Reading for Pleasure

Compensation and clarity

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The following article was accepted before The Times resumed publication.

The newspaper is such an important part of one's daily reading that for many people the continued absence of *The Times* is much felt, and, though one may come to terms with one of its rivals, there is not the same feeling of comfort. Nevertheless, for some time before this arrest we had already started taking the *International Herald Tribune*. It is more tightly packed than other papers and totally lacks any local emphasis, but, besides the wide news coverage, it has an array of columnists who provide a kaleidoscope of American and European interest. Art Buchwald and Russell Baker are droll commentators on the transatlantic scene, but the letters section is nothing like that of *The Times*, and I feel peculiarly deprived of Bernard Levin's experiences—whether gastronomic, musical, or with the gas board. The *Tribune* does, however, run comic strips and I have become firmly addicted to Gary Trudeau's *Doonesbury*, which in the last few months has incisively dissected the Georgia Mafia, Governor Jerry Brown, and Henry Kissinger's memoirs (*The Whitewash Years*). The radical chic scene exemplified by Studio 54—the New York discotheque said to have been favoured by presidential aides—is one of Trudeau's favourite targets.

International consolation

One compensation for the absence of *The Times* has been the availability of Philip Howard's two books, *New Words for Old* and *Weasel Words*, his collected columns on the use and misuse of various words, that are not without relevance to medical writing. As he points out, we are too ready to use "newspeak" some four years before 1984.

One of the pleasant aspects of international medical journalism has been the resurgence in Great Britain of the *New England Journal of Medicine*, again printed locally, so that we now have three rather than two medical weeklies on our doorsteps. I much admire the perceptive refereeing and editing that never fails to produce new and important papers each week. Recently the journal has contained heated correspondence about "medspeak," the opaque jargon not confined to the other side of the Atlantic; perhaps we need a medical Philip Howard to extend his light yet penetrating touch to our profession and its vogue words. What a pity, then, that so many of the original articles in the *New England Journal* hide their message in this way, as the editors seem to concede; when they write their signed editorials (and most certainly in the columns by our John Lister) there is no problem with clarity, and I hope that the crisp prose which they use will become the rule throughout

the journal. Indeed, when clarifying points of style, transatlantic guidance should not be dismissed; Strunk's *Elements of Style* has the advantage of being better bedtime reading than Gowers's *Complete Plain Words*, being more to the point and less pedantic, though Gowers is invaluable for matters of detail.

For clarity, albeit in a different language, I cannot fault the French weekly *L'Express*, where the editors, including Jean-Francois Revel, Olivier Todd, and Raymond Aron, contribute regular columns: just the thing to pick up occasionally at an airport and to read selectively (if haltingly). Some time back Todd's autobiographical *L'Année du Crabe* showed how he rediscovered his never-known father in Los Angeles and became on good terms with him: an English version has appeared and should be equally compelling. What a pity that BBC television news features no longer use his services; his faultless, barely accented English always went with a wry and pertinent analysis of the particular problem. Revel's *The Totalitarian Temptation* is one of the best descriptions of how highly organised societies can overcome us and emphasises the advantages of our more liberal traditions; this has also been well expressed by Aron in *Encounter*, where his *In Defence of Decadent Europe* appeared in two consecutive issues.

Our own philosopher, Sir Isaiah Berlin, holds much the same view and his collected essays are in the course of publication. *Against the Current*, the latest to appear, considers the development of nineteenth-century thought, which underlies so much of the way in which western Europe developed, contrasting this with the more rigid attitudes in the eastern European countries, especially Russia. He also discusses Tolstoy's view of history in a separate essay, *The Hedgehog and the Fox*; as his theme, Berlin takes a quotation from the Greek poet Archilochus: "The fox knows many things, but the hedgehog knows one big thing." Some, the foxes, fasten on the infinite variety in life: here he includes Shakespeare, Aristotle, Montaigne, and Goethe; the hedgehogs, on the other hand, relate everything to a central all-embracing theme: Dante, Plato, and Dostoevsky exemplify this latter group. Entertainingly, lightly, yet powerfully, Berlin shows that Tolstoy was by nature a fox, but believed in being a hedgehog. It will be interesting to see, when the promised major textbooks of cardiology being prepared on both sides of the Atlantic appear within the next few months, what philosophical attitudes towards the subject can be discerned in their editors and contributors. . . .

Time for Koestler again

Finally, to some rereading. Arthur Koestler has in recent years reverted to his original journalistic role of a science writer. When he moved from Vienna to Berlin (albeit with a series of travels in between) and started work with the famous publishing group of Ullstein he concentrated on this type of writing. Recently he has been exploring the fringes of science, including parapsychology, but among his works one of his novels and one of his biographical sketches illustrate themes familiar to all of us. In *The Call Girls* he describes a group of

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scientists who meet in various places, holding a never-ending series of seminars; rather painfully reminiscent of some of our activities in medical working parties and the like.

Among his biographical works is his description of the tragedy of Paul Kammerer in *The Case of the Midwife Toad*, where the scientist committed suicide when his Lamarckian beliefs that pigmentary characteristics could be acquired and passed on genetically turned out to be due to subcutaneous Indian ink. But the better known political side of Koestler is still topical. His *Spanish Testament*, in which he describes his

experiences when locked up by the Franco regime, reminds us of the immense and hopeful changes that have taken place in Spain recently; and *Darkness at Noon* is still the best description of the ways in which people may be manipulated within a totalitarian society. Both his scientific and political messages, as expressed in these works, appear to me to have great relevance to us as physicians entering the 1980s. It is as doctors as well as individuals that, I feel, we are threatened by a host of events exemplified by the suspension of *The Times*. Let us hope that its reappearance is an augury of better things generally.

Are there any recent advances in the diagnosis and treatment of the collagen disorders? What is known about possible aetiological factors? If steroids are given is it possible to add azathioprine as a means of keeping steroid dosage to a minimum, and what treatment is advised to counter the side effects of steroids?

The term "collagen disorders" incorporates many diseases. Most doctors now include in this category such diseases as rheumatoid arthritis, systemic lupus erythematosus, polyarteritis nodosa, dermatomyositis, and Sjögren's syndrome. These disorders are characterised by a chronic inflammatory process in the affected tissues such as the joints, muscles, skin, and kidney, accompanied by a wide range of serological disorders, of which the most characteristic are hypergammaglobulinaemia, various autoantibodies, and evidence of complement consumption. Much is known about the mechanisms that lead to tissue damage in these disorders.¹ Much of the tissue damage results from the inflammatory response provoked by the deposition of immune complexes in different organs. These complexes result from the combination of the provoking antigens with antibody. Circulating immune complexes are seen transiently in various conditions including the normal host response to many microbial infections. Various defects may allow these complexes to accumulate to the point where these cause tissue damage including complement deficiencies and impaired function of the reticuloendothelial system. In addition, several defects in the regulation of the immune response have been described in diseases such as systemic lupus erythematosus, which may permit the uncontrolled persistence of initially appropriate immune responses that are switched off in normal individuals. The provoking antigens have not been discovered in most patients with collagen disorders, and until this is done the aetiology will remain unknown. It is suspected, however, that a variety of antigenic stimuli can provoke connective tissue disorders in susceptible individuals as, for example, hepatitis B virus in some patients with polyarteritis nodosa and drugs in some patients with systemic lupus erythematosus.

The best means of countering the side effects of steroids in treating

these diseases depends on two major principles. Firstly, these drugs should be used only when the severity of the disease makes such treatment unavoidable. In most patients with systemic lupus erythematosus, for example, steroids are unnecessary. Secondly, the dose should be kept to the minimum needed to control the activity of the disease; it is often possible to use steroids on alternate days rather than daily, and this has allowed the resumption of normal growth in some children—for example, receiving steroids for juvenile chronic polyarteritis. The daily regimen for taking steroids is also important and resorting to a single morning dose of steroids, for instance, lessens the risk of producing adrenal suppression. Various therapeutic measures are available to permit a reduction in total steroid dosage.² These include the cytotoxic drugs, such as azathioprine, cyclophosphamide, and chlorambucil; plasma exchange; and intermittent infusions of steroids in high dosage. There is little controlled evidence that such measures are helpful, but most clinicians treating patients with severe connective tissue disorders resort to such measures in managing individual patients.

¹ *Immunopathogenesis of Rheumatoid Arthritis*, ed G S Panayi and P M Johnson. Chertsey, Surrey, Reedbooks, 1979.

² Hurd, E R, in *Immunology in Medicine*, ed E J Holborow and W G Reeves, pp 1067-1098. London, Academic Press, 1977.

Is hormone replacement therapy of any value in the treatment of menopausal hair loss?

The mechanism of this disorder is unknown, and it is not even clear whether it is a separate entity; for example, a clear relation to the menopause itself has not been shown, and the disorder could equally represent several non-related conditions, including that of simple age-related loss presenting first in those who have always had sparse hair. Although some believe it to be hormone dependent and analogous to male-pattern baldness, there have been no satisfactory trials of antiandrogens.

Instructions to authors

The following are the minimum requirements for manuscripts submitted for publication.

A stamped addressed envelope or an international reply coupon *must* accompany the manuscript if acknowledgment of its receipt is desired.

(1) **Typing** should be on one side of the paper, with double or triple spacing between the lines and 5-cm margins at the top and left-hand side of the sheet.

(2) **Three copies** should be submitted.

(3) **Spelling** should conform to that of *Chambers Twentieth Century Dictionary*.

(4) **References** must be in the Vancouver style *BMJ*, 24 February 1979, p 532) and their accuracy checked before submission.

(5) **SI units** are used for scientific measurements. In the text they should be followed by traditional units in

parentheses. In tables and illustrations values are given only in SI units, but a conversion factor must be supplied. For general guidance on the International System of Units, and some useful conversion factors, see *The SI for the Health Professions* (WHO, 1977).

(6) **Authors** should give their names and initials, their current appointments, and not more than two degrees or diplomas. Each author must sign the covering letter as evidence of consent to publication.

(7) **Letters to the Editor** submitted for publication must be signed personally by all the authors.

(8) **Acknowledgments** will *not* be sent unless a stamped addressed envelope or an international reply coupon is enclosed.

(9) **Detailed instructions** are given in the *BMJ* dated 5 January 1980 (p 6).