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CORRESPONDENCE

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.

What do community physicians do?

SIR,—May this community physician, who started medicine before Dr P H M Carson (12 June, p 1469) was even the froth on his father's Guinness, bring him some enlightenment on our commitments?

If Dr Carson will lift his ear from the bosom, lovely or lousy, of his present patient and look out of the window of his Olympian department he will first note that the window is clean. This is because community medicine specialists, who have been around for more than a century, have cleaned up much of the urban atmosphere. As he peers at the real world outside, where nine-tenths of medicine is practised, he will not now observe the underfed urban proletariat of the Midlands and of my own Lancashire, bow-legged from avitaminosis ("couldn't stop a pig in a passage"), and whose now sturdy offspring at age 11 average more than two inches taller and five pounds heavier than their parents at the same age. That is because of health education, health visiting, diet, and vitamins, which are all aspects of community preventive medicine. Nor will he see the slums which we cleared away on grounds of health.

Last month the district community physician for Brighton was climbing a rope ladder to board a foreign freighter off Newhaven whose captain had radioed that there had been a death on board from plague two days before. Whether it is a houseman telephoning on behalf of his chief because the hospital has given a shot of Russell's viper venom instead of antivenene to an adder bite, or the removal of a flea-ridden old woman living in squalor, or the proper measures to deal with the potential rabies threat from foxes living in the deep railway cuttings in the town—you mention it and the DCP is asked to sort it out.

Having for a quarter of a century fought, abused, cajoled, and put up with every form of resistance from the socially illiterate members of the old Brighton Council in creating adequate community services, I now see this reorganised NHS district living on the solid results of my former efforts. We were the third authority in all Britain to provide an ambulance training school; our cardiac ambulance set-up was built on the foundations of a previous first-class service; our unique cervical cancer laboratory unit was created against Department of Health opposition. Thanks to setting up an adequate district health visitor service in Brighton the death rate of infants, previously running at 10% higher than the national average, was cut to better than normal, with the neglected illegitimates doing even better. Our health education efforts were, and are, designed to cut Dr Carson's coronary rates as well as to reduce smoking. We have changed the picture of infectious disease both in the community and also in hospitals, where, long before the present generation of paediatricians arrived in Brighton, I had to deal with a great epidemic of infant diarrhoea deaths against the resistance of the clinicians in a poorly organised children's hospital. Smallpox, which we had in 1951, is now a vanished disease. As these problems pass, others present themselves.

What are community physicians involved in? Everything from womb to tomb in a multidisciplinary co-ordination of preventive care of every individual in the community. The only difference between now and then is that Whitehall, frightened of our independent attitude, have tied our hands behind our backs in the reorganised NHS.

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Unexplained hepatitis following halothane

SIR,—The results of the London Hospital's nationwide survey on postoperative jaundice during the three years following November 1970 have at last been published (15 May, p 1171).

In their summary Dr B Walton and his colleagues state that "rapidly repeated exposure to halothane may cause hepatitis" and conclude that "if alternative satisfactory agents are available halothane should be avoided in patients with unexplained hepatitis after previous exposure." To a non-expert such as myself the above conclusion differs in no material way from that of Inman and Mushin[1] from their analysis of reports to the Committee on Safety of Medicines when they stated that there was "strong evidence that repeated exposure [to halothane], especially within a short period, increases the incidence of jaundice" and that this indicated a hypersensitivity phenomenon. Indeed, the London Hospital experts state (p 1174) that analysis of their classified cases of unexplained hepatitis following halothane "now supports the findings of Inman and Mushin," whereas analysis of their unclassified data[2] did not do so.

This analysis of unclassified data was used by the Anaesthetists' Subcommittee of the Central Committee for Hospital Medical Services[3] to refute "the single crucial finding of Dr Inman and Professor Mushin," to dispute the CSM's statement, issued in January 1974 to all doctors, that "multiple exposure to halothane carries a relatively greater risk than single exposure," and to urge the committee to "distribute widely a letter drawing attention to contrary evidence which has now been reported." In a subsequent letter[4] some of the London Hospital group complained of the "obdurate silence" of the CSM "despite the many and serious doubts which have been cast on the validity of Dr Inman's and Professor Mushin's conclusions," although they stated in the same letter that they had "never