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## LEADING ARTICLES

Short bowels.....	737	Antacids and brucellosis.....	739
NHS laboratories: the story as before.....	738	Assessing clinical practice in genitourinary medicine.....	740
Use of laparoscopy in liver disease.....	738	Correction: To sign or not to sign?.....	740

## PAPERS AND ORIGINALS

Haemoglobin A <sub>1C</sub> concentrations after initial insulin treatment for newly discovered diabetes JØRN DITZEL, JENS-JØRGEN KJAERGAARD.....	741
Relapsing polychondritis with crescentic glomerulonephritis G H NEILD, J S CAMERON, M H LESSOF, C S OGG, D R TURNER....	743
Growth hormone, prolactin, and corticosteroid responses to insulin hypoglycaemia in alcoholics R J CHALMERS, E H BENNIE, R H JOHNSON, G MASTERTON.....	745
Epidemiology and clinical significance of cervical erosion in women attending a family planning clinic M J GOLDACRE, NANCY LOUDON, B WATT, GRACE GRANT, J D O LOUDON, K MCPHERSON, M P VESSEY.....	748
Outbreak of Guillain-Barré syndrome associated with water pollution NAIF ABDULLAH SLIMAN.....	751
Jaundice during cyproheptadine treatment D A HENRY, JULIA M LOWE, T DONNELLY.....	753
Fever, abdominal pain, and leucopenia during treatment with cimetidine C L CORBETT, C D HOLDSWORTH.....	753
Bleeding gastric erosion after oral zinc sulphate RAY MOORE.....	754
Clostridium welchii septicaemia after intrauterine caesium insertion R P SYMONDS, A G ROBERTSON.....	755
Magnesium-saving property of an aldosterone antagonist in the treatment of oedema of liver cirrhosis P LIM, E JACOB..	755
A typical case of Cornelia de Lange's syndrome JANE BRYLEWSKI.....	756
Recurrent abruptio placentae treated with the fibrinolytic inhibitor tranexamic acid B ÅSTEDT, I M NILSSON.....	756
Urinary concentration test with desmopressin KRISTER DELIN, MATTIAS AURELL, JÜRGEN EWALD.....	757
Motor-cycle scrambling injuries in boys J H STILWELL.....	758
Bubble clicking in pharyngeal aspirates of newborn babies CHRISTINE E PARKINSON, GANESH SUPRAMANIAM, DAVID HARVEY..	758
Acquired double pylorus RICHARD H HUNT, R C DAY, D P JEWELL.....	759
Demeclocycline treatment of water retention in congestive heart failure D ZEGERS DE BEYL, R NAEIJE, A DE TROYER.....	760

## MEDICAL PRACTICE

Scabies in Sheffield: a family infestation R E CHURCH, J KNOWELDEN.....	761
For Debate: Intended place of delivery and perinatal outcome JEAN FEDRICK, N R BUTLER.....	763
The regional drug information service: a factor in health care? F N LEACH.....	766
Letter from Victoria: Peer review JOHN KNIGHT.....	769
Pneumonia COLIN M OGILVIE.....	771
Medicine and Books.....	774
Any Questions?.....	770, 773
Materia Non Medica— Contributions from A J SWANNELL; DAVID BENNETT-JONES, CHRISTOPHER BLOUTH, JAMES MACLEOD; KEITH NORCROSS.....	779
Personal View MICHAEL GELFAND.....	780

CORRESPONDENCE—List of Contents.....	781
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## NEWS AND NOTES

Views.....	794
Parliament—Unorthodox practitioners.....	795
Medical News—Compensation for personal injury.....	796
BMA Notices.....	797

OBITUARY.....	792
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## SUPPLEMENT

The Week.....	798
GPs' ancillary staff: pensions.....	799
Making Salmon work JOSEPHINE PLANT.....	800
Dates of ARM and craft conferences.....	802

## CORRESPONDENCE

<b>Raw or pasteurised human milk?</b> A Lucas, MRCP, and others.....	781	<b>Ectopic pregnancy rates in IUD users</b> R Aznar, MD, and others.....	785	<b>Traumatic tenosynovitis of the wrist</b> H O Paton, MB.....	789
<b>Scope for family doctors</b> M E M Herford, MD.....	781	<b>How not to apply for an appointment</b> I Gregg, FRCGP.....	786	<b>Factors affecting length of hospital stay</b> R Hole, FRCS.....	789
<b>Legionnaires' disease in London</b> P F Mitchell-Heggs, MRCP, and others....	782	<b>"Baby and Child"</b> D P Addy, MRCP.....	786	<b>Inactivation of agent of Creutzfeldt-Jakob disease</b> A M M Wilson, FRCPATH.....	789
<b>Nutrition education</b> A S Truswell, FRCP; J S Bradshaw, MB....	782	<b>Stiff-neck syndrome</b> Mary Ducrow, FFARCS.....	786	<b>Aids to drug compliance</b> B C Das, MB, and A Williams, MPS.....	789
<b>Subarachnoid haemorrhage in patients over 59</b> W J Atkinson, FRCS; P Horrocks, MRCP, and J Knox, MRCPED; J C Taylor, FRCS.....	783	<b>Plasma urate changes in pre-eclampsia</b> W Dunlop, MRCOG, and J M Davison, MRCOG	786	<b>Otosclerosis</b> Flora Jacobs.....	790
<b>Testing monocytic function</b> P C J Leijh, BSC, and others.....	783	<b>Osteoporosis and osteomalacia</b> H C Anton, FRCR.....	786	<b>Bromocriptine-induced mania?</b> Nancy M Brook, DPH, and I B Cookson, MRCPSYCH.....	790
<b>Induction and neonatal jaundice in infants of diabetics</b> N G Soler, MD.....	783	<b>Antacid and sodium content of Gaviscon</b> A W Harscus, MB.....	787	<b>Typhoid and its serology</b> A F M S Rahman, MRCPATH, and M E Cowan, MSC.....	790
<b>College of Anaesthetists</b> M P Coplans, FFARCS.....	784	<b>Hot foot syndrome</b> I C M Paterson, FRCR.....	787	<b>Hazard of chemical sympathectomy</b> A P Rubin, FFARCS, and B R Master, FFARCS	790
<b>Papilloedema</b> J A E Primrose, FRCSED.....	784	<b>Cost of outpatient chemotherapy</b> D O R S Thomson.....	787	<b>"The Way Forward"</b> J A Girling, FRCS.....	790
<b>Eruption during treatment with oxprenolol</b> G M Levene, MRCP, and R W Gange, MRCP	784	<b>Snap-happy parents</b> H A Goodwin, MB, DCH.....	787	<b>New consultant contract</b> C H Thomas, FFARCS.....	790
<b>Psychological evaluation in cases of self-poisoning</b> A H Ghodse, MD; R Gardner, MRCPSYCH..	784	<b>Help for parents after stillbirth</b> Deborah Howell, MSC.....	787	<b>Short-term medical certificates</b> C J Nettle, MB.....	791
<b>Drug treatment of chronic stable angina pectoris</b> R H Rousell, MSC, MB, and Geraldine K Dodd, BSC.....	785	<b>Drawbacks of monocomponent insulins</b> M E Benaim, MRCP.....	788	<b>Subconsultant grade</b> J S M Zorab, FFARCS.....	791
		<b>Mumps and its complications in Stockholm</b> B Björvatn, MD, and B Sköldenberg, MD..	788	<b>Robbing Peter to pay Paul?</b> T McFarlane, MRCOG.....	791
		<b>GP obstetrics</b> M J V Bull, MRCP.....	788	<b>Redundant doctors</b> R T Parry.....	791
		<b>Alcohol and cirrhosis</b> G C Myddelton, MB.....	789		

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 must be signed personally by all their authors.

## Raw or pasteurised human milk?

SIR,—We would like to comment on the important paper by Dr S Williamson and others (18 February, p 393). As they indicate, there are no established criteria for the safe bacterial content of human milk to be fed to term and preterm infants and it must be stated that the criteria they offer for the safety of raw milk are empirical. Indeed, their recommended upper limit for *Staphylococcus aureus* of  $10^6$  colony-forming units per litre of raw milk is contentious, and other authors have stressed the dangers of pyogenic staphylococci fed to babies.<sup>1</sup> In addition, because of the reliance on careful individual sample bacteriology needed, the use of raw milk would be impracticable in many units.

We have taken an alternative approach to bacteriological quality control in our human milk bank. Since pasteurisation preserves much of the desirable immunological properties of milk while probably destroying foreign (?undesirable) cellular components, we have elected to pool and pasteurise all our milk. We have shown that some organisms of potential pathogenicity are present after pasteurisation if their initial count is high<sup>2</sup> and have therefore chosen post-pasteurisation as our time for routine bacteriological screening. We believe this is particularly important because few hospitals will be able to ensure

that the milk donated is kept at the standards of cleanliness reported by Dr Williamson and his colleagues.

We would also like to draw attention to the precision that is required in pasteurisation if one is to rely upon it as a method for reducing or removing bacteria but not excessively damaging the protective components. The heat treatment to which each milk sample is exposed will depend on the exact details of design of the water bath and heating and cooling systems, the size and materials of the bottles used, and the number of bottles treated in each batch. For these reasons we have designed and built a compact automated pasteurisation unit<sup>3</sup> which we use for our experimental studies and nursery routine. In this way we feel that we can confidently maintain the bacteriological quality control of our bank of human milk.

Finally, may we say that, although untreated raw milk has some theoretical advantages (which the authors discuss), we would be unhappy to recommend its general use in special care baby units at present? Because of the important bacteriological and immunological issues raised the use of "foreign" raw milk should be conducted as a formal study, and we do not think the authors' observation that they had "not encountered any unex-

pected gastrointestinal problems in neonate fed this milk" is sufficiently reassuring.

A LUCAS  
P GODDARD  
J D BAUM

University Department of Paediatrics,  
John Radcliffe Hospital,  
Headington, Oxford

<sup>1</sup> Soltan, D H K, and Hatcher, G W, *British Medical Journal*, 1960, **1**, 1603.

<sup>2</sup> Gibbs, J, et al, *Early Human Development*, 1977, **1**, 227.

## Scope for family doctors

SIR,—The review by Dr Andrew Smith of *Trends in General Practice*<sup>1</sup> (18 February, p 431) is most interesting in reference to the scope offered to general practice by the Court Report at one end and geriatrics at the other. At the lower end, would it not be advisable to define what is meant by the "child"? Paediatrics has so far dealt primarily with the 0-5-year range. Some years ago a new concept appeared, "developmental paediatrics," and the great idea was to follow the developing individual to the end of growth. There was a large gathering on this subject at the Royal Society of Medicine, but by the end of the evening no one had mentioned a child over the age of 5. We follow the child into school, but at school the concept of school supervision still requires to be clarified, and after school there is the stress of adolescence in the uncertainty of starting work. The raising of the school leaving age in total disregard for adolescent