of general practice in the various London medical schools have expressed their willingness to help in any way that they can. I would urge any general practitioner considering a London MD who does not feel completely familiar with what is involved to contact one of them, or, failing this, to write to the chairman of the Special Advisory Committee who should be able to suggest a suitable person to approach.

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Silence

Sir,
'Silence is golden', says the proverb, yet when we tape-record consultations the silences we hear are usually just because the doctor is busy with something else. For once there is no proverb on this point of equal and opposite force, and it would seem that the use of silence as a deliberate tool is neglected. Yet silence needs no definition and we have, unusually when looking at human behaviour, a means of measuring it along the yardstick of time. The doctor aware of the limited quantity of his time may see silence as wasted and try to fill it usefully, but a willingness to spend time may itself be an active ingredient. Without words we must look elsewhere to further our understanding of the quality of silence, and non-verbal communications usually give us clues to what is going on.

A working silence, when the patient is preoccupied and looking inwards, suggests that he is thinking about his problems and should be left to do so in the hope that he will find some insight. If in doubt we may check that we are understanding this correctly, and we may ask him what it is about, not so much for our benefit as for his, in that the putting of it into words clarifies the feeling and makes it more accessible.

An awkward silence is when a patient leaks his distress by restlessness of the eyes or body, by flushing or swallowing or by a change of subject. It is our job to help him overcome this difficulty while respecting his urge to cover up again. The blockage may lie between us—the patient is not yet ready to trust his doctor with embarrassing material. Here the impediment can be most effectively overcome by sharing some of ourselves with our patient, which helps him to feel more equal and models what is required. However, the problem may lie inside the patient who is carrying a load of left-over feelings too impacted to share even with himself, much less with the doctor. To clear these, the patient's self-respect must be built up so that he can respond to the doctor's efforts to help him release his pain.

In these ways we hope to achieve the comfortable outward looking silence that indicates our patient has finished, and to encourage those occasions when one says, 'Thank you for listening. I never told anyone that before; it helps'. This induces warm feelings inside us which should remind us that while these processes are seen in our patient equally they occur within us. The preoccupation of thought, the effort needed for an unattractive patient, the hopelessness of some peoples' lives, are warnings to look at ourselves and perhaps even to accept help from our patients.

So silence can be just emptiness, but to make a silence takes two, and to make a silence golden takes more than time.

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Is this a Cupping Cup?

Sir,
I was very interested in Dr R. N. R. Grant's letter and the photograph of his silver cup (February *Journal*, p. 123). By its form it looks like a cupping cup, and by its volume, rather less than an ounce, it is unlikely to be a drinking cup. Perhaps it is a cup for taking liquid medicines.

Why is it not hallmarked? This may prove a clue. When did hallmarking start? Did Roman silversmiths hallmark their wares?

If it is Roman then it is probably a cupping cup belonging to some Roman general with a chronic chest complaint who frequently resorted to cupping, during the invasion of Britain. He had a set made of silver and this is one of them. Why a general? Because a general could afford silver cups. A Roman legionary would not have a chronic chest complaint and he would not drink from a cup this size. He would drink straight from the bottle.

Dr Peter Thomas says Greeks and Romans used cups made of copper. Professor Arturo Castiglioni[1] of Yale University says that Greeks used cups of glass or metal. Silver is metal.

Greeks and Romans did not know distilled liquors so their wines could not be stronger than 15 per cent alcohol (a point at which the fermentation stops) and Greeks even used to dilute their wines with water. Dr Grant's cup will hold less than a tot of whisky and is quite useless for drinking purposes, even of neat whisky, and hopelessly inadequate for wine diluted with water. All the pictures of ancient Rome and Greece show much bigger vessels of adequate capacity and they all had a stem to hold them by.

Why not ask Professor Castiglioni himself? He has a beautiful collection of ancient porcelain pharmaceutical jars for medicines and would probably have heard of or even seen a silver cup.

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Reference

1. Castiglioni A. A History of Medicine, New York: Alfred A Knopf, 1946.

How shall we remember John Stevens?

Sir,
Following Ian Tait's letter (April *Journal*, p. 250) it would be most appropriate to remember John Stevens by commemorating a particular skill that he had which transcends all his others, namely his ability to inspire and encourage medical students and trainees to enter general practice by demonstration of his own skills as a doctor with one-to-one teaching in his own consulting room. The effect of this on those of us fortunate enough to have spent a few days at Aldeburgh was shattering.

I therefore suggest that a travelling bursary be established to enable trainees to select individuals with whom they would like to spend four or five days and to finance their travelling and other expenses. A trainee or medical student who knows of a particular person with whom he or she would like to spend some time could apply for such a bursary.

This would be a more appropriate way of remembering John Stevens than the provision of another essay prize, memorial lecture or medal.

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