This week in BMJ

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Terbinafine is more effective than clotrimazole for athlete's foot

The currently recommended treatment for tinea pedis (athlete's foot) is a four week course of an antifungal preparation such as clotrimazole. The length of treatment often leads to poor compliance and hence poor rates of cure. On p 645 Evans *et al* report the results of a trial of clotrimazole for four weeks and terbinafine for one week. After six weeks terbinafine was more effective than clotrimazole, in terms of both mycological cure and effective treatment, and they suggest that terbinafine may become the preferred treatment.

Road accidents main cause of post-traumatic stress illness

Road traffic accident injuries are a major cause of mortality and morbidity but little is known about their psychological consequences. On p 647 Mayou *et al* report a study of 188 accident victims in which they interviewed three groups of patients (those multiply injured in car and motorcycle accidents and casualties with whiplash injuries) shortly after the accident and at three months and one year. Acute distress was usually of moderate intensity and transient, but one fifth of subjects described initial severe distress and had a poor psychological outcome. During the follow up year anxiety and depression were common. Post-traumatic stress disorder was described by one tenth of subjects and concern about driving or being a passenger by a quarter at one year. The authors believe that road traffic accidents are probably the commonest cause of post-traumatic symptoms in the population.

Headache after whiplash may indicate more severe injury

The considerable disparity between reported persistent symptoms and objective findings in whiplash injury is puzzling. Headache is the most common symptom after this injury, leading to considerable impairment in the quality of life and to protracted disability, and non-traumatic headache is also a common reason for patients to consult physicians. On p 652 Radanov *et al* report the results of a study examining the relation between headache before injury and headache as a result of whiplash injury. Their results indicate that presentation with headache as a result of whiplash is significantly related to history of headache before injury and factors indicative of more severe injury. The first may reflect an inherited reaction mode but the second is an identifiable risk factor for protracted complaints.

Fish odour syndrome may be inherited

Unpleasant body odour can cause much distress for affected individuals, and some cases of body malodour are due to trimethylaminuria (fish odour syndrome). This condition arises from an inability to metabolise trimethylamine, a product of food digestion which smells strongly of fish, to its odourless *N*-oxide. Ayesh *et al* (p 655) describe a study of 187 people who presented with suspected body malodour. Eleven had the fish odour syndrome, and studies of the subjects' families suggested that the condition can be inherited as an autosomal recessive trait with both males and females being affected.

Parents resist measuring babies' temperature rectally

Taking a child's temperature has traditionally occupied an important role in establishing the presence of illness and gauging its severity for both parents and professionals. On p 660 Kai reports the results of a qualitative exploration of parents' perceptions of taking their babies' rectal temperatures as part of a scoring system to grade severity of illness. His results suggest that parents have considerable anxieties about adopting this practice, ranging from fear of hurting the baby to concerns about sexual abuse. The implications of encouraging such a method would have to be weighed against the possibly small advantages of better assessment of temperature at home.

No fundamental change in management of systemic lupus over past 10 years

Systemic lupus erythematosus has always been hard to diagnose because of uncertainty about its cause and its lack of specific symptoms. Diagnosis is made reports a review by Venables (p 663) from a combination of serological and clinical features, with arthritis, serositis, and skin manifestations being among the commonest. There is also no specific treatment for the disease, but several drugs can keep the symptoms at bay and protect organs from permanent damage. Steroids remain the core treatment for severe manifestations of the disease. Despite the standardisation of autoantibody tests and controlled trials of treatments, the management of systemic lupus erythematosus has not fundamentally changed over the past 10 years.

"Whistleblowing" is bad for your health

Unsafe transport, corrupt hospital administrations, contamination of food and the environment, and fraudulent research are some of the problems exposed by whistleblowers. Exposing corruption is obviously important for the public good, but it often provokes a hostile reaction from employers. On p 667 Lennane reports the results of a survey of 35 whistleblowers who contacted a support group in Australia. Subjects and their families had suffered severe social, financial, physical, and emotional consequences and their careers had been badly affected. Although these subjects may not be representative as they were by definition unhappy with what had happened to them, the results clearly show that confronting organisations with corruption and malpractice is bad for your health.

BMA NOTICES

Resolutions passed by the annual representative meeting 1993

The BMA's 1991 annual representative meeting resolved that resolutions passed at the annual meeting should be published in the *BMJ*. Some resolutions were published on 28 August (facing p 537 (clinical research); facing p 527 (general practice); and facing p 560 (other editions)). Further resolutions are published here. The remaining resolutions will be published in a future issue.

(49) *That this meeting* welcomes the exchange of doctors throughout the EC and calls for equity in standards of training.

(50) *That this meeting* believes that reaccreditation: (*i*) must be linked to continuing postgraduate medical education (which must itself be properly funded); (*ii*) must be properly resourced to allow protected time on salary for retraining; (*iii*) procedures must be conducted by the profession; and (*iv*) instructs council to report on the cost implications.

(51) *That this meeting*, while delighted to see that the conference of medical royal colleges has decided that all the colleges should have a policy on continuing medical education, is concerned that such policies should be properly funded, scientifically valid, and have the support of the profession.

(52) *That this meeting* considers that all hospitals, whether trusts or directly managed units, must continue to adhere to the Whitley Council regulations with regard to study leave for both junior and senior medical staff.

(53) *That this meeting* requests that study leave should form a part of all medical staff contracts.

(54) (As a reference:) *That the BMA* should establish a working party to investigate the career prospects of overseas doctors.

(55) *That this meeting* insists that the Department of Health increases the remuneration of trainees in general practice and public health medicine in order to match the salaries of their hospital based contemporaries.

(56) *That any future limitations* on prescribing should only follow full consultation with the profession.

(57) *That the anomalies* relating to exemption and non-exemption from prescription charges for certain medical conditions should be addressed.

(58) *That this meeting:* (*i*) rejects the government's assertions that GPs do not understand the criteria for sickness certification in relation to fitness for work; (*ii*) resents GPs being pawns in the battle between the Department of Employment and the Department of Social Security.

(59) *That this meeting* supports the GMSC in its efforts to resolve the problems associated with general practitioners' 24 hour commitment to patients.

(60) *That general practitioners* should have the facility to remove violent patients from their list immediately and that appropriate alternative measures for the provision of primary care services should be considered.

(61) *That this meeting* welcomes the implementation of the 1992 ARM resolution, and looks forward to the continued balanced approach to increasing public awareness of the need for animal experimentation.

(62) *That this meeting* regrets the failure of the government to agree to find a means of automatic translation of the NHS award to the salaries of clinical academic staff.

(63) *That this meeting* believes the acquisition of qualifications and skills in medical teaching should be given greater recognition in determining career advancement in medicine.

(64) *That this meeting* congratulates the medical students group on achieving 10 years of active participation in BMA policy formulation.

(65) *That this meeting* believes that there should be specific provision within the access funding system to take into account the special needs and expenses of medical students and calls upon government to: (*i*) increase central funding of the system; (*ii*) devolve distribution of access funds to medical faculties; (*iii*) provide guidance on access fund distribution including a recommendation that it should not be linked to student loans.

(66) *That recent changes* in funding of higher education discourages a wide diversity of students entering medical school.

(67) (As a reference:) *That this meeting* believes that if the increase in medical student members recommended by the Medical Manpower Standing Advisory Committee is implemented, this should be achieved by increasing the number of medical schools in preference to increasing the number of students in existing schools.

(68) *That this meeting* believes freedom of speech by all doctors is a major safeguard to patients' interests, and urges council to seek protection of this right.

(69) *That this meeting* insists that: (*i*) changes in contracts for specialist services should not be used as a pretext for dismissal of consultants and other career grade staff; (*ii*) significant changes in disposition of clinical specialties should not take place without full professional and public consultation.

(70) *That this body* believes that the waiting list initiative should not override clinical judgment.

(71) *That this meeting* welcomes the setting up of European medical specialist boards to improve the standards of medical training but vigorously opposes any attempts by them to achieve their aims through the setting of examinations.

(72) *That all doctors* who have United Kingdom citizenship and full registration with the General Medical Council should be allowed to practise in any EC country and that BMA council should publish a report of action taken so far in pursuit of BMA policy on the free movement of overseas qualified British doctors.

(73) *That this body* urges the BMA to work closely with the Overseas Doctors Association in responding to European challenges.

(74) *That numbers entering* medical schools throughout the European Community should be coordinated.

(75) *That this meeting* deplores the discrimination shown by the European Council of Ministers in excluding junior doctors from the 48 hours per week maximum as part of the directive on working hours.

(76) *That in future* all resolutions of the representative body have a fixed life of five years. At the end of that time, the resolutions be published in the annual report of council and brought back to the representative body divided into two groups: firstly, those that the council or its executive committee consider ought to be renewed for a further period of five years; and, secondly, those that ought to be allowed to expire. In each group the resolutions should be listed seriatim and a blanket resolution made to the representative body, in the first case resolving to renew the resolutions for a further five years, and in the second case resolving to delete them.

(77) *That this meeting* congratulates the *British Medical Journal* on the successful launch of the *Student BMJ*.

(78) *That this meeting* congratulates the staff of *BMA News Review* on being named as "Editorial Team of the Year" by "UK Press Gazette" in its Business Press Journalism Awards.

(79) *That this meeting* regrets the absence of the daily and composite ARM editions of *BMA News Review* this year because of difficulties in obtaining sponsorship, and believes that in future these newspapers should be funded if necessary by the association as part of the service to representatives and the membership as a whole.

(80) (As a reference:) *That the BMA* should produce *BMA News Review* on a weekly basis to keep its members up to date with medicopolitical news.

(81) *That this meeting* deplores the attitude of government in not recognising and remunerating preparation time involved by those professionals undertaking medical appeal tribunals.

(82) *That this meeting* considers that in view of the appalling deficiency in medicolegal training in most medical schools, the efforts of council to ensure the inclusion of legal medicine in the undergraduate curriculum must be pursued with greater vigour than hitherto.

(83) *That the BMA* should continue its campaign to persuade the government that, in order to have a major impact on improving health, reducing mortality and morbidity, and reducing the inequalities of health, the government must tackle the interrelated factors of poor housing, poverty, and unemployment.

(84) *That this meeting* deplores the imposition of VAT on household fuels and urges that all people over 70 years of age be exempt from this tax.

(85) *That this meeting* notes with concern the fact that in *The Health of the Nation* no account is taken of the cost implications or increased workload necessitated in meeting the suggested "health targets."

(86) *That this meeting* urges the government to ensure adequate funding and infrastructure to ensure that care in the community works.

(87) *That the secretary of state* be reminded of her commitment to provide both acute and community facilities before the closure of mental hospitals, and that the appropriate resources for this be provided urgently.

(88) *That this meeting* supports those local authorities which intend to record, and make available to applicants and their GPs, the result of community care assessment and in particular the needs which the authority is unable to meet because of underfunding.

(89) *That this meeting* notes that local authority insistence that relatives should provide towards the cost of nursing home fees, and their demand that arrangements for the disposal of the elderly person's property be made prior to their release of funds is causing unnecessary distress to elderly people and their relatives.

(90) *That this meeting* urges the government to ensure that adequate housing is available for all patients transferred from long stay hospital care into the community.

(91) *That the BMA* calls upon the government to appoint a minister for community care.

(92) *That this meeting* wishes to express deep concern for the lack of urgency and direction of all bodies concerned with regard to the introduction of comprehensive medical audit.

(93) *That this body* affirms its belief in the closer relationship between education and medical audit, which should be part of continuing professional and postgraduate education.

(94) *That this body* reiterates that medical audit should be adequately funded.

(95) *That in the 1994* GMC elections: (*i*) the BMA sponsor candidates for all seats in the Scottish, Welsh, and Northern Ireland constituencies; (*ii*) the BMA sponsor 22 candidates or such larger number as constitutes the majority of places in the English constituency; (*iii*) the representative body elect the majority of BMA sponsored candidates and that the balance be nominated by BMA council from among the original nominees; (*iv*) the process is publicised to the membership on each occasion, giving them adequate notice to submit nominations to the association.

(96) *That this meeting* is not opposed to the payment of the annual retention fee to the GMC, provided that the GMC shall contain a majority of members directly elected by the profession.

(97) *That this meeting* welcomes the new performance review procedures recommended by the General Medical Council and (as a reference) urges that adequate finances be identified for retraining of doctors where this is recommended by these procedures.

(98) *That this meeting* believes that the BCG immunisation programme should proceed on a national basis.

(99) *That this meeting* believes that access to a supply of clean water is a fundamental right and a prerequisite for good public health. Since recent changes in the organisation arrangements for the supply of water might place this right in jeopardy the meeting (*i*) requests the board of science to prepare a report on the health consequences of water disconnection and water poverty; (*ii*) recommends that disconnection of a domestic water supply for reasons of non-payment should be illegal.

(100) *That this meeting* welcomes the report of the Joint Working Party on Medical Services for Children, and urges the BMA to press the Department of Health and NHS Management Executive to require purchasing authorities to report and to provide extra funding to pay for the training and regrading of the doctors concerned.

(101) *That this meeting* deplores the department's high handed action in issuing Executive Letter (93)28 without consultation with the joint chairman of the Joint Working Party on Medical Services for Children or with the association, and calls for it to be withdrawn as it in no way reflects the spirit or the letter of the joint working party report.

(102) (As a reference:) *That this meeting* expresses concern that the burden for consultants in attending court in cases of child abuse is significantly detracting from their vital clinical responsibilities.

(103) *That this meeting* recommends that all HIV positive medical staff should be allowed identical rights, confidentiality, and counselling as are afforded to HIV positive patients.

(104) *That it be emphasised* that doctors are at much greater risk from HIV positive patients than are patients from HIV positive doctors.

(105) *That this meeting* asks the BMA to resist compulsory HIV testing of health professionals and ensure that those who are voluntarily tested have their confidentiality maintained.

(106) *That this meeting:* (*i*) is concerned that the department's further advice on HIV infection in health care workers may engender unnecessary public alarm and waste managerial and administrative resources; (*ii*) urges the BMA to negotiate clear guidelines for comprehensive support and counselling, including career guidance, for health care workers infected with HIV or hepatitis B virus; (*iii*) believes that employing authorities must ensure that infected health care workers have a right to confidentiality; (*iv*) believes that confidential, voluntary HIV testing should be available for health care workers through a consultant led occupational health service; (*v*) believes that health care workers should have access to specialist advice in the event of an HIV exposure incident.