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LEADING ARTICLES

Herpesvirus and cancer of uterine cervix	671	Breaking down sex barriers	674
Radiation dangers and volunteers	672	Analgesics over the counter	675
Shoulder-cuff lesions	672	The absent-minded shoplifter	675
Occult perforations	673	Prevention of congenital deformities	676
Bundle branch block in acute myocardial infarction	674	Exeter meeting	676

PAPERS AND ORIGINALS

Randomised controlled trial of computer-held medical records in hypertensive patients			
C J BULPITT, L J BEILIN, E C COLES, C T DOLLERY, B F JOHNSON, A D MUNRO-FAURE, S C TURNER.....			677
Benzodiazepine drugs in general medical patients C M KESSON, J M B GRAY, D H LAWSON.....			680
Spirolactone in essential hypertension: evidence against its effect through mineralocorticoid antagonism			
B I HOFFBRAND, C J EDMONDS, T SMITH.....			682
Comparative double-blind study of cephalixin and co-trimoxazole in urinary tract infections			
P E GOWER, P R W TASKER.....			684
Recurrent haematuria: role of renal biopsy and investigative morbidity J MICHAEL, N F JONES, D R DAVIES, J R TIGHE.....			686
Rapid glucose absorption in Arabs in Saudi Arabia compared with that in Africans in Zambia G C COOK.....			688
Portal hypertension in Waldenström's macroglobulinaemia ANDREW P BROOKS.....			689
Factitious hypercalcaemia P E BELCHETZ, R D COHEN, J L H O'RIORDAN, S TOMLINSON.....			690
Aflatoxin inhalation and alveolar cell carcinoma IVANA DVOŘÁČKOVÁ.....			691
Pulmonary asbestosis and autoimmunity AULI TOIVANEN, MARJA SALMIVALLI, GÁBOR MOLNÁR.....			691
Errors in using clinical thermometers D N M COGGON, M P VESSEY.....			692
Explosion during halothane anaesthesia T W MAY.....			692
Diaphragmatic paralysis after supraclavicular puncture of subclavian vein E J EPSTEIN, M S A QUERESHI, J S WRIGHT.....			693
Small infant thymus in cases of fatal foeto-maternal transfusion J ELLIS, H G KOHLER.....			694

MEDICAL PRACTICE

Lumbar spondylosis and neuropathic bladder: investigation of 73 patients with chronic urinary symptoms	M M SHARR, J S GARFIELD, J D JENKINS.....	695
Pets in hospitals J E COOPER.....		698
Mortality of bereavement AUDREY W M WARD.....		700
Letter from Canada: The open hospital ajar PETER J BANKS.....		702
Problems of Childhood: Squint BRIAN HARCOURT.....		703
Medicine in the 'Seventies: The North Sea FROM A SPECIAL CORRESPONDENT.....		705
Any Questions?		697, 706
Materia Non Medica —Contributions from DENNIS KRICKLER, W E SNELL, HENRY R ROLLIN, R E SMITH.....		707
Personal View JOHN HULBERT.....		708

PROCUREMENT SECTION

CORRESPONDENCE —List of Contents.....	709	OBITUARY NOTICES	716
--	-----	-------------------------------	-----

BOOK REVIEWS	718
---------------------------	-----

SUPPLEMENT	
-------------------	--

NEWS AND NOTES	
Epidemiology —Staphylococcal conjunctivitis from shared washing equipment.....	719
Medicolegal —Mental patients and the vote.....	720
Parliament —Questions in the Commons.....	720
Medical News —Research on cardiovascular disease.....	720
BMA Notices	721

The Week	722
GMC: Election of elected members	723
Devolution to Scotland and Wales	724
Lessons from the past P C O'CONNOR.....	727
Advice on new contract for junior doctors	728

CORRESPONDENCE

Specialties within community medicine A S St Leger, MB.....709	Support for varicose veins P H Fentem, MSC, MB.....711	Post-alcoholic hypoglycaemia in a child J F B Norris, MB, and A Robinson, MD.....714
Early detection of growth hormone deficiency P H Sönksen, MD, and others.....709	Cost of phentermine preparations J F Munro, FRCPED.....712	Brief and clear C L Hewer, FFARCS.....714
Psychiatric aspects of shoplifting S Bockner, MRCPsych.....710	Curability of breast cancer June Marchant, PHD.....712	Improving the hospital service? A L Bussey, MFCM.....714
Not so double-blind? B W Cromie, FRCPED; Lisa E Hill, MD, and others.....710	Fluoridation and the Government G B Winter, FDSRCS, and J J Murray, FDSRCS.....712	General practice in the Antipodes J L Ogle, MRCS.....714
Progression and regression of atherosclerosis R W D Turner, FRCP.....710	Normotensive pheochromocytoma with hypercalcaemia P Skrabanek, LAH.....712	Specialist training in thoracic medicine G F Edwards, FRCP.....714
Antenatal diagnosis of the mucopolysaccharidoses R W Logan, MRCPATH.....711	Vaginal candidosis G Masterton, DPH, and others.....712	Family planning in hospitals Elizabeth S Hallifax, MB.....715
First aid in acute myocardial infarction D P Manning, MD; P Jerie, MD.....711	Geriatrics in the cottage hospital J A Davis, FRCP.....713	Devolution to Scotland J B Stirling, DA.....715
	Supervision of repeat prescribing D L Crombie, FRCP, and others.....713	Private practice and the Goodman proposals R J Cross, MB.....715
	Renal lesions in a case of septicaemia E N Wardle, MD.....713	Campaign for Independence in Medicine J S Happel, FRCP, and J H Marks, MRCP.....715

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

Specialties within community medicine

STR.—There is concern among medical graduates wishing to pursue a career in epidemiology in university departments or research units about the requirements that may be imposed upon us for specialist accreditation within the terms of the European Economic Community.

It appears that we may be forced to seek membership of the Faculty of Community Physicians, but there are objections to this as regards the present attitudes of the faculty. It seems to promulgate the view that "community medicine" is, in its own right, a discipline and that this discipline is founded upon certain "basic sciences"—that is, epidemiology, statistics, sociology, administrative theory, and health economics. Prospective community physicians are required to take a written examination (part I) which covers the above-mentioned subjects. I maintain that community medicine must not be viewed as a single composite subject but that it is merely the conglomeration of disciplines mentioned. The depth of knowledge of any one of those subjects required for the examination is of necessity superficial. The understanding of sociology, which figures largely in the examination, must be merely the uncritical assimilation of received opinion. Sociology is completely at odds with the spirit of epidemiology, where the concept of the randomised controlled trial makes hypotheses objectively refutable. The administrative theory is, if anything, even worse than sociology. It is obvious from the sad state of our industry and the incipient collapse of the Health Service that administrative theory as yet has little to offer. It seems that the faculty wishes its candidates to absorb the woolly concepts and noxious jargon contained within the set books. Good administration merely requires that people of initiative, talent, and a capacity for hard work be given the authority to get on

with their jobs without constantly referring to various "structured" or "unstructured" committees, groups, etc. (The distinction between a committee and a group eludes me.) A cynic might say that the faculty is using current administrative theory as an "intellectual justification" for the sorry plight of the Health Service.

I believe that a wide but superficial knowledge is useful to the aspirant administrator but that the faculty must recognise that knowledge in depth of one or more of the basic sciences is of equal value. They should not seek to create a new discipline but rather to act as an umbrella organisation looking after the interests of a multiplicity of related specialties and promoting cross-fertilisation wherever possible. I ask them to consider the following proposals, which would have the effect of reorganising the special needs of those who do not desire to be Health Service administrators but who nevertheless will contribute usefully to the intellectual life of the faculty.

(1) Make the part I requirements more flexible. For example, the exemptions should be extended to all who have a higher qualification in one of the "basic sciences" such as epidemiology, statistics, or economics. There would not be a large number of suitable candidates for exemption; hence the faculty would not lose much revenue. Alternatively, keep the present part I for aspiring administrators and have a different version for pure epidemiologists and others.

(2) Retain the part II thesis for all candidates.

(3) Give recognition to certain institutions as being suitable places for epidemiologists, medical statisticians, etc, to gain experience and to count this experience towards specialist accreditation.

It is widely believed within the medical profession that community medicine does not

on the whole attract the best of medical graduates. I believe that this must be true since entrants to community medicine have not registered any protest at the unstimulating and undemanding diet they are being fed. The faculty must encourage those who desire knowledge in depth about one of the "basic sciences"; otherwise it will become merely a club for mediocre "Jacks-of-all-trades" while academics and researchers will seek to go their own way.

The faculty must be adaptable. I would like to see it strong and becoming intellectually respectable so that one day it may sever its link with the Royal College of Physicians and gain royal college status of its own.

A S ST LEGER

MRC Epidemiology Unit (South Wales),
Cardiff

Early detection of growth hormone deficiency

STR.—Your leading article on this subject (31 January, p 245) highlights the problems of diagnosing short stature due to growth hormone deficiency and initiating treatment at the earliest possible stage so that maximum benefit may be obtained from replacement therapy. Professor J M Tanner and his colleagues have made major contributions to our understanding of this condition over the years, but there are three points that at this stage we would like to make.

(1) Growth hormone treatment schedules almost always involve twice or thrice weekly injections of relatively large doses of growth hormone. As a result of the pharmacokinetics of growth hormone absorption and metabolism plasma growth hormone concentration has usually fallen to baseline values within 24 hours of the injection, however large (see fig). The metabolic clearance rate of growth hormone in man averages 3 ml/kg/min¹ and with an average plasma growth hormone concentration of 3 µg/l the daily production rate is in the order of 1 mg in a 70-kg adult, being reduced or increased according to body weight. The