support could take more time, energy, and expertise than most busy physicians can provide.

For these reasons I believe the Melinas to be somewhat remiss in omitting the idea of support groups for the members of the adoption triad. Although they mention a support group for the adoptive parents, this is only in the case of infertility. I do not believe that all adoptive parents choose adoption because of infertility, although this is a sub-group of adoptive parents, and probably the largest one. I have also found in my own experience that many agencies are strapped by understaffing and lack of financial support, and even the most well-meaning staff members are often unable to provide consistent, ongoing support to triad members. The adoptee is the one most often left out. The point here is that the busy physician can provide a useful service by referring the triad member to a recognized support group.

Finally, in response to Dr. Brassel's idea that not informing adoptees of their adopted status is acceptable and should be standard practice, I register my vehement opposition. His contention that adoptees do not need to know, or that this information is so negative that they should not be told unless medical reasons necessitate it, is absurd and goes against the volumes of literature that persuasively show that adoptees have not only a need to know, but a *right* to know. Many states are considering laws that would now allow adoptees at the age of majority some access to information about their genetic and social background. From an adoptee's viewpoint, this legislation is long overdue. The real issue is not whether to tell a child, but how and when to tell. My own belief is that the manner in which a child is told, and the way a truly loving family handles this information, can make the child feel loved in a special way without making any judgments about the birthparents' decisions.

I also think that the families who have conflicts about adoption convey those negative feelings to their adoptees, who then incorporate low self-esteem and self-doubt into their psyches, often for life. Trying to hide, or lying about, the truth of an adoptee's origin is a negative dynamic that may be destructive when perpetuated in a family. In fact, "keeping secrets" is recognized as an important characteristic of dysfunctional families. This suffering, which can be prevented, argues for meticulous screening of mature adoptive parents who will encourage open discussion of these issues and provide for the self-esteem needs of their adopted children. Adoption does not have to be a disadvantage for a happy life.

Ignorance is *not* bliss in the adoption triad.

S. Blaise Chromiak, M.D.
Oxon Hill, MD

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2. Melina CM, Melina L. The physician's responsibility in adoption, part II: caring for the adoptive family. J Am Bd Fam Pract 1988; 1:101-5.
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Liberal Education for Family Practice

To the Editor: I was particularly interested in comments you made in your editorial in Vol. 1, No. 4, 1988, about communication skills.

One of my greatest personal peeves has to do with the deterioration and abuse of the English language. This pertains not just to physicians but also to professional broadcasters who, more than anyone, should be experts with our spoken language.

I might add, at least from my personal experience at the University of Texas, Austin, that part of the problem also stems from the system whereby premedical students get their counseling. When I was a microbiology major, irrespective of my goal of medical education, my adviser was, of course, a microbiology professor. Though he was a good man, and very helpful in many ways (including my letter of recommendation for medical school), his personal bias was centered on my field of study for my science major.

I enjoy, and try to read regularly, this new and much-needed journal that you have helped develop. Keep up the good work!

Jon Peterson, M.D.
Houston, TX

Writing about Writing, Part II

To the Editor: I found your copyediting article (October-December 1988) interesting and informative. However, I fear you have sacrificed grammar on the altar of sexless language when you pair a single subject with a plural possessive pronoun in the sentence: *Each patient* was taught to monitor *their* glucose levels daily.

Sylvia Bongurs Batong, M.D.
Huntsville, AL

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