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LEADING ARTICLES

- Dysuria in Women** page 741 **Treatment of Rabies** page 742 **The Specialty of Haematology** page 743 **Immunity and Human Malignant Melanoma** page 743 **Recurrent Infection and Deficiency of Complement** page 744 **Folate and Vitamin B₁₂ in Epilepsy** page 744 **Muscular Dystrophy in Young Girls** page 745 **Patients, Doctors, and Wills** page 746 **New Situation** page 746

PAPERS AND ORIGINALS

- Rheumatoid Arthritis: Extra-articular Manifestations. Part II** F. DUDLEY HART 747
Autoimmunization with Irradiated Tumour Cells in Human Malignant Melanoma
R. L. IKONOPISOV, M. G. LEWIS, I. D. HUNTER-CRAIG, D. C. BODENHAM, T. M. PHILLIPS, C. I. COOLING, J. PROCTOR, G. HAMILTON
FAIRLEY, AND P. ALEXANDER 752
Clinical Significance of Dysuria in Women
W. E. WATERS, P. C. ELWOOD, A. W. ASSCHER, AND MARGARET ABERNETHY 754
Comparison of Pentazocine and Pethidine in Labour J. MOWAT AND M. M. GARREY 757
Mental Deterioration in Epilepsy due to Folate Deficiency C. NEUBAUER 759
Persistent Behaviour and Electroencephalographic Changes after Single Doses of Nitrazepam and Amylobarbitone
Sodium ANN MALPAS, A. J. ROWAN, C. R. B. JOYCE, AND D. F. SCOTT 762
Long-term and Short-term Effects of Oral Prethcamide in Chronic Ventilatory Failure
R. A. L. BREWIS AND N. G. HODGES 764
Deceleration Trauma to the Heart and Great Vessels after Road-traffic Accidents
M. J. GOGGIN, F. D. THOMPSON, AND J. W. JACKSON 767
Effect of Pregnancy on Sebum Excretion
J. L. BURTON, W. J. CUNLIFFE, D. G. MILLAR, AND SAM SHUSTER 769

MEDICAL MEMORANDA

- Encapsulated Malrotated Midgut** K. P. HARDAS 771
Nephrotic Syndrome Induced by Gold Therapy R. WILKINSON AND D. W. ECCLESTON 772

MIDDLE ARTICLES

- The Use of Day Beds in Gynaecology**
G. A. CRAIG 786
British Society for Haematology—Report on the Specialty of Haematology 788
Personal View S. BRANDON 789

BOOK REVIEWS 784

CORRESPONDENCE 790

OBITUARY NOTICES 799

NEWS AND NOTES

- Medico-Legal—Statutory Wills** 801
Medical Members of Parliament 802
Epidemiology—Dysentery 802
Medical News 803

CURRENT PRACTICE

- Diagnosis of Pulmonary Embolism**
C. M. OAKLEY 773
Massive Pulmonary Embolism—Medical Management G. A. H. MILLER 777
Surgical Management of Massive Pulmonary Embolism M. PANETH 778
Prophylaxis of Pulmonary Embolism
N. L. BROWSE 780
Any Questions? 783

SUPPLEMENT

- Scottish Committee for Hospital Medical Services**... 213
Hospital Junior Staffs Group Council (Scotland).... 214
Proceedings of the Welsh Council 214
Central Committee for Hospital Medical Services.. 215
G.M.C. Disciplinary Committee 215

Correspondence

Correspondents are asked to be brief.

Responsibilities of Doctors and Midwives H. G. E. Arthure, F.R.C.O.G.	790
Serum Creatine Kinase Levels A. E. H. Emery, M.D., and A. M. Spikesman	790
Nasal Cancer in the Shoe Industry E. D. Acheson, F.R.C.P., and others	791
Breathlessness and Anxiety H. B. McNamee, M.R.C.P.E.D., D.P.M.	791
Neurological Complications of Infective Endocarditis J. S. Garfield, F.R.C.S.	791
Soya Milk T. P. Eddy, D.P.H.	791
Child-resistant Containers D. H. S. Reid, M.D.	791
War Surgery in Nigeria B. S. Crawford, F.R.C.S.	792

Ergotamine Tartrate in Migraine R. T. D. Fitzgerald, M.B.	792
Treating Trichomonal Vaginitis M. Arnold, M.D.; I. Sagone, M.D.	792
Pre-ulcerative Buruli Lesions I. Phillips, M.R.C.PATH.	792
Sleep and Drug Overdose J. M. Macgregor, F.R.C.P., D.P.M.	792
Susceptibility to Aspirin Bleeding G. F. Blane, PH.D., and G. R. Fryers, M.D.	793
Pseudo-obstruction of the Large Bowel Julian A. C. Neely, F.R.C.S.	793
Evaluation of Simpson R. I. W. Ballantine, F.F.A.R.C.S.; S. Selwyn, M.D.	794
Disposing of "Disposables" E. H. Compton, M.R.C.S.	794

Cost of Treatment A. J. Jouhar, M.B.	794
Primary Medical Care P. I. Banky, M.B.	794
The Government and the Review Body A. J. Moon, M.R.C.P.; R. P. Hendry, M.R.C.S.; A. C. D. Brown, M.B.; D. A. Prater; M. S. King, F.R.C.S.; M. J. Illingworth, M.B.; S. K. Hardy, M.B.; W. R. Moore, M.B.; R. R. Watkin, F.F.A.R.C.S.; G. K. M. Drown, M.B.; I. G. Schraibman, F.R.C.S.	795-797
Unexpected Bonus H. M. Rose, M.R.C.S.; P. Graham, M.B., and others	798
Private Practice Betty D. Scott, M.B.	798
Earnings-related Pension Scheme A. B. Davies, M.B.	798
Trainees for General Practice D. F. Grant, M.B.	798

Responsibilities of Doctors and Midwives

SIR,—In June 1967 the Central Midwives Board issued a statement concerning the performance of episiotomies by midwives, in which it was stated that suture of the perineum should normally be referred to a registered medical practitioner.

The Central Midwives Board is required by Statute to make rules regulating and restricting within due limits the practice of midwives, but it does not wish to stop them performing those minor obstetric procedures which the medical profession feel they are competent to do. The welfare of the patient is the first consideration. Although suturing is still regarded as the responsibility of a

doctor, circumstances may be such that a doctor is not readily available to carry out this procedure, whether in hospital or in domiciliary practice.

It is the view of the Board that midwives who have been taught the technique of repairing the perineum, and are judged to be competent, may be authorized by the doctor concerned to carry out this procedure; the final responsibility will rest with the doctor.—I am, etc.,

HUMPHREY G. E. ARTHURE,
Chairman,
Central Midwives Board.

London S.W.7.

Serum Creatine Kinase Levels

SIR,—We read with interest the article by Drs. A. F. Smith and others (11 April, p. 86) on clofibrate, serum enzymes, and muscle pain. While studying the effects of the drug clofibrate on serum enzymes they noted that two healthy males among their control group had levels of serum creatine kinase which could be considered pathological. The authors pointed out that if these two men had been in the treated group, these findings might have been attributed to the effects of clofibrate.

Other investigators have also noted that in the general population certain normal healthy males may have elevated serum creatine kinase levels during everyday activity.¹ The results of our own studies suggest that these findings cannot be explained purely on the basis of physical activity and that some healthy males have high serum creatine kinase levels even at rest.² It has been suggested by Griffiths¹ that children and young adults are particularly likely to be "enzyme-labile"; however,

out of 18 healthy subjects whom we found to have elevated serum creatine kinase levels on at least one occasion, six were over 45 years of age.²

It has been suggested that healthy individuals with raised serum creatine kinase levels may represent a subclinical form³ or heterozygous manifestation⁴ of certain types of muscular dystrophy. The results of our own studies make this seem unlikely.² Another possible explanation is that healthy individuals with raised serum creatine kinase levels may be predisposed to the condition of malignant hyperpyrexia following general anaesthesia.^{5,6} This may be so in certain individuals, but so far we have found no instances of deaths due to malignant hyperpyrexia in several healthy males with consistently raised serum creatine kinase levels nor among their relatives.

It has been suggested that all individuals who are to have general anaesthesia might be screened by a serum creatine kinase determination.⁶ However, our own findings

indicate that at least some healthy males with raised serum creatine kinase levels apparently are not predisposed to malignant hyperpyrexia.

Individual variation in serum creatine kinase levels might be due to varying concentrations of a serum creatine kinase inhibitor,⁷ but recent evidence makes this

TABLE.—Survival after General Anaesthesia in Healthy Males with Raised Serum Creatine Kinase Levels and their Relatives

Index Cases	Relatives					
	1st degree		2nd degree		3rd degree	
T 10 Op 5	T 54	Op 19	T 91	Op 6	T 78	Op 4

(T = total; Op = individuals who have had general anaesthesia).

seem unlikely. Elevated serum creatine kinase levels during everyday activity may be a reflection of normal variation in the permeability of the muscle membrane or of individual variations in the enzyme itself. These possibilities are being further investigated.—We are, etc.,

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