conventional treatment until the deficiency was rectified.

My sincere thanks to Dr. G. E. Langley, Consultant Psychiatrist, for his guidance, and to my colleague Dr. Brandwood.

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AN OBJECTION TO 'PARASUICIDE' DEAR SIR,

Before 'parasuicide' becomes established as the

word for attempted suicide and related actions, may I point out what seems to me a serious objection to the adoption of this term? This is the fact that there are two different 'para' prefixes, the one the Greek preposition signifying 'beside' or 'on the fringe of'; the other from the Latin 'parare', French 'parer', meaning 'to ward off', 'to parry'.

This second 'para' is a live prefix in French and Italian; in these languages the Greek 'para' is only used in compounds with a Greek second element; where the second element is a native word (i.e. of Latin origin) 'para' invariably has the 'ward off' meaning. We have taken over two of such words— 'parasol' and 'parachute'; in French there is also 'paratonnerre', a lightning-conductor, 'paravent', a screen, and, of course, 'parapluie', and in Italian 'paramosche', a fly-flap.

Thus to a French or Italian reader 'parasuicide' could only mean, by analogy, 'suicide prevention'; so the word seems quite unsuitable for international use, and would lead to confusion even if one tried to confine it to the English language.

It is much to be hoped that someone—perhaps the International Association for Suicide Prevention (? 'Société du Parasuicide')—will now coin a more acceptable term for these manifestations of 'man against himself'.

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PSYCHOSIS-DYSKINESIA AND THE BASAL GANGLIA

DEAR SIR,

Various findings (1, 2) suggest that whilst ventrolateral thalamotomy may diminish parkinsonian tremor, rigidity and dystonia, it may be equally effective in diminishing the diametrically opposed condition (3, 4) of choreoathetosis. These and comparable phenomena (5) appear less contradictory if the monoaminergic-cholinergic balance (6, 7) of the basal ganglia can be related to the role these nuclei play within the suppressor circuits (8), and if such balance in suppressors is equated with damping the range of a thalamic oscillator (9, 10). Central nervous function can then be seen to exhibit elastic properties (11), such as tone, tension or stress, and flexibility, rigidity or strain (5).

Carman's appraisal (9) is compatible with the concept that oscillating neurones in the ventrolateral thalamus provide the drive behind tremor and rigidity in parkinsonism, when deficiency of dopaminergic effects on pallidal thalamic input has led to oversuppression. (They provide the drive behind intention tremor when there is inadequate cerebellar input to the thalamus (9).) The diametrically opposed condition of choreoathetosis may depend upon the same ventrolateral thalamic drive, when excessive dopaminergic effects on pallidal thalamic input lead to under-suppression. In other words, over-damping leads to parkinsonian rigidity and tremor, underdamping to choreoathetotic overshoot.

The occasional mental accompaniments of chorea and of parkinsonism (in either case whether disease or drug induced), i.e. schizophreniform psychosis and obsessional phenomena respectively (3, 4), may also depend on such imbalance, although in relation to exteroceptive rather than proprioceptive input perhaps the parieto-occipito-temporal rather than the frontal lobes (10). The fact that the associated mental and motor phenomena do not invariably accompany each other may reflect a difference in vulnerability between, for the mental states, the tail of the caudate nucleus ending in the amygdala, and for the motor ones the body of the caudate arising in the striatum.

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