

BRITISH MEDICAL JOURNAL

SATURDAY 17 JUNE 1978

LEADING ARTICLES

Nutrition and the brain	1569	Surgical approaches and drug treatment in the	
Massive haemoptysis	1570	carcinoid syndrome	1572
Hypertension and oral contraceptives	1570	Freedom to prescribe—in ignorance	1573
Clinical use of 1- α -hydroxyvitamin D ₃	1571	Unilateral pulmonary oedema	1574

PAPERS AND ORIGINALS

Relations between bleeding pattern, endometrial histology, and oestrogen treatment in menopausal women	
D W STURDEE, T WADE-EVANS, M E L PATERSON, MARGARET THOM, J W W STUDD	1575
Relevance of duration of transient ischaemic attacks in carotid territory M J G HARRISON, JOHN MARSHALL, D J THOMAS ..	1578
Sjögren's syndrome treated with bromhexine: a randomised clinical study K FROST-LARSEN, H ISAGER, R MANTHORPE	1579
Anticonvulsants and thyroid function P P B YEO, D BATES, J G HOWE, W A RATCLIFFE, C W SCHARDT, A HEATH, D C EVERED	1581
High incidence of a concentration-dependent skin reaction in children treated with phenytoin	
J T WILSON, B HÖJER, G TOMSON, A RANE, F SJÖQVIST	1583
Effect of paracetamol on gastric mucosa KEVIN J IVEY, G R SILVOSO, WILLIAM J KRAUSE	1586
Stilboestrol and vaginal clear-cell adenocarcinoma syndrome JOHN M MONAGHAN, L A W SIRISENA	1588
Poncet's disease: para-infective tuberculous polyarthropathy C A BLOXHAM, D P ADDY	1590
Tetanus after rubber-band ligation of haemorrhoids K J MURPHY	1590
Primary biliary cirrhosis after long-term practolol administration P J E BROWN, MILENA LESNA, A N HAMLYN, C O RECORD ..	1591
Malignant disease presenting as Addison's disease F D ROSENTHAL, M K DAVIES, A C BURDEN	1591
Spontaneous remissions of nephrotic syndrome in renal amyloidosis J MICHAEL, N F JONES	1592
Hexapropymate self-poisoning G ROBBINS, A K BROWN	1593
Where are the untreated depressives? J C LITTLE, T A KERR, H A MCCLELLAND	1593
Drug dependence caused by dihydrocodeine PETER MARKS, HASHMAT ASHRAF, T R ROOT	1594

MEDICAL PRACTICE

Alcohol and the driver J D J HAVARD	1595
Bites by foreign venomous snakes in Britain H A REID	1598
If my son had a head injury BRYAN JENNETT	1601
Use of antibiotics: Surgical infections M R B KEIGHLEY	1603
Drugs acting on the bladder and urethra STUART L STANTON	1607
Medicine and Books	1609
Any Questions?	1597, 1600, 1608
Materia Non Medica—Contributions from SHAH EBRAHIM, J D ALLAN GRAY, J M T KENRICK	1616
Personal View R C HUMPHREYS	1617

U. S. DEPT. OF AGRICULTURE
NATIONAL AGRICULTURAL LIBRARY
RECEIVED
JUN 23 1978
PROCUREMENT SECTION
CURRENT SERIAL RECORDS

CORRESPONDENCE—List of Contents	1618
---------------------------------------	------

NEWS AND NOTES

Views	1627
Epidemiology—Group R Streptococcus infections: a new industrial disease?	1628
Parliament	1628
Medical News	1628
BMA Notices	1629

OBITUARY	1630
----------------	------

SUPPLEMENT

The Week	1632
Annual Representative Meeting: Agenda	1633
Consultant contract: pitfalls and safeguards	
T MCFARLANE	1647
Shortage of consultant locums: CCHMS advice	1648

CORRESPONDENCE

Diuretics in the elderly R R Bailey, MRACP; R T Rouse, MB..... 1618	If I had . . . Fiona M Bennett, FRCSed..... 1621	Methods of endometrial assessment V Sele, MD..... 1624
"Innovation in the Pharmaceutical Industry" B W Cromie, FRCPed..... 1618	Assaults on doctors W A Fraser-Moodie, FRCSed, and D I Rowley, MB..... 1621	Diet and asthma Marianne A Ganderton, MB; L M McEwen, BM..... 1624
Cimetidine for ulcers recurring after surgery J H B Saunders, MRCP, and others..... 1619	Dopamine and dobutamine A K Yates, FRCS..... 1622	Treating pressure sores M A Nasar, MRCP..... 1624
Maintenance treatment of duodenal ulcer with cimetidine S J Runc, MD, and H R Wulff, MD; R H Salter, FRCP; R M Bernstein, MRCP..... 1619	Stiff shoulder after stroke R E Irvine, FRCP, and T M Strouthidis, MRCP..... 1622	Levodopa in senile dementia Kate Johnson, MA, and others..... 1625
Side effects of nifedipine J Christine Rodger, MD, and A Stewart, MB 1619	Non-epileptic television syncope J B P Stephenson, MRCP..... 1622	Annual General Meeting of the Royal Society of Medicine W F Whimster, MRCPATH..... 1625
SI, moles, and drugs L F Prescott, FRCPed, and others..... 1620	Factors affecting length of hospital stay D Phillips-Miles, FFCM; H B J Chishick.. 1622	GMC's finances D Mary Pack, MB..... 1625
Intravenous infusion of salbutamol in severe acute asthma I W B Grant, FRCPed; H R Anderson, MD; S G Spiro, MRCP, and S W Clarke, FRCP.. 1620	Intended place of delivery and perinatal outcome Jean Fedrick, MA..... 1623	Medical Act 1978 J S Happel, FRCGP, and J H Marks, FRCGP 1625
Electron microscopy of cell membranes Carolyn J P Jones, PhD..... 1621	The therapeutic Smartie Josephine M Lomax-Simpson, MRCPsych 1623	Shortage specialties: radiology J K Davidson, FRCR..... 1625
Ginseng and mastalgia M N G Dukes, MD..... 1621	Klebsiella ozaenae in bronchiectasis R J Fallon, FRCPATH..... 1623	New consultant contract G I B Da Costa, FRCSed..... 1626
	Self-poisoning with beta-blockers D A Richards, MD, and B N C Prichard, FRCP..... 1623	Housemen's pay P J Bower, MB..... 1626
	Facet joints and low back pain M D Mehta, FFARCS..... 1624	Joint consultative committees G Behr, FRCPATH..... 1626
		Future of British anaesthetics D C Hogg, MB, DA; P K Schütte, MB.... 1626

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.

Diuretics in the elderly

SIR,—I read with some concern your leading article (29 April, p 1092) on the use of diuretics in elderly patients. It could certainly be debated whether potassium supplements or the use of potassium-sparing diuretics are ever routinely necessary in the treatment of patients with oedematous states or hypertension, whatever their age. However, I am concerned with the fact that with the rapidly increasing use of potassium-sparing diuretics I am now seeing more clinical problems with hyperkalaemia resulting from their inappropriate use (either alone or in combination with thiazides) than with the hypokalaemia resulting from the use of the thiazide or "loop" diuretics.

The risk of potentially fatal hyperkalaemia exists in any patient with any significant degree of renal functional impairment and not just those with severe renal failure (creatinine clearance <10 ml/min) as mentioned in your article. It must not be forgotten that renal function progressively deteriorates with increasing age, and because of this and a declining muscle mass many elderly patients have a low creatinine clearance in the presence of a plasma creatinine concentration that may be within the normal range. I would prefer to see potassium-sparing diuretics avoided in patients with any degree of renal functional impairment, but if their use was absolutely necessary then the plasma potassium level should be monitored carefully. Ideally the plasma potassium should be measured before and again 6-12 weeks after starting the treatment with a potassium-losing diuretic so as to identify the small proportion of patients who may need a potassium supplement.

More recently it has been observed that the potassium-sparing diuretics may lead to a decline in renal function in patients who have renal insufficiency. In our department this problem was first observed with spironolactone,¹ but this has now also been seen with triamterene and amiloride. The mechanism for this is unclear, but it does not seem to be related to diuretic-induced salt and water depletion.

For these reasons the potassium-sparing diuretics, either alone or in combination, are best avoided in any patient with any degree of renal functional impairment.

ROSS R BAILEY

Department of Renal Medicine,
Christchurch Hospital,
Christchurch, New Zealand

¹ Neale, T J, *et al*, *New Zealand Medical Journal*, 1976, **83**, 147.

² Bailey, R R, *Drugs*, 1976, **11**, suppl 1, p 70.

SIR,—Today I had to reduce the insulin dose of one of my patients by almost half. Less than 48 h ago he had been discharged from hospital bearing a note which read "Diabetes stabilised." This is a common occurrence yet, since general practitioners are placid people, your correspondence columns do not reverberate with protests about the promiscuous prescription of insulin in hospitals.

We all accept that the diabetic patient has different needs in hospital and at home—and even from weekday to weekend. We do not yet seem to accept that the same is true of other groups of patients. Since bed rest is an im-

portant part of the treatment of heart failure it is hardly surprising that patients whose failure when ambulant is controlled by diuretics can manage without those drugs when they are admitted to a hospital bed.

I can assure Dr Leonard Rosenthal (27 May, p 1417) and other correspondents who advocate the withdrawal of all drugs when a person is admitted to hospital that family doctors on the whole do not prescribe, nor do their patients willingly take, powerful drugs unnecessarily. Patients make their continuing needs clear, usually dramatically and almost always in the early hours of the morning within a short time of their discharge from hospital. May I suggest that any policy of stopping drugs on admission be accompanied by a warning to patients that therapy may have to be restarted on returning home?

ROBERT ROUSE

Colwyn Bay, Clwyd

"Innovation in the Pharmaceutical Industry"

SIR,—Dr J F Cavalla (3 June, p 1486) lists the reductions in pharmaceutical research in the UK, but I would like to point out that the trend is not limited to this country.

I was asked to speak on "Today's research for tomorrow's medicine" at a symposium organised by the Association of Medical Advisers in the Pharmaceutical Industry and my investigations on the subject confirmed the worst fears of all those interested in continuing therapeutic advances. The total time required to conduct all the tests needed for regulatory clearance of a medicine used in chronic therapy has increased almost exponentially since their beginning in 1964. I cannot recall a single test that has been abandoned over the past 14 years, despite