

BRITISH MEDICAL JOURNAL

STA/STA

SATURDAY 8 MARCH 1975

LEADING ARTICLES

- Alternatives to the Fluoridation of Water** page 535
Liver page 536
Medicine on Television page 539
page 540
- Cerebral Lupus** page 537
- Paracetamol (Acetaminophen) and the
What People Want to Know** page 538
- Not Only But Also . . .** page 539
- Stripped for Action**

PAPERS AND ORIGINALS

- "Tropical Nephropathy" and "Tropical Extramembranous Glomerulonephritis" of Unknown Aetiology in Senegal**
LILIANE MOREL-MAROGER, A. G. SAIMOT, J. C. SLOPER, D. F. WOODROW, C. ADAM, I. NIANG, M. PAYET. 541
- Serum Ferritin Assay and Iron Status in Chronic Renal Failure and Haemodialysis**
S. HUSSEIN, J. PRIESTO, M. O'SHEA, A. V. HOFFBRAND, R. A. BAILLOD, J. F. MOORHEAD. 546
- Pre-eclampsia in Pregnancies by Different Fathers: Immunological Studies**
JILLIAN A. NEED. 548
- Mitigation of Amphotericin B Nephrotoxicity by Mannitol**
JUAN J. OLIVERO, JOSE LOZANO-MENDEZ, ELIAS M. GHAFARY, GARABED EKNOYAN, WADI N. SUKI. 550
- Effect of Cigarette Smoking on Fetal Breathing Movements in Normal Pregnancies**
F. MANNING, E. WYN PUGH, K. BODDY. 552
- Neutral-lipid Storage Disease: A New Disorder of Lipid Metabolism**
I. CHANARIN, A. PATEL, G. SLAVIN, E. J. WILLS, T. M. ANDREWS, G. STEWART. 553
- Syncopal Attacks as Symptom of Severe Coronary Artery Disease**
J. B. IRVING, A. H. KITCHIN. 555

MEDICAL PRACTICE

- Psychological Medicine: Sleep Difficulties**
I. OSWALD. 557
- Surgery of Violence: IV. Blast Injuries of the Ear**
A. G. KERR, J. E. T. BYRNE. 559
- Oesophageal Foreign Bodies**
A. BARAKA, G. BIKHAZI. 561
- A Health Centre E.C.G. Service: Its Use and Abuse**
T. FYFE, N. M. MACLEAN. 563
- Any Questions?** 566
- Personal View** 568

- CORRESPONDENCE—List of Contents** 569
- OBITUARY NOTICES** 578
- BOOK REVIEWS** 581

NEWS AND NOTES

- Epidemiology—Skin Infections in Meat Handlers—II.** 583
- Medical News—International Registry of Abnormal Karyo-
types; Herpes Encephalitis; Family Planning in N.H.S.** 583
- B.M.A. Notices** 584

SUPPLEMENT

- Proceedings of Council—Support for Consultants; Inter-
professional Co-operation; Movement of Doctors in E.E.C.** 585
- Further Letter to Prime Minister—"To Clarify Mis-
understandings"** 586
- Profession's Problems—Chairman of Council's Speech
at S.R.M.** 587
- G.M.C.: Tests for Overseas Doctors** 588
- Consultants' Contract—House of Commons Motion;
Scottish Attitude** 588

CORRESPONDENCE

Rationing of Medical Care H. W. Ashworth, F.R.C.G.P. 569	Prisoners' and Their Health P. J. Day, M.B., and T. Bell; J. R. W. Christie Brown, M.R.C.PSYCH. 572	Venous Gangrene in Multiple Myeloma A. N. Chatterji, M.R.C.P., and G. H. Aphthorp, F.R.C.P. 574
Health Education in the Reorganized N.H.S. E. A. Smith, F.R.C.P.GLAS., and L. Baric, PH.D.; L. Bowcock, M.B. 569	Misleading Drug Advertising L. F. Prescott, F.R.C.P.ED. 572	Illness in the Clouds J. C. Kelsey, F.R.C.PATH. 575
Inquiry among Rheumatism Unit Out- patients F. D. Hart, F.R.C.P., and others. 570	Women Doctors in the N.H.S. Margaret E. Elmes, M.B.; Nancy K. Shrubshall, M.R.C.P.PSYCH. 572	New Causes of Malignant Hyperpyrexia F. R. Ellis, F.F.A. R.C.S., and others. 575
Hyperglucagonaemia in the Surgical Patient A. E. B. Giddings, F.R.C.S., and others. 570	Alpha-fetoprotein in Amoebic Colitis and Liver Abscess E. P. Gétaz, M.R.C.P. 573	Changing from High- to Low-dose Oral Contraceptive M. Briggs, D.Sc., and Maxine Briggs, M.B. 575
Glucagon and Pseudogout A. J. Richards, M.R.C.P. 570	Levodopa and Dopadecarboxylase in Treatment of Postural Hypotension F. Boismare and J. Boquet. 573	Methodology of Sickness Absence Analysis R. W. Howell, F.M.R. 576
Genitourinary Medicine R. A. Mogg, F.R.C.S. 570	Men, Women, and Obesity D. G. Altman, B.Sc., and L. M. Irwig, M.B. 573	Consultant Contract R. Moore, M.R.C.P.; G. St. J. Hallett, F.R.C.S. 576
Television Programme on Induction of Labour L. E. S. Carrie, F.F.A. R.C.S. 571	SI Units B. H. Bass, F.R.C.P. 574	Difficulties of Emigration R. G. Huntsman, F.R.C.P. 576
Leeds Infirmary Blues J. G. Goligher, F.R.C.S., and J. S. Scott, F.R.C.O.G.; D. J. Rodgers, M.B. 571	Tafracher D. S. Thompson, M.R.C.PATH. 574	Sanctions by G.P.s A. Craig, M.B. 576
Fibrinolysis and Venous Thrombosis I. C. Gordon-Smith, F.R.C.S., and J. A. Hickman, M.R.C.P. 571	Comparison between Free Thyroxine Index and Effective Thyroxine Ratio M. L. Wellby, F.R.C.P.A., and others. 574	Subscription of Retired Members A. D. Bateman, F.R.C.S. 576

Correspondents are urged to write briefly so that readers may be offered as wide a selection of letters as possible. So many are now being received that the omission of some is inevitable. Letters should be signed personally by all their authors.

Rationing of Medical Care

SIR,—In the Telford Memorial Lecture delivered by Dr. Henry Yellowlees on 19 February to the Manchester Medical Society the Chief Medical Officer explained that in his view, and indeed in the view of the politicians, medical care must somehow be rationed in a situation of unlimited demand and limited resources. He was then asked, "Will the Department of Health and Social Security then explain to the public and to the profession exactly how this rationing is to be implemented?" He replied, "No, I think the profession must tell us how the rationing is to be effected."

This is another example of double talk. It is the politicians and the D.H.S.S. who continually tell the public that they are

entitled to have all their medical and medicosocial needs satisfied. In these circumstances it is no wonder that doctors try to implement this policy, for if they fail they are castigated in Parliament or at complaints tribunals or in the press. The politicians cannot expect the profession to implement rationing of medical care and then incur the odium which will ensue. It is up to the politicians and the D.H.S.S. in their managerial capacity to explain to the public the need for some limitation in the demands made and to spell out exactly what this will be.—I am, etc.,

H. W. ASHWORTH

Darbishire House Health Centre,
University of Manchester,
Manchester

qualifications at the master's degree level have been established—albeit precariously—in one or two medical schools in Britain, usually in association with departments of community medicine. The continued development of these programmes will depend crucially on the availability of appropriate financial support for candidates who pursue them. There would be much to be said for the development of in-service professional training programmes associated with master's degree courses along the lines of the training programmes already being established for specialists in community medicine. It would be desirable to recognize the educational needs of the small body of people who have established their reputations in the field without formal training and whose contribution might be further enhanced by secondment for appropriate university-based studies. Our experience of having a number of such persons pursue our own M.Sc programme has been very rewarding indeed.—We are, etc.,

ALWYN SMITH
LEO BARIC

Department of Community Medicine,
University of Manchester,
Manchester

Health Education in the Reorganized N.H.S.

SIR,—Your leading article (1 February, p. 233) on health education in the reorganized N.H.S. does not carry its timely analysis of the problems far enough. The importance of behaviour as an aetiological agent and as a determinant of outcome in so many of the chronic diseases prevalent at the present time demands that health education should be an integral element in preventive, curative, and mitigative medicine at all levels from the clinical to the population scale. If this is to be achieved health education must be not only firmly established within the Health Service but established at an adequate professional level so that it may make its contribution to all stages in the processes of planning and implementing health policy.

Internationally the specialist in health education is commanding a status commensurate with that accorded to the members of the other health professions, and resolutions of the World Health Organization, stemming both from headquarters and from the regional offices, have called for the development of professional education within this field at an adequate postgraduate level. While diploma courses rooted largely within faculties of education may possibly provide for the needs of health education considered as a branch of general education they do not really meet the need for professional training of health education specialists for work within a health service context.

Programmes leading to health education

SIR,—Your leading article on health education in the reorganized National Health Service (1 February, p. 233) highlights one facet of the larger problem of training in many areas to which the N.H.S. is now committed but for a variety of reasons is not making the progress it should.

Experience in my department indicates that co-operation between health department officers (and also training officers and tutors) and departments of medical photography and illustration can result in the production of effective publicity and training material at modest cost. The local flavour of this material increases its effectiveness and the