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We may return unduly long letters to the author for shortening so that we can offer readers as wide a selection as possible. We receive so many letters each week that we have to omit some of them. Letters must be signed personally by all their authors. We cannot acknowledge their receipt unless a stamped addressed envelope or an international reply coupon is enclosed.

Correspondents should present their references in the Vancouver style (see examples in these columns). In particular, the names and initials of all authors must be given unless there are more than six, when only the first three should be given, followed by *et al*; and the first and last page numbers of articles and chapters should be included. Titles of papers are not, however, included in the correspondence section.

McIlroy, the media, and the macabre

SIR.—There would be no end to correspondence if the hospitality of your columns remained open indefinitely. New facts and some afterthoughts tempt us, however, to offer a further contribution to the McIlroy saga (14 April, p 973).

May we first stand corrected by Dr Alex Sakula, who pointed out that Raspe was not buried in Killarney and who drew our attention to his most interesting account of the original Baron von Munchausen.¹

For those whose reading is confined to the pages of your journal we confirm that McIlroy is alive and—as usual—not very well. He is not happily settled in an old people's home in Birmingham, as reported when the correspondence was closed (12 May 1979, p 1278) and as echoed in the national press. After entertaining several reporters he upped and left. Then, via Inverness, Glasgow, Belfast, and other places in Ireland, he has made his intermittently hemiparetic way back to England, where he is still, unbelievably, gaining admission to hospitals. In Cornwall he posed as a disabled sailor—collecting, en passant, both sympathy and sweaters. At Queen Mary's Hospital, Roehampton, his arrival generated a detailed circular, from

which it clearly emerges that not all hospital administrators (or, alas, all doctors) read the *BMJ*.

A year ago we reported that McIlroy had been admitted to 68 hospitals. The total now tops 80. Physicians have written to us expressing regret at their omission from the list of those duped. McIlroy's Amended Guide to NHS facilities now includes substantial sections on St Thomas's, the Central Middlesex, the West Middlesex, and the Westminster (in London); St James's, Leeds; the Royal Infirmary, Chester; the General Hospital, Birmingham; the Royal Northern Infirmary, Inverness; Lagan Valley Hospital, Lisburn; Ards Hospital, Newtownards; Tehidy Hospital, Cornwall—and the Falmouth Seaman's Hospital.

Three questions still remain unanswered. Firstly, why are these patients constantly on the move, despite attempts to help them? Great efforts were made over McIlroy in Birmingham, and they seemed (for a short while) to have succeeded—but something set him off again. Secondly, how should we treat such cases? We must concur with a recent comment² that the medical profession seems singularly inept in this field. Has anyone a

constructive suggestion? None has emerged, to our knowledge, in the 28 years since Munchausen's syndrome was first defined.

Our third question is sociological rather than medical. Why did a single report produce such reverberations? Requests for reprints have spanned Europe—from the National Hospital, Queen Square, to the Krakow Institute for Mother and Child (via the Zoological Institute of the University of Hamburg). Serious journals (from staid *Scientific American* to “with it” *World Medicine*) deemed McIlroy's take worthy of comment. The Canadian Broadcasting Company alerted its listeners from Vancouver to Newfoundland. *Time* magazine carried the story even further afield. From the *Shepherd's Bush Gazette and Post* to the *Straits Times* (Singapore) the popular press had a field day. We can only speculate whether the *Thunderer*, if thundering, would have picked up the trail.

Within the profession, was it that there was grudging admiration for a worthy opponent, for the man who kept winning against all odds? Outside it, is there a national—nay international—gratification when the carefully nurtured mystique of medical expertise is itself systematically eroded by a mere con-