

# This week in **BMJ**

All communications to:  
The Editor, *BMJ*

**Editor**  
Richard Smith  
**ABCs editor**  
Deborah Reece  
**Design editor**  
Derek Virtue  
**Editorials**  
Tony Delamothe  
**General office**  
Leslie Moore  
Andrew Woodward  
**Letters**  
Fiona Godlee  
**News and**  
**Medicopolitical digest**  
Linda Beecham  
Luisa Dillner  
Jane Smith  
**Obituaries**  
Liz Crossan  
**Papers**  
Stella Lowry  
**Papers secretary**  
Susan Minns  
**Reviews**  
Ruth Holland  
**Associate editors**  
Tessa Richards  
Roger Robinson  
Tony Smith  
**Editorial registrar**  
Alison Tonks  
**Technical editors**  
Jacqueline Annis  
Diana Blair-Fish  
Tony Camps-Linney  
Margaret Cooter  
Sharon Davies  
**Executive director**  
Geoffrey Burn  
**Group advertisement director**  
Bob Hayzen  
**Production director**  
Derek Parrott  
**International sales manager**  
Maurice Long  
**Books marketing manager**  
Neil Poppmacher  
**Advertisement sales**  
Andrew Allsop  
Sue Bound  
Euan Currier  
Caroline Scott

© British Medical Journal 1992.  
All Rights Reserved. No part of this  
publication may be reproduced,  
stored in a retrieval system, or  
transmitted in any form or by any  
other means, electronic,  
mechanical, photocopying,  
recording, or otherwise, without  
prior permission, in writing, of the  
British Medical Journal.

US second class postage paid at  
Rahway, NJ. Postmaster: send  
address changes to: *BMJ*, c/o  
Mercury Airfreight International  
Ltd Inc, 2323 Randolph Avenue,  
Avenel, NJ 07001, USA.  
US (direct) subscription \$227.00.

Published by the proprietors,  
the British Medical Association,  
Tavistock Square, London WC1H  
9JR, telephone 01 387 4499  
(editorial fax 071 383 6418).  
Printed by BPCC Magazines (Milton  
Keynes) Ltd, Milton Keynes.  
Typesetting by Bedford Typesetters  
Ltd, Bedford. Registered as a  
newspaper.

## Sexual contact between doctors and patients

Are gynaecologists at greater risk than other specialists of having sexual contact with their patients, asked Wilbers *et al* (p 1531). They sent a 17 item questionnaire to all 595 gynaecologists in the Netherlands and, for comparison, to all 380 ear, nose, and throat specialists. Nearly three quarters replied; almost two thirds of male gynaecologists and ear, nose, and throat specialists indicated that sexual feelings were acceptable in the doctor-patient relationship; over four fifths had felt sexually attracted to a patient. Among female gynaecologists nearly half thought sexual feelings were acceptable and over a quarter had felt attracted. (Too few female ear, nose, and throat specialists replied for comparisons to be valid.) In each group about 4% of doctors had had sexual contact with a patient. More gynaecologists than ear, nose, and throat specialists favoured their professional society formulating a viewpoint on doctor-patient relationships and providing counsellors for patients as well as doctors.

children infected with HIV-1 tested at birth. This new method could be used for diagnosis of HIV-1 infection at birth in children born to seropositive mothers to provide immediate therapeutic intervention for infected babies as well as support for their families.

## Symptoms after accelerated immunisation with DTP vaccine

In 1990 the United Kingdom introduced an accelerated schedule of immunisation, so that infants now receive diphtheria-tetanus-pertussis vaccine at 2, 3, and 4 months of age. On p 1534 Ramsay *et al* report the incidence of reactions after immunisation in these young infants in Colchester. Historical comparison suggests that reactions such as mild fever, redness, or swelling at the injection site occur less often after accelerated immunisation than under the previous schedule. As the schedule was introduced to improve immunisation coverage the findings will be reassuring to both professionals and parents.

## Rapid prenatal detection of Down's syndrome

Conventional chromosome analysis of amniotic fluid samples requires up to three weeks because the amniocytes must be cultured before analysis. Bryndorf *et al* have devised a rapid method to detect trisomy 21 (Down's syndrome) three to four days after amniocentesis (p 1536). They used fluorescent *in situ* hybridisation with a large, chromosome 21 specific probe directly on uncultured amniocytes. In a blinded study on 20 uncultured amniotic fluid samples the technique clearly distinguished between normal and trisomic samples. The authors conclude that *in situ* hybridisation with chromosome specific probes may prove useful in prenatal diagnosis because the method is fast, and may make it possible to screen for the most common chromosome anomalies. However, the technique is still at a preliminary stage of development and needs further evaluation.

## Serological diagnosis of HIV infection at birth

Early diagnosis of HIV-1 infections in children born to seropositive mothers is important because clinical symptoms in children often do not manifest themselves until late in the course of infection. However, the methods of detection are not completely reliable. HIV-1 infections in adults can be diagnosed by assaying for specific IgG antibodies but IgG of maternal origin can persist in babies for months after delivery. IgA and IgM antibodies to HIV-1 proteins represent a reliable sign of infection as maternal IgA and IgM antibodies cannot cross the placenta or be transferred to the fetus. But these antibodies have a low titre at birth and are difficult to detect. On p 1539 Portincasa *et al* describe an improved and highly sensitive modification of western blotting (radioimmune western blotting) that has enabled them to find IgA and IgM antibodies in all

## Impact of new contract on GPs

In April 1990, after lengthy heated debate, the new contract was imposed on general practitioners. This was just one of a series of major changes to their way of life and working. On p 1545 Sutherland and Cooper compare the results of a survey of GPs' satisfaction and mental health conducted four months after the introduction of the contract with those of a similar survey conducted in November 1987. The results showed an increase in anxiety and depression, and job satisfaction had fallen in 1990 compared with 1987. It is important that the long term effects of change are fully assessed and acted on as deteriorating health has serious implications not only for the GPs but for patient care.

## Medical students and assault

Medical students are not protected from accusations of assault against patients by the safeguards that apply to doctors—because they are not acting as part of the caring team. On p 1551 Bewley explains the risks of students vaginally examining women under anaesthesia without consent. Those medical schools that have tightened up their consent procedures have not found that teaching has suffered, and she suggests that students must be protected by strict consent protocols.

## Whisky distilling and oesophageal cancer

Prompted by the observation that rates of oesophageal cancer are highest in the whisky distilling areas of Scotland, Kemp *et al* examined this association and found that in areas with the highest concentration of distilleries (4.4 per 1000 population) mortality from oesophageal cancer was three times higher than expected (p 1543). The excess deaths were accounted for by men connected with the distillery trade.