

448.8
677

AUG 26 1968

BRITISH MEDICAL JOURNAL



SATURDAY 29 JUNE 1968

U. S. DEPT. OF AGRICULTURE
NATIONAL AGRICULTURAL LIBRARY

AUG 7 1968

LEADING ARTICLES

- Inheritance of Hypertension** page 775 **Surgical Treatment of Duodenal Ulceration** page 776
Controversy in Wilson's Disease page 777 **Helicopters and Medical Emergencies** page 778
L.S.D. and Chromosomes page 778 **Tumours of the Oesophagus** page 779 "The Practitioner" 100 page 780 "The New General Practice" page 780

CURRENT SERIAL RECORDS

PAPERS AND ORIGINALS

- Five- to Eight year Results of Leeds/York Controlled Trial of Elective Surgery for Duodenal Ulcer**
 J. C. GOLIGHER, C. N. PULVERTAFT, F. T. DE DOMBAL, J. H. CONYERS, H. L. DUTHIE, D. B. FEATHER, A. J. C. LATCHMORE, J. HARROP SHOESMITH, F. G. SMIDDY, AND J. WILLSON-PEPPER..... 781
- Clinical Comparison of Vagotomy and Pyloroplasty with Other Forms of Elective Surgery for Duodenal Ulcer**
 J. C. GOLIGHER, C. N. PULVERTAFT, F. T. DE DOMBAL, C. G. CLARK, J. H. CONYERS, H. L. DUTHIE, D. B. FEATHER, A. J. C. LATCHMORE, T. S. MATHESON, J. HARROP SHOESMITH, F. G. SMIDDY, AND J. WILLSON-PEPPER 787
- Value of Forced Diuresis in Acute Barbiturate Poisoning** G. E. MAWER AND H. A. LEE..... 790
- Horseshoe Kidney, Renal Arterial Anomalies, and Hypertension: a Study of One Family** P. W. ROBERTSON... 793
- Carbohydrate Metabolism during Treatment with Chlorthalidone and Ethacrynic Acid**
 G. ORTVED ANDERSEN AND I. PERSSON..... 798
- Lysergide and Chromosome Abnormalities** J. NIELSEN, U. FRIEDRICH, E. JACOBSEN, AND T. TSUBOI..... 801
- Adrenocortical Response to Ethanol in Man** J. S. JENKINS AND J. CONNOLLY..... 804

PRELIMINARY COMMUNICATIONS

- Blood Flow in Arteriovenous Shunts: Observations and Measurements** J. WALLS AND H. KOPP..... 806

MEDICAL MEMORANDA

- Annular Pancreas: Case Report of an African Patient** CHARLES J. WRIGHT AND PETER M. KARIUKI..... 808

MIDDLE ARTICLES

- Medical Services to the Aborigines in West Malaysia**
 J. M. BOLTON 818
- Medicine and the Computer**
 I—Managing a County Health Service..... 823
 Personal View LORD TAYLOR..... 825

- BOOK REVIEWS**..... 815

- OBITUARY NOTICES**..... 832

NEWS AND NOTES

- Epidemiology** 834
Parliament 835
Medical News 836

CURRENT PRACTICE

- Hepatic Failure in the Tropics** T. O. OGUNLESI... 809
Today's Drugs Urinary Antiseptics..... 812
Any Questions? 814

- CORRESPONDENCE**.....826

SUPPLEMENT

- Annual Representative Meeting, Eastbourne**..... 223
Special Representative Meeting..... 228
Special Conference of Representatives of Local Medical Committees..... 229
General Medical Services Committee..... 237

Correspondence

Letters to the Editor should not exceed 500 words.

A Puzzle. A. Lyell, F.R.C.P.ED.; H. M. Sinclair, F.R.C.P.826	Gall Bladder Displacement. J. I. Levy, M.B.828	Records System for General Practice. A. J. Laidlaw, L.R.C.P.ED.829
Publicizing of Adverse Drug Reactions. L. J. Witts, F.R.C.P.826	Pain Relief for Crushed Chests. J. N. Lunn, M.B., and B. R. Kennedy, M.B.828	Claims of Latin. Colonel P. L. G. Cole, D.P.H.829
Organs for Transplantation. G. R. Osborn, F.R.C.P.827	Accidental Vaccinia. D. C. Hutfield, M.D.; N. C. Hypher, M.R.C.S.828	Ministry-supported Research. G. E. Godber, F.R.C.P.829
Beyond the Bounds. W. L. Neustatter, F.R.C.P.; R. G. Richardson, B.M.827	Menisectomy and Degenerative Change. C. R. Berkin, F.R.C.S.829	Influenza Virus and Carcinogenesis.830
Urinary Enzymes and Transplantation. W. J. Dempster, F.R.C.S.827	Monoamine Oxidase Inhibitors. A. G. Shaw, F.P.S.829	Hospital Career Structure. E. R. Beck, M.R.C.P., and others830
Nasal Cancer in Woodworkers. H. Brunner, Ph.D.827	Aphthous Ulceration. E. Davies-Thomas, M.R.C.S.829	Medical Management Services. Patricia Price831
Idiopathic Facial Palsy. D. Taverner, F.R.C.P.828	Recurrent Tetanus. R. D. Montgomery, F.R.C.P.ED.829	B.M.A. and Hospital Junior Staff. J. Hurdley, M.R.C.S.831
		Economics and the Health Service. D. E. Wallis, M.B.831

A Puzzle

SIR,—The Clinicopathological Conference on a case of adult coeliac disease resistant to treatment (15 June, p. 678) interested me for a number of reasons. There was the puzzling nature of the disease and the vigour and erudition displayed by the experts, whose narrow views of the situation contrasted sharply with the broad common sense of the general practitioner. And yet it sounded to me as though the general practitioner had been dealt with cavalierly and told in effect that his observations did not contribute to the understanding of a purely organic problem.

I particularly noticed that, although skin lesions had been a part of the patient's illness, no evidence was presented of a dermatologist having been asked for his opinion, and no dermatologist spoke at the meeting. It did not appear as though any skin biopsy had been done with the object of demonstrating the histopathology of the skin changes, although a vasculitis was found incidentally in material taken for histochemical study. Had a dermatologist spoken he could have said that a vasculitis of skin and muscles had been recognized, and that many forms of vascular disease have cutaneous components that may aid their recognition,¹ and he could also have come to the aid of the general practitioner in affirming his familiarity with organic bodily changes that depend upon emotional causes.

Dermatologists may be ignorant in the sense that they share the lack of omniscience which characterizes humanity in general, but I do not believe that they know less than their colleagues in other disciplines, and it is worth while asking their opinion. Certainly the ignorance of dermatology generally displayed by Britain's physicians is profound. This might be of little consequence did it not lead them to believe that because they know little there is little to be known, and to act on this belief. The truth is quite otherwise. Although the subject is vast a great deal is known. But, as Professor P. J. Hare said,² dermatology lacks facilities, money, and workers skilled in specialized techniques. So please, if you have ill patients with skin lesions, ask for the help of a

dermatologist; and if you are in a position to dispense scientific help, remember Cinderella in the skin department.—I am, etc.,

Department of Dermatology,
Royal Infirmary,
Glasgow.

A. LYELL.

REFERENCES

- ¹ *Textbook of Dermatology*, ed. by A. Rook, D. S. Wilkinson, and F. J. G. Ebling, 1968. London and Edinburgh.
- ² Hare, P. J., *Lancet*, 1968, 1, 1306.

SIR,—The case reported at the Clinicopathological Conference (15 June, p. 678) puzzled the experts, including you (p. 640), so I venture to dash in where you feared to tread and to suggest that the man had deficiency of pyridoxine. This vitamin of the B complex is required mainly for the metabolism of amino-acids, and its dietary requirement is proportional to this (and therefore to metabolism of protein). The increased synthesis of protein in the intestinal mucosa, the loss into the intestine, and the "vast amount of parenteral protein" he was given must have increased his requirement, and there may have been decreased absorption of the vitamin from the intestine. We are not informed how, if at all, pyridoxine was given to him. The statement that he received "large doses of parenteral vitamins throughout his illness" (vitamins B₁₂ and E and folic acid being specified) is not sufficiently helpful.

Deficiency of pyridoxine could account for most of his lesions. He had a "curious rash," thought to be like that of deficiency of essential fatty acids, since topical application of these was unsuccessfully tried (and it would be discourteous not to acknowledge that Dr. Neale telephoned me on 15 February 1967 about the possibility of such deficiency). But the skin lesion of this deficiency is superficially so similar to that of pyridoxine deficiency that Sherman¹ claimed the two to be identical—erroneously, as we showed.² The mental changes of acute pyridoxine deficiency and the peripheral neuropathy of chronic deficiency are very similar to those of thiamine deficiency, and

I suggested a common biochemical basis of both.³ He had mental changes when he had "emotional crises" (and therefore possibly defective diet), and his peripheral neuropathy, "beriberi-like," was not explained. He had low plasma taurine, which is found in pyridoxine deficiency, since cysteinesulphinic-acid-decarboxylase is very sensitive to such deficiency. Levels in plasma of other amino-acids vary with dietary protein, but in rats there is a striking increase in glycine and cystathionine and decrease in serine and cystine⁴ (of these glycine and serine were measured in the patient; the former was almost the only amino-acid in the normal range and serine was low, thus supporting pyridoxine deficiency). Production of circulating antibodies is decreased in pyridoxine deficiency; the patient had septicaemia. Fatty liver and haemosiderosis, both of which he had, are very common in pyridoxine deficiency. Intolerance to ethanol, which he had, is alleged in the deficiency. Finally, since Paneth cells secrete protein, they might be expected to degenerate in deficiency of pyridoxine, since this vitamin is necessary for the synthesis of protein.

So I am puzzled by not being told the amount of pyridoxine he received, and why xanthurenic acid was not measured after a tryptophan load—I am, etc.,

Oxford.

HUGH SINCLAIR.

REFERENCES

- ¹ Sherman, H., *Vit. Horm.*, 1950, 8, 55.
- ² Ramalingaswami, V., and Sinclair, H. M., *Brit. J. Derm.*, 1953, 65, 1.
- ³ Sinclair, H. M., in *Chemical Pathology of the Nervous System*, Proceedings of the Third International Neurochemical Symposium, edited by J. Folch-Pi, 1961, p. 98. New York.
- ⁴ Swendsen, M. E., Villalobos, J., and Friedrich, B., *J. Nutr.*, 1964, 82, 206.

Publicizing of Adverse Drug Reactions

SIR,—It has been suggested that I was less than fair in stating in a recent address to the Pharmaceutical Group of the Royal Society of Health that "medical journals have some inhibitions in publicizing adverse reactions to drugs." I gladly agree that many of the first warnings of adverse effects of