHITIS

Sir,
A condition that seems to worry general practitioners much more than urologists is acute epididymo-orchitis.

About once a year on average I see a man with a history of frequency and dysuria, together with the sudden onset of acute testicular swelling. Generally I take a deep breath as I know he is going to be off work for many weeks and will need a fair amount of medical attention.

However, recently two men with this syndrome have been treated with high doses of steroids: prednisone tablets, 60 mg were given daily, for five days, with cephalixin ('Ceporex') 250 mg t.d.s. for seven days, and they recovered surprisingly quickly—both were back at work within a fortnight.

It was impossible to perform bacteriology, for various reasons, on their urine, although in the past it has never seemed helpful.

I have written to Professor Blandy in the Department of Urology at the London Hospital. He knows of no evidence about this and suggests that sensitivity of organisms may be very important.

I wondered if your readers might like to comment on this treatment and/or possibly undertake a controlled trial?

P. GRAHAM

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MRCGP COURSES

Sir,
I feel I should comment on Dr M. Townend's fears about courses which prepare candidates for the college examination (November *Journal*, p. 697).

When the College decided on a compulsory examination for membership, MRCGP courses became inevitable. Many practitioners will find the examination an unfamiliar, perhaps

new, experience. Familiarization with MCQ, MEQ, and viva techniques is in no way cheating and knowledge of these examination methods is not something which can be assumed in a 'competent' practitioner unless he is a trainer. Before risking the application fee it is sensible, for the 'established' practitioner especially, to seek such a course.

In Coventry we have been organizing MRCGP courses since 1971 and find no conflict in simultaneously supporting the College in its assessment of competence. Our next course will be in the spring of next year and if a little knowledge is gained or an attitude modified at the same time, so much the better.

P. FREEMAN
RCGP Tutor

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JOURNAL STYLE

Sir,

I enjoyed Dr Stoddart's erudite discussion on how to spell analyse/analyze (November *Journal*, p. 699) and agree that the arguments for the 's' spelling are probably stronger. However, the special case of analyse should not be allowed to obscure the issue of -ise/-ize spellings in general. The *Journal* is to be commended for its recent change to -ize spellings and is now one of the few British medical journals that accords such words their correct spelling.

When a verb is derived from a noun or an adjective (or from a nominal or adjectival stem) using the Greek suffix *-izein*, meaning, loosely, 'to make', then the English form is -ize. The *Oxford English Dictionary* (and the whole of the Oxford University Press), the *Cambridge University Press*, *The Times*, Webster (hence American usage), and Fowler, leave us in no doubt as to the correctness of this view. Most other Western European languages, except French and German, also adopt the 'z' spelling, as of course does Latin (*-izare*).

However, the following should be noted:

1. The 's' spelling is correct in verbs derived from certain Latin roots, namely *visum* (advise, devise, improvise, supervise, revise, televise), *missum* (surmise, compromise), *presum* (compromise, surprise, apprise, prise), *spectum* (despise), and *cisum* (excise, incise, circumcise). Although these 's' spellings are few in number compared with the 'z' spellings, most of them are in frequent use. Owing to their familiarity, and since the -ise ending is clearly not a suffix, and does not mean 'to make',

these words are unlikely to be spelt incorrectly. It should be noted though, that despite its derivation, 'prise' (to lever) is spelt with a 'z' by many authorities.

2. In a few verbs derived from certain French *-ir* verbs, the particle *-iss-* that occurs in some parts of these verbs has become *-ise* in English (advertise, enfranchise and its derivatives), instead of the more usual *-ish* (polish, perish, furnish, ravish etc). Whether or not these *-ise* spellings can be assimilated to *-ize* is debatable. The English verb derived from the French *agrandir* is often spelt 'aggrandize' (to make grand), so it may be considered that there is a precedent for the form 'advertize' (to make an 'advert'), and indeed, this spelling is allowed by Webster, although as a second choice. Alternatively, it may be felt that in view of their derivation (from *agrandissement* and *avertissement*, respectively), both of these verbs should be spelt with an 's'. In the case of 'enfranchise', no dictionaries allow the 'z' spelling (although it means 'to make free'), perhaps because it is felt that the *-s-* really derives from the French noun *franchise* (ultimately from the Latin *-itia*), and is therefore more admissible than if it had originated from the *-iss-* of *enfranchissement*.

The derivation of 'chastise' is not clear, but this verb is usually spelt with an 's', and this seems to have been acquired by assimilation into this *-iss-* group, even though there is no French *-ir* verb or *-iss-* particle (*châtier*, *châtiment*). Webster and certain other authorities, however, although they adopt the 's' spelling, more plausibly consider this verb to be of the *-izein* type. 'Chastize' is in fact allowed by the *Shorter Oxford Dictionary*.

3. Verbs which have been formed from the Latin nominal suffixes *-itius*, *-itia*, or *-itium* have occasionally become *-ise* in English (exercise, merchandise), instead of the more usual *-ice* (service, notice, police etc.). No serious attempt appears to have been made to assimilate verbs in this category to *-ize*, although interestingly, 'gormandize' is said to derive from the French noun *gormandise*, and 'prize' (to value) derives, like 'price', from the Latin *pretium*. 'Exorcize', which is undoubtedly an *-izein* derivative (meaning 'to make an oath'), is frequently misspelt 'exorcise', perhaps by wrongful association with 'exercise'.

The prevalent practice of employing the 's' spelling irrespective of derivation is illogical and betrays a lack of linguistic awareness. When the Earl of Kent in *King Lear* declared 'Thou whoreson zed! Thou unnecessary letter!', it cannot be assumed that he

was advocating that we forgo the letter 'z' at the expense of etymological principles!

SHERRIDAN L. STOCK

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Sir,

Oh what a tangled web I wove, when first I practised to improve! (A poor rhyme, but there are respectable precedents). I read Dr Stoddart's courteous and erudite letter (November *Journal*, p.699) with great interest, but noted that he adduced no positive evidence for the correctness of 'analyze' as distinct from 'analyse'. He based himself entirely on little sideswipes at the respectability of 'analyse', but generously admitted in his last paragraph that on balance we are right to use it. Well and good, and I will now with equal generosity cede a point. Were my arm to be twisted, and my admission to Heaven to depend on it, I would proclaim that the correct verb form of analysis is 'analyze'—but I would go to the stake reaffirming that it is a "pedantically correct horror", for in print it is ugly and in speech has the same effect on the upper denture as dried figs.

I much enjoyed Dr Stoddart's divagations from the main theme, especially his examples of the strange American use of 'haemolyze' and 'electrolyze'. But did I detect a soft impeachment that I might be among those who do not use an "intellectually respectable way of adjudicating on the merits of this problem"? Let me state unequivocally that I have for long considered that the umbilical cord between English and American was cut about a century ago, and that the latter is now completely viable on its own—and a good thing too—differing as it does so widely in pronunciation, spelling, and syntax. How many Englishmen, for instance, would reply to the question "Have you any money?" by using the American "Yes, I do"? And how many English writers would expect to be understood *alla prima* were they to use the negative of the great American subjunctive?

I stress this last point so that I not be misunderstood—if you see what I mean. Clearly, we may no longer quote the American language in our defence.

All in all, this gentle little controversy has achieved nothing but good. You, sir, have graciously admitted the error of your ways, and sin no more: Dr Stoddart and I have enjoyed an amiable stroll through the groves of Academe, in company with the great Authorities, and all is gas and gaiters (American: hunky-dory)! Analyse rules, OK?

JOHN MILES