

48.8
77

BRITISH MEDICAL JOURNAL



SATURDAY 11 APRIL 1970

LIBRARY OF AGRICULTURE
NATIONAL AGRICULTURAL LIBRARY

JUN 1 1970

LEADING ARTICLES

- Future of the Health Services page 63 The Overweight Child page 64 Crohn's Disease
and its Consequences page 65 Diets for Diabetics page 66 First Few Minutes of Space-
flight page 67 Teething Troubles page 67 Spiky Red Cells page 68

PAPERS AND ORIGINALS

- Agriculture and the Public Health W. R. THROWER..... 69
Follow-up Study of Physical Growth of Children Who Had Excessive Weight Gain in First Six Months of Life
E. E. EID..... 74
Pregnancy and Crohn's Disease J. F. FIELDING AND W. T. COOKE..... 76
Reliability and Cost of Diabetic Diets SIR RONALD TUNBRIDGE AND J. H. WETHERILL..... 78
Subclinical Neuropathy in Lead Workers
M. J. CATTON, M. J. G. HARRISON, PAMELA M. FULLERTON, AND G. KAZANTZIS..... 80
Effect of RA233 on Platelet Function In Vitro
A. A. HASSANEIN, A. G. G. TURPIE, G. P. MCNICOL, AND A. S. DOUGLAS..... 83
Clofibrate, Serum Enzymes, and Muscle Pain A. F. SMITH, W. G. MACFIE, AND M. F. OLIVER..... 86
In-vitro Comparison of Erythromycin, Lincomycin, and Clindamycin
IAN PHILLIPS, ROSARIO FERNANDES, AND CHRISTINE WARREN..... 89

PRELIMINARY COMMUNICATIONS

- Lymphocyte Transformation in Multiple Sclerosis H. BARTFELD AND T. ATOYNATAN..... 91

MEDICAL MEMORANDA

- Meningococcal Meningitis Complicated by Pericarditis, Panophthalmitis, and Arthritis
D. N. WILLIAMS AND A. M. GEDDES..... 93
Acute Hydrothorax Complicating Peritoneal Dialysis RONALD FINN AND E. W. JOWETT..... 94

MIDDLE ARTICLES

- One Year's Experience in a Ministry of Health
Dialysis Centre J. R. E. DATHAN, R. J. FRANKEL, F. J.
GOODWIN, F. P. MARSH, M. MURRAY, J. M. A. THOMPSON,
AND G. R. YOUNGS..... 102
My Father's B.M.J. FFRANGCON ROBERTS..... 106
New Appliances..... 108
Personal View ANDREW SMITH..... 110

BOOK REVIEWS..... 100

OBITUARY NOTICES..... 118

NEWS AND NOTES

- Motoring..... 120
Epidemiology..... 121
Parliament..... 122
Medical News..... 123

CURRENT PRACTICE

- Deafness and Chronic Otitis Media
J. G. FRASER..... 95
Today's Drugs
Haemoglobinopathies and General Anaesthesia for
Dental Surgery..... 98
Any Questions?..... 99

CORRESPONDENCE..... 111

SUPPLEMENT

- Proceedings of Council..... 17
Report of Council to the Special Representative
Meeting..... 23
G.M.C.: Composition and Annual Retention Fee.... 31
Scottish Committee for Hospital Medical Services. 32
Scottish General Medical Services Committee..... 33
Distribution of Distinction Awards..... 34
Green Paper for Wales..... 35
Association Notices..... 35

Correspondence

Correspondents are asked to be brief.

Colour in Rhodesia W. F. Ross, M.B., and others111	Appendicitis in Umbilical Hernial Sac Caroline M. Doig, F.R.C.S.ED.113	Education before Registration E. O. Evans, M.B.116
Organ Transplantation R. Y. Calne, F.R.C.S.111	Deafness after Topical Neomycin K. W. R. Murphy, D.L.O.114	New Consultant Contracts F. J. Herbert116
Chemotherapy of Bronchitis K. Jensen, M.D.112	Serratia Septicaemia R. A. C. Hughes, M.R.C.P., and P. K. Hopper, M.B.114	Second Green Paper P. F. Plumley, F.R.C.S.116
Haemolytic Anaemia in Pregnancy in Nigerians F. I. D. Konotey-Ahulu, D.T.M. & H.112	Post-vagotomy Diarrhoea? H. Chaun, F.R.C.P.(C.)114	Simplifying Hospital Records G. B. Stenhouse, M.B.116
Congenital Goitrous Cretinism due to Iodide K. P. Dawson, M.R.C.P.GLASG.112	Reorganization of the Health Service W. H. S. St. John-Brooks, F.R.C.P.115	G.P. Unit in East Birmingham Hospital A. C. Houghton, M.B.117
Steroids and Acute Pyogenic Meningitis N. Rosdahl, M.D., and others113	Profession—or Trade? D. A. Chamberlain, M.R.C.P., and others115	G.M.C. Annual Retention Fee A. V. Russell, M.B.117
Pharmacological Aid for Faecal Incontinence B. J. Kaplan, M.B.113		Consultant Work Load D. Trevor, F.R.C.S.117

Colour in Rhodesia

SIR,—In your journal (21 March, p. 705), you have a leading article entitled "Colour in Rhodesia." On behalf of our colleagues in the faculty of medicine at the University College of Rhodesia, we must correct some of the errors and erroneous impressions contained therein.

We would agree with you that the *unilateral* decision by Birmingham University to withdraw its sponsorship of our medical school is a sad end to the most profitable relationship which has been established over the years since 1963 (not 1962) when students were first admitted to our faculty of medicine. However, we must point out that Birmingham University followed London University and not vice versa in deciding to end its sponsorship. Furthermore, the University of London ended its special relationship by mutual consent of the two partners and not by the precipitate action of one partner as in the case of Birmingham.

Much play has been made of a statement made in the Rhodesian Parliament by the Prime Minister concerning the choice by a patient of his clinical clerk when admitted to the new teaching wing which is to be built to serve the needs of the faculty of medicine. It has always been the understanding of our faculty that any patient admitted to a teaching hospital had a choice as to whether or not his clinical condition would be displayed to a group of students.

If a patient does not wish to be seen by any particular individual then we believe it is a fundamental human right that he should be allowed to voice his objection as to persist in his examination would be tantamount to assault. We cannot believe that patients in the United Kingdom do not from time to time voice objection to being taught on either by a group of students or an individual in a group of students.

The issue of utmost importance is the fact that our faculty are agreed, and this was conveyed to the dean of medicine in Birmingham, that as the clinical teacher has the over-riding decision as to whether or

not a patient is used for teaching purposes, the policy to be adopted was not to use any patient for teaching who voiced any objection based on sex, race, or any other reason. It is our understanding that this is precisely the position in any teaching hospital in the United Kingdom.

The standard of the practice of medicine is high in Rhodesia and the medical services rendered by practitioners in this country are probably without parallel in most parts of Africa. It had been hoped that Birmingham would have continued to share in the development and improvement of these services by helping in the production of future doctors of all races. We are conscious of the pressures upon our colleagues in Birmingham, largely initiated we believe by the uninformed who would seek, for their own purposes and ideology, to attempt to wreck the work already commenced. However, those of us who are working in Africa are conscious of our responsibilities to those whom we have chosen to work among, and we will continue to make available our services to patients of all races. Despite this set-back we will continue to teach the science, practice, and ethics of medicine to future generations of students.

—We are, etc,

W. FRASER ROSS,
Dean of the Faculty
of Medicine.

J. G. CRUICKSHANK,
Deputy Dean of the
Faculty of Medicine.

W. M. BUCHANAN,
Department of
Pathology.

J. J. JONES,
Department of
Physiology.

M. GELFAND,
Department of
Medicine.

A. C. KENDALL,
Department of
Paediatrics.

R. H. PHILPOTT,
Department of
Obstetrics and
Gynaecology.

M. J. RILEY,
Lecturers' Repre-
sentative.

D. A. RITTEY,
Chairman, Post-
graduate Medical
Education
Committee.

R. B. SYMINGTON,
Department of
Anatomy.

D. T. THOMPSON,
Department of
Surgery.

University College of Rhodesia,
Salisbury, Rhodesia.

Organ Transplantation

SIR,—The report of the Special Committee on Organ Transplantation (21 March, p. 750) is an exceedingly sad document. Perhaps since only one of the committee of distinguished members has any direct experience of organ transplantation this is not surprising. For these conclusions to be publicized by the national press and broadcasting media is, however, regrettable.

Not one word is mentioned of the excellent valuable therapeutic results now being obtained in clinical organ transplantation. The two-year cadaver renal transplant survival rate for three centres in the United Kingdom is 56% (in press). Instead it is stated "organ transplantation is by no means universally accepted by the public." It is doubtful whether the public would universally accept any proposal put forward on any subject, but I can assure the committee that organ transplantation has become a highly acceptable proposition to a young patient dying of renal disease and to his family, and the charitable donation of organs after death, if not universally accepted, is, according to a variety of public opinion polls, certainly favoured by a majority of the community.

Most of the rest of the document is a rather lame rubber stamping of the MacLennan committee report, but in the section concerned with "contracting in," the suggestions demonstrate naivety and ignorance that are lamentable. No matter how extensive a campaign is mounted, to expect "contracting in" to increase significantly the number of donor organs is highly unlikely. Human nature does not work that way, and even if one million people were to volunteer, this would probably make little difference to the present supply of organs for transplantation. The suggestion that people should be invited to collaborate by being tissue-typed when they attend accident or emergency departments is not a practical proposition. Tissue-typing techniques are continually changing, time-consuming, and expensive. In the foreseeable future it would not be possible to tissue-type healthy vol-