mediate preparation such as isophane alone or in combination with soluble insulin. Because there is wide inter-subject variation in the duration of action titration of both the dose and the preparation to suit each patient's requirements is necessary. Nevertheless, in two recent series most patients with nocturnal hypoglycaemia had been receiving twice-daily regimens and ultimately responded to an average reduction of about 25% in total insulin dose and 53% in the long-acting insulin dose.^{3 7} Thus the smallest evening dose that will control the fasting blood sugar should be prescribed. Intra-subject variability in the rate of insulin absorption may also lead to unexpected hypoglycaemia. Insulin injected subcutaneously is absorbed more slowly from the thigh than from the arm, and is absorbed fastest from the abdomen.⁸ Patients should therefore be told to inject a particular dose into the same part of the body.

Requests for reprints should be addressed to JHS.

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Reading for Pleasure

Listen to me

JOHN H S PETTIT

Many medical schools seem to produce a small but steady supply of doctors who desert Hippocrates to follow the muse of Drama, and the fact that many actors stay in the medical profession is amply attested by those of our teachers who perform rather than lecture, using to the best advantage their clear voices and their twice-told tales. For many years now I have more or less modestly admitted to deriving pleasure from showing off.

Fortunately, I was educated in a medical school whose Christmas pantomime was one of the highlights of the academic year, and three consecutive Dame parts (in *Robinson Crusoe*, *Ali Baba*, and *The Babes in the Wood*) whetted an appetite for the extrovert that remains keen to this day. Although two years in the RNVR afforded me only one chance to be a murderer (Mr Small in *Saloon Bar*), a decision during my service to become a dermatologist and so "never get called at night" allowed me to maintain a connection with the performing arts. It was not until I was about 30 that a charming lady told me I had a beautiful voice, and that compliment directly led to my present hobby—I not only read for pleasure but I do it out loud and in public.

Having many years ago adopted a stage name in order to prevent some ethical pedant from accusing me of seeking professional publicity, I have read poetry out loud in halls, homes, and even hospitals from Beirut to Hong Kong going East, and from London to Los Angeles going West. This almost invariably gives me pleasure and I hope the audiences enjoy it as well, but of course the foundations of my enjoyment come from the considerable amount of reading that has to be done during the construction of a programme.

Choosing a programme

If I am asked to read to an audience I have not previously met I usually start with a basic programme entitled "English Verse—English Voice." First a few early ballads, *A Lyke-Wake Dirge*, *Lord Randall*, and *Barbara Allen's Cruelty*. The hypnotising repetition of the second and fourth lines in the dirge seems to instill a quiet receptivity even in hearers who have only come for reasons of politeness. I follow the ballads with a group of Shakespeare's sonnets; such masterpieces as *Shall I compare thee to a summer's day?* (No 18) and *Let me not to the marriage of true minds admit impediments* (No 116) are not among the most difficult poems to read or understand, but many people seem surprised both by their simplicity and beauty and find they gain more from hearing than actually reading such verses. I usually include No 130, which is probably the only truly funny sonnet in the series, and I rather like to imagine that one day Shakespeare and his surrounding poetasters were vying with one another in the local inn with woeful ballads to their mistress's eyebrows when they were suddenly punctured by the pot-boy's assertion that his mistress's eyes were "nothing like the sun" and yet, by Heaven, he thought his love "as rare as any she belied by false compare."

There is always a bardolator around who believes that poetry died in Stratford upon Avon early in the seventeenth century, but a short sharp dose of Donne broadens most peoples minds; *Goe, and catch a falling star* and certain of the love poems provide startling evidence that the liberal-minded churchman is not an invention of the twentieth century. If I have done without Donne, the church is represented by Dean Swift's adventures on the way to Ireland—*An Excellent NEW Ballad or The true English Dean to be hanged for a rape*. John Gilpin's adventurous ride in North London ends the first half and shows that good humour and a good rhythm are acceptable throughout the world.

The second half often starts with one of the eighteenth-

nineteenth century classics and continues to the less expected wonders of Rudyard Kipling (how nice it is to find that at long last he is emerging from the oblivion to which he was so thoughtlessly assigned). *The way through the woods* shows without doubt that we are listening to a man whose sense of beauty is far deeper than is commonly believed, while one has only to release *Mandalay* and *Gentleman Rankers* from the thoughtless embrace of hearty baritones and Harvard students to find two poems of astonishing sympathy. Finally, this quick cross-section of English poetry may be finished with *The Love song of J Alfred Prufrock* and *The Hollow Men*. Sometimes (particularly in the USA) it is necessary to explain why I dare to call T S Eliot an English poet, and I usually remind them that when the Duke of Wellington (who was born in Ireland) was accused of being Irish he said "Sir, a man born in a stable is not necessarily a horse."—Eliot is not therefore necessarily American. The profound originality of his style is a fine savoury to finish the initial feast.

Byron and friends

Last Sunday I read a programme on Byron and his friends—it lasted one and a half hours and took me about three months to prepare. First I read a three-volume life of Byron, and then the real work began. I found *The Castle of Otranto* by Horace Walpole and *Vathek* by Beckford (two of the stories that stimulated Byron's interest in the Gothick and the Orient) both well worth reading, and then followed a concentrated course of his work. *The Giaour*, *The Corsair*, *Manfred*, liberal selections from *Childe Harold*, *The vision of Judgement*, and most of *Don Juan* all provided material to illustrate his journey from Scotland to Greece. He wrote *The Prisoner of Chillon* while staying by Lake Geneva (where he helped to stimulate Shelley's wife, Mary—halfsister of his then mistress Claire Claremont—to write *Frankenstein* before she was 21 years old). He moved on to Venice and was again visited by Shelley whose

magnificent poem *Julian and Maddalo* gives perhaps the deepest poetic insight into Byron at that time. I used a long extract concerning their ride on the then uninhabited Lido and their journey by gondola across the lagune (sic) as night fell, past the insane asylum and its bell-tower which summoned "the madmen to pray. For what? They knew not" and caused Julian (Shelley) to repeat his atheistic views to an only partially amused Byron.

Finally, leaving his friends and his long-time mistress he made his way to Greece; the poem he wrote on the eve of his last birthday wrenches the heart with its last lines

Seek out, less often sought than found,
A soldier's grave (for thee the best)
and choose thy ground
and take thy rest.

It is clear that Byron had already chosen his ground, and three months later he died from illness and medical incompetence before he ever had a chance to enter battle on behalf of the Greek patriots and against the occupying Turks.

The programme finished with a verse from *Childe Harold*

But I have lived, and have not lived in vain;
My mind may loose its force, my blood its fire,
And my frame perish even in conquering pain;
But there is that within me which shall tire
Torture and time, and breathe when I expire;
Something unearthly which they deem not of,
Like the remembered tone of a mute lyre,
Shall on their softened spirits sink and move
(In hearts all rocky now) the late remorse of love.

Try reading it aloud yourself, preferably to an audience. You may well find that reading does not have to be a solitary occupation to be pleasurable.

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A woman was found to have only one kidney, a defect her father had also had. What is the chance of her children being born with one kidney?

No straightforward answer can be given to this question. It appears that bilateral absent kidneys, unilateral absent kidney, and unilateral hypoplastic kidney with a normal contralateral kidney, are all genetically related.¹ I would put the risk to the children in this family where both the woman and her father had unilateral absent kidney as about 10% for one of this type of malformation, and 2-3% for bilateral renal agenesis. But this is only an educated guess.

¹ Carter CO, Evans K, Pescia G. A family study of renal agenesis. *J Med Genet* 1979; 16:176-88.

What is the difference between "trophic" and "tropic"?

There is no connection between these two words. They have entirely different meanings and are of different origin, though their similarity of spelling has led to some confusion. TROPHIC (G *trophikos*, from *trophe*, nourishment), of or pertaining to nutrition; hence, the control of nutrition, size, or activity of a part of the body by hormonal, vascular, or nerve supply. Accordingly, this root is used as a substantive suffix as in atrophy, hypertrophy, and dystrophy, and adjectivally as in corticotrophic. TROPIC (G *tropē*, turning). Not used in that sense as a substantive or adjective, but used as a suffix as in phototropic. Heliotrope is the name of a plant whose flower turns to follow the diurnal passage of the sun; hence also the purplish colour of this flower. The cyanosis of patients suffering from influenza pneumonia during the 1918 pandemic was described as heliotrope. In biology tropism is the movement of a portion of an organism towards (or negative tropism, away from) a source of light, heat, or other stimulus. Not to be confused with taxis, which is movement of the entire organism. There is some phonetic shift from the P to the F sound and vice versa within and between languages. Thus the German *Affe*,

Neffe, and *hoffen* correspond to the English ape, nephew (from Latin *nepos*) and to hope. According to Professor Sidney Allen (*Vox Graeca*, Cambridge University Press) the ancient Greek ϕ , conventionally pronounced F, had a plosive component resembling P. In Hebrew the same letter of the alphabet (Pe) serves for the P and F sounds. A shift from P to F has occurred with the word "trophy," originally a memorial of victory in war, when the enemy have been turned back and put to flight. The tendency to use -tropic when -trophic is intended should be resisted as it confuses their respective meanings.

Is there any evidence to show that muscular dystrophy might result from selenium deficiency?

To the best of my belief there is no proved relationship between selenium deficiency and muscular dystrophy in man. There is incidentally a report of amyotrophic lateral sclerosis occurring in a high selenium environment.¹ In lambs the muscular dystrophy related to selenium is also related to vitamin E deficiency. This vitamin E deficiency is of interest because of the muscular dystrophy due to vitamin E deficiency² that occurs in the quokka (small marsupial rat-like creatures) of Rottnest Island off Western Australia. This can be regulated by the amount of vitamin E supplied, and the pathological changes seen can be similar to that found in the process of the disease in man. As selenium is used in industry for many purposes much is known about its effects on the human body.³ Much research work goes on into experimental muscle diseases, and the fact that selenium may be a factor in sheep myopathy will be considered and taken into account in relationship to human muscular dystrophies. I think it unlikely that a deficiency of selenium will contribute to the muscular dystrophy problems in man.

¹ Kilness AW, Hochberg FH. Amyotrophic lateral sclerosis in a high selenium environment. *JAMA* 1977; 237:2843-4.

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