LETTERS TO THE EDITOR

Autoamputation of the tongue

EDITOR,—The case published by Patel *et al* recently of autoamputation of the tongue is an unusual life threatening incident worthy of reporting.¹ However, the authors' statement that such an occurrence has never before been reported is inaccurate. At least five cases of autoamputation of the tongue have been reported in the English literature.²⁻⁶ I had previously been involved in reporting a case of tongue autoamputation in a mentally retarded patient after a flupenthixol injection.² Self mutilation in this case was secondary to neuroleptic induced acute atypical orolingual dyskinesia. Bizarre and sporadic oral self injurious acts resulting in traumatic glossectomy have been known to occur among psychotic patients.³ Amputation of the tongue has also been documented after a motor vehicle accident, in which the unrestrained passenger was forced to bite down on his tongue with enough force to amputate a segment.⁴ Furthermore, self inflicted amputation of the tongue has been noted by other authors to cause macroglossia that compromised the upper airway, as well as result in life threatening secondary infections.^{5,6} Finally, serious oral self mutilation may be a rare pathological behavioural pattern that is observed in various neurological conditions such as encephalitis, coma, cerebral palsy, autism, mental retardation, seizures, as well as familial dysautonomia, Lesch-Nyhan syndrome, Tourette's syndrome, and the Cornelia de Lange syndrome.² Clinicians should be aware of these possible underlying conditions when they are confronted with a patient presenting with such unusual self inflicted oral injuries.

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- 1 Patel AK, Chaturvedi P, Panday RK, *et al*. Autoamputation of the tongue. *Postgrad Med J* 2001;77:335.
- 2 Pantanowitz L, Berk M. Auto-amputation of the tongue associated with flupenthixol induced extrapyramidal symptoms. *Int Clin Psychopharmacol* 1999;14:129-31.
- 3 Tenzer JA, Ozorco H. Traumatic glossectomy. *Oral Surg* 1970;30:182-4.
- 4 Buntic RF, Buncke HJ. Successful replantation of an amputated tongue. *Plast Reconstr Surg* 1998;101:1604-7.
- 5 Alvi A, Theodoropoulos PA. Self-inflicted traumatic macroglossia. *J Laryngol Otol* 1997;111:75-6.
- 6 Renchan A, Morton M. Acute enlargement of the tongue. *Br J Oral Maxillofacial Surg* 1993;31:321-4.

The authors respond:

We wish to thank Dr Pantanowitz for the useful information. In our case report we intended to highlight a case of "spontaneous" autoamputation of the anterior two thirds of the tongue. Unlike a traumatic amputation, this was attached to the base of the tongue with a thin vascularised pedicle and the

patient could remove it from the oral cavity and then put it back. Traumatic glossectomy is a extremely common phenomenon and I wonder if it can be labelled as an autoamputation. Hence we did not discuss traumatic glossectomy in our case report.

Our case is also unique because this autoamputation occurred in a patient with carcinoma of the posterior third of the tongue. We do not know if malignancy was the causative factor. Autoamputation in our case was truly spontaneous because there was no history of trauma (accidental or self inflicted), mental retardation, or neurological problems etc.

Does history repeat itself in medicine?

EDITOR,—I read with interest Dr Cook's "personal view", on whether history repeats itself in medicine, and I think his article demonstrates his topic vividly. Another illustration is the attribution of the discovery of the pulmonary circulation uniquely to William Harvey (1578-1657).

The Syrian physician Ibn al-Nafis (1213-88) prepared a commentary in which he explicitly stated that the blood in the right ventricle of the heart must reach the left ventricle by way of the lungs and not through a passage connecting the ventricles, as Galen had maintained. This formulation of the pulmonary circulation was made three centuries before Michael Servetus (d 1553) and Realdo Colombo (d 1559), the first Europeans to describe the pulmonary circulation.²

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- 1 Cook GC. Does history repeat itself in medicine? *Postgrad Med J* 2001;77:263-4.
- 2 Bethesda, MD: National Library of Medicine, National Institute of Health. http://www.nlm.nih.gov/exhibition/islamic_medical/islamic_10.html

The author responds:

I thank Dr Abdul-Aziz for his interest in my article. Harvey is, and will forever almost certainly be, accredited with the accepted (and correct) description of the complete, that is, the systemic and pulmonary circulation of the blood throughout the body in *Homo sapiens* and other mammalian species; his classical descriptions are contained in his greatest work *Exercitatio anatomica de motu cordis et sanguinis in animalibus* published in London in 1628.^{1,2}

- 1 Power D. *William Harvey*. London: T Fisher Unwin, 1897: 188-237.
- 2 Singer C, Underwood EA. *A short history of medicine*. 2nd Ed. Oxford: Clarendon Press, 1962: 119-23.

BOOK REVIEW

The reviewers have been asked to rate these books in terms of four items: readability, how up to date they are, accuracy and reliability, and value for money, using simple four point scales. From their opinions we have derived an overall "star" rating: * = poor, ** = reasonable, *** = good, **** = excellent.

Risk Matters in Healthcare. Kay Mohanna and Ruth Chambers. (Pp 114; £17.95.) Radcliffe Medical Press, 2001. ISBN 1-85775-456-5.***

It would be disingenuous of me to claim that I was looking forward to reviewing this book. However I am glad to say I was pleasantly surprised. Although it is obviously directed at the primary healthcare sector, this slim volume contains such valuable insights into the nature of risk and risk management as to be of interest to the hospital doctor. Indeed part 1 of the book, which first defines risk in an everyday context and then discusses the difficulty of communicating risk to the individual, is so clearly written that it should be essential reading for all healthcare professionals who directly manage patients. As a direct consequence of following such a *tour de force*, part 2 (which discusses the specifics of risk management in primary care) seems a little disappointing. However, that is somewhat unkind, as it clearly identifies the main areas of risk in general practice (to doctors, patients, and staff) and gives sound guidance on risk management strategies. The book finishes with a personal development plan and "risk ready reckoner".

Overall I enjoyed this book and feel it should be read by anyone interested in the nature of risk and its management. In particular, part 1 should be read by all newly qualified doctors and those undertaking general practice and outpatient clinics for the first time.

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BOOKS RECEIVED

The receipt of these books is acknowledged and this listing must be regarded as sufficient return for the courtesy of the sender. Books that appear to be of particular interest will be reviewed space permitted. The journal does not publish unsolicited reviews.

Drugs Handbook 2001. By Glyn Volans and Heather Wiseman. (Pp 196; £17.99.) Palgrave, 2001. ISBN 0-333-79247-5.

Stomach Problems: Relief at Last. By Vernon Coleman. (Pp 151; £9.95.) European Medical Journal, 2000. ISBN 1-898947-74-0.

An Insider's Guide to the MRCP Oral Exam. (Book & video.) By Patti Gardiner, Nav Chana, and Richard Jones. (Pp 136.) Radcliffe Medical Press, 2001. ISBN 1-85775-580-4.

Brain Calipers, Descriptive Psychopathology and the Psychiatric Mental Status Examination. 2nd Ed. By David J Robinson. (Pp 428; \$34.95.) Rapid Psychler Press, 2001. ISBN 1-894328-02-7.

Limbic Seizures in Children. Edited by G Avanzini, A Beaumanoir, and L Mira. (Pp 258; £39.00.) John Libbey, 2001. ISBN-0 86196-595-7.

The Eye Book. By Ian Grierson. (Pp 212; £12.95.) Liverpool University Press, 2000. ISBN 0-85323-755-7.

Harnessing Official Statistics. Edited by Deans Leadbeter. (Pp 211; £17.95.) Radcliffe Medical Press, 2000. ISBN 1-85775-354-2.

Nail the Boards! The Ultimate Internal Medicine Review for Board Exams. 1st Ed. Edited by Bradley D Mittman. (Pp 304; \$89.95.) Frontrunners Board Review Inc, 2001. ISBN 0-9677025-26.

Groups: A Guide to Small Group Work in Healthcare, Management, Education and Research. By Glyn Elwyn, Trisha Greenhalgh, and Fraser Macfarlane. Radcliffe Medical Press, 2001. ISBN 1-85775-400-X.

DIARY

Warwick University Short Courses

5–6 November 2001, An Introduction to Bioinformatics: A Practical Approach. This is a two day course for those wishing to gain a practical understanding of the applications of bioinformatics.

10–13 December 2001, Techniques and Applications of Molecular Biology: A Course for Medical Practitioners. This a four day residential course for those in the medical profession wishing to improve their understanding of the principles and applications of genetic engineering techniques.

Further information: Dr Charlotte Moonan, Department of Biological Sciences, University of Warwick, Coventry CV4 7AL, UK (tel: +44

(0)24 7652 3540, fax: +44 (0)24 7652 3701, email: Charlotte.Moonan@warwick.ac.uk).

Fellowship of Postgraduate Medicine

Centre for Health Informatics & Multiprofessional Education, Royal Free & University College Medical School

Two one day conferences for doctors new to risk management: 4 December 2001, Clinical Risk Management and 21 February 2002, Clinical Governance.

- Leadership for improvement
 - Learning from adverse events
 - How to reduce the blame culture
 - Improving patient safety
- Commonwealth Conference & Events Centre, Kensington High Street, London.

For more information or to book a place, contact Kate Stephens, CHIME, 4th Floor Holborn Union Building, Archway Campus, Highgate Hill, London N19 3UA, UK (tel: +44 (0)20 7288 3134, email: k.stephens@chime.ucl.ac.uk).

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