

48.8
377

BRITISH MEDICAL JOURNAL



SATURDAY 13 APRIL 1968

LEADING ARTICLES

New Look in Medicine page 65 Significance of the Wiskott-Aldrich Syndrome page 66
Exercise Tests page 67 Pulmonary Calcification after Chicken-pox page 68 Compulsive
Gambler page 69 Kidney Disease and Pregnancy page 69 Australian Meeting page 70

PAPERS AND ORIGINALS

Folate Deficiency in Crohn's Disease : Incidence, Pathogenesis, and Treatment A. V. HOFFBRAND, J. S. STEWART, C. C. BOOTH, AND D. L. MOLLIN	71
Results of Surgery in Hypertension Due to Renal Artery Stenosis R. G. LUKE, A. C. KENNEDY, J. D. BRIGGS, N. W. STRUTHERS, J. K. WATT, D. W. SHORT, AND W. BARR STIRLING	76
Insulin Sensitivity and Vascular Disease in Insulin-dependent Diabetics F. I. R. MARTIN AND A. E. STOCKS.....	81
Carcinoma of Breast in Trans-Sexual Individuals after Surgical and Hormonal Interference with the Primary and Secondary Sex Characteristics W. ST. C. SYMMERS, SENR.	83
Methaemalbuminaemia in Acute Abdominal Emergencies SIMMY BANK, G. O. BARBEZAT, I. N. MARKS, AND W. SILBER	86
National Survey of Value of Plasma Standards for Anticoagulant Therapy L. POLLER AND JEAN M. THOMSON	88
Psychiatric Illness after Hysterectomy MONTAGU G. BARKER.....	91

PRELIMINARY COMMUNICATIONS

Duration of Remissions in Lymphoblastic Leukaemia of Childhood H. C. LAURIE	95
--	----

MEDICAL MEMORANDA

Spontaneous Uterine Rupture Caused by Placenta Percreta ABU M. HASSIM, CYNTHIA LUCAS, AND S. A. M. ELKABBANI	97
Oral Contraceptive Drugs and Migraine B. M. PHILLIPS	99
Unusual Presentation of Hypernephroma G. G. M. WOODS.....	100

MIDDLE ARTICLES

Some Medical Institutions in Australia C. V. CROCKETT	108
Royal Commission on Medical Education Summary of Findings	109
Conferences and Meetings	
Motivation in the Physically Disabled.....	111
Tomorrow's Buildings	
Two for the Price of One—New Hospitals at Bury St. Edmunds and at Frimley	113
New Appliances New Turning-frame	114
Personal View IAN OSWALD.....	115

BOOK REVIEWS	105
---------------------------	-----

NEWS AND NOTES

Parliament	124
Medico-Legal	125
Epidemiology	125
Medical News	126

CURRENT PRACTICE

Mandrax Poisoning: Conservative Management of 116 Patients HENRY MATTHEW, A. T. PROUDFOOT, S. S. BROWN, AND A. C. A. SMITH.....	101
Today's Drugs. Tricyclic Antidepressants	102
Any Questions ?	104

CORRESPONDENCE	116
-----------------------------	-----

OBITUARY NOTICES	123
-------------------------------	-----

SUPPLEMENT

Joint Annual Meeting of the B.M.A. and the Australian Medical Association, Sydney, 12-16 August, 1968: Programme	35
Annual Report of Council: Appendices III, XII, and XIV	38
Election of Members of Council	47

Correspondence

Letters to the Editor should not exceed 500 words.

Overcrowding in Psychiatric Hospitals. C. Entwistle, D.P.M.116	Vitamin C and Gastrointestinal Disorders. R. Esposito, M.D., and R. Valentini, M.D.118	Asbestos Bodies. H. C. Lewinsohn, M.B.120
Anencephalus and Spina Bifida. P. Malpas, F.R.C.S.G.116	Cyclamates. A. C. Frazer, F.R.C.P.118	Decreased Tolerance to Heroin. J. Todd, D.P.M.120
Vaccination Against Measles. J. F. Warin, D.P.H.116	Royal Malady. C. E. Dent, F.R.C.P., F.R.S.118	Status of the Representative Body. J. G. M. Hamilton, F.R.C.P.Ed.121
Intramuscular Injections. W. H. Beesley, F.R.C.S.I.116	Steroids and Nephrotic Syndrome. S. R. Meadow, M.R.C.P., and R. H. R. White, M.R.C.P.119	Doctors' Wives. Mary J. Glanvill, S.R.N.121
IgD Myeloma. G. Bert, M.D., and F. Fontana, M.D.117	Detection of Bacteriuria. Ellen van der Hoeven, F.R.C.P.(C.)119	Pay-beds in N.H.S. J. G. Lewis, M.D.121
Long-term Administration of the Pill. G. I. M. Swyer, F.R.C.P.117	Acute Iron Poisoning in Children. T. H. Hughes-Davies, B.M.119	General Practice—A Worth-while Career. E. V. Kuenssberg, M.B.; W. R. Moore, D.C.H.121
Gastrectomy and Vagotomy. A. G. Cox, F.R.C.S.Ed.117	Q Fever. N. R. Grist, F.R.C.P.Ed., and Constance A. C. Ross, M.D.119	Name for the Job. I. M. Librach, D.C.H.122
Dealing with Attempted Suicide. D. H. Ropschitz, M.D.117	Pigmentation and Oral Contraceptives. E. Sotaniemi, M.D., and others.120	Name for the Grade. R. A. C. Lundie, M.B.; J. Shipman, F.R.C.S.; J. G. Tees, M.R.C.S.122
		Prescription Charges. G. Murray Jones, M.R.C.S.122

Overcrowding in Psychiatric Hospitals

SIR,—Recently there has been a focusing of public attention on the overcrowding present in psychiatric hospitals. It is my view that blame for these conditions must rest with the medical staff of the hospitals concerned. With energy and skill many patients in psychiatric hospitals can now be improved and the great majority discharged after only a few weeks' stay. A careful review of all patients in long-stay or medium-stay wards carried out at consultant level can result in many so-called "chronic" patients being treated and greatly improved, and even, in many cases, discharged from hospital. It is essential in psychiatric hospitals that every patient should be carefully reviewed by a consultant at frequent intervals, whether he or she be in a short-stay or a long-stay ward.

At Rubery Hill Hospital a "male division" of 375 beds was taken over in 1962. At this time all beds were full, and overcrowding was said to be present on the 12 wards which composed the division. A regimen of careful review and active treatment of every patient was instituted, and every long-stay or medium-stay patient was reviewed by the consultant at very frequent intervals. Within one year this unit was able to empty and convert a 25-bedded ward to a female admission ward. A year later a further 25-bedded ward was emptied and again made into another female admission ward. Unfortu-

nately, this process was slowed owing to the forced acceptance of 40 long-stay patients from neighbouring hospitals to enable these psychiatric hospitals to set up child psychiatric units. However, these 40 patients could be accepted from these hospitals and accommodated in the empty beds that had been created. At the present time many beds have been taken down and much greater spacing of beds and the policy of curtaining the beds has been carried out on a number of wards. The unit, with only one consultant in charge, now admits 650 patients a year, which is two-thirds of all the admissions to the hospital. Very few of these admissions ever leave the short-stay admission wards.

The unit long ago abolished all waiting lists, and all patients are admitted at once. At the present time the unit has 70 unoccupied beds. Hence it can be shown that over a period of about six years approximately 160 long-stay patients have been freed. I am fully convinced that this can be done in every psychiatric hospital in the country, with the full use of modern treatments by energetic doctors. It has been said that there are no chronic patients in mental hospitals, only neglected ones. The blame for this neglect must rest with the medical profession and can be shifted on to no one else.—I am, etc.,

Rubery Hill Hospital,
Birmingham.

C. ENTWISTLE.

both Ballantyne and Fothergill, and lends point to the view that in normal pregnancy the onset of labour is mediated by a normal foetal brain.—I am, etc.,

PERCY MALPAS.
Liverpool Maternity Hospital,
Liverpool.

Vaccination Against Measles

SIR,—Dr. R. M. Forrester (23 March, p. 764) asks the important question whether future mothers will acquire sufficient antibody from measles vaccination to protect their infants during the first 9 months of life. This was one of the cautionary points which I also raised when reviewing the whole question of routine measles vaccination as a community health measure.¹

If, in the event, babies do become more susceptible to measles in the first few months of life, this could be a serious matter. There are, however, two possible means of dealing with such a situation. A booster dose of measles vaccine might be given routinely during pregnancy. Alternatively, if it was found that babies lost their transmitted maternal antibody more quickly, it should be possible to give measles vaccine earlier than 10 months of age and still get a satisfactory immunity response.—I am, etc.,

Health Department,
City of Oxford.

JOHN F. WARIN.

REFERENCE

¹ Warin, J. F., *Roy. Soc. Hlth J.*, 1967, 87, 261.

Anencephalus and Spina Bifida

SIR,—Your leading article "Anencephalus and Spina Bifida" (16 March, p. 660) does service in drawing attention to the importance and complexity of the factors, genetic or otherwise, which determine the incidence of these common malformations. It will be a loss to embryological thought if the wider epidemiological aspects, which after all can be collected and analysed from hospital records alone, obscure the important morphological problems raised by anencephaly, problems which can only be solved, or at all events brought into focus, by detailed examination

of each anencephalic foetus. Among them are the causes of the erratic sex incidence, the reason for wide variations in the associated hydramnios, the dysgenesis of the adrenals, and often the perfect development of the foetal trunk despite the absence of any pituitary bodies.

Perhaps the main interest from an obstetrical standpoint is the marked tendency of anencephalic pregnancies to continue beyond term if there is no associated hydramnios present and the foetal trunk is well developed. This was pointed out over 50 years ago by

Intramuscular Injections

SIR,—I read with interest the article (23 March, p. 744), leading article (p. 721), and correspondence (30 March, p. 836) concerning intramuscular injections into the buttocks.

There are three accepted sites for intramuscular injections, the deltoids, the buttocks, and the lateral aspect of the thighs. The first two of these sites are not far removed from the circumflex and sciatic nerves respectively. Every year there are cases reported of mis-