

440.0
B77

BRITISH MEDICAL JOURNAL

U. S. DEPT. OF AGRICULTURE
NATIONAL AGRICULTURAL LIBRARY

MAY 1971

CURRENT CONTENTS

SATURDAY 1 MAY 1971

LEADING ARTICLES

- Treatment of Cushing's Syndrome** page 233 **Hiccup** page 234 **Pneumonia in Atypical**
Measles page 235 **Hepatic Porphyrias** page 235 **Human Growth Hormone** page 236
Depressive Illness in Children page 237 **Encephalomyelopathy of Leigh** page 238

PAPERS AND ORIGINALS

- Controlled Trial of Azathioprine and Prednisone in Chronic Renal Disease**
REPORT BY MEDICAL RESEARCH COUNCIL WORKING PARTY 239
Acid-base Balance in Acute Gastrointestinal Bleeding T. C. NORTHFIELD, B. J. KIRBY, ANNE E. TATTERSFIELD 242
Gas Exchange in Renal Failure
I—Dangers of Hyperkalaemia during Anaesthesia 244
II—Pulmonary Gas Exchange during Peritoneal Dialysis 247
M. J. GOGGIN, A. M. JOEKES
Study of the Secular Trend in Asbestos Bodies in Lungs in London 1936-66 CHANG-HYUN UM 248
Radioselenium in Duodenal Aspirate as an Assessment of Pancreatic Exocrine Function
G. R. YOUNGS, J. E. AGNEW, G. E. LEVIN, I. A. D. BOUCHIER 252
Abdominal Wound Dehiscence after Caesarean Section JAMES MOWAT, JOHN BONNAR 256
Recovery of Prostaglandins in Human Cutaneous Inflammation
MALCOLM W. GREAVES, JØRGEN SØNDERGAARD, WENDY MCDONALD-GIBSON 258
Clinical Significance of 7s IgM in Monoclonal IgM Diseases PAUL M. CARTER, JOHN R. HOBBS 260
Sensitivity to Cyanocobalamin and Hydroxocobalamin JEAN JAMES, ROBERT P. WARIN 262
Management of Severe Ovarian Hyperstimulation A. J. TYAKS, J. D. ELLIS 263

MEDICAL PRACTICE

- Hirsutes** G. M. BESSER, MARGARET WITT 264
Pituitary Apoplexy in Five Patients with Pituitary Tumours
S. EPSTEIN, B. L. PIMSTONE, J. C. DE VILLIERS, W. P. U. JACKSON 267
Today's Drugs
Chelating Agents in Medicine 270
The Forgotten: VIII—An Occupational Centre 272
Any Questions? 273
Personal View W. PATRICK SOUTTER 274

CORRESPONDENCE 275

OBITUARY NOTICES 282

BOOK REVIEWS 285

SUPPLEMENT

NEWS AND NOTES

- Epidemiology—*Clostridium welchii* Food-poisoning** 287
Medicolegal—Withholding Consent to Adoption 287
Parliament—Tobacco (Health Hazards) Bill 288
Medical News 288

- B.M.A.: Proceedings of Council** 27
G.M.C. Retention Fee 31
Annual Report of Council: Appendices 31
B.M.A. Film Competition Awards 39
Association Notices 40

CORRESPONDENCE

Correspondents are asked to be brief

Suicide and Euthanasia Reverend H. C. Trowell, F.R.C.P. 275	Beriberi in Bethnal Green A. K. Clarke, M.B. 278	Backache and Gynaecology J. S. Cobb, M.R.C.P. 280
Pathogenesis of Myasthenia Gravis G. A. MacGregor, M.D.; J. A. Simpson, F.R.C.P. 275	Shut Away D. A. Spencer, D.P.M. 278	Mechanisms of Transient Cerebral Ischaemia I. Isherwood, F.F.R., and J. E. M. Dutton, F.R.C.S. 2
Carcinoma in Pleomorphic Adenomas D. H. Patey, F.R.C.S. 276	Bacteriuria Again N. O. Eve, M.B.; J. C. Gingell, F.R.C.S. 278	A Case of Confidentiality M. Goldman, M.B.; D. C. Sturdy, M.B. 280
Air Filtration for Asthma M. A. Denborough, F.R.A.C.P. 276	Unnecessary X-rays P. H. Addison, M.R.C.S.; W. A. Bliss, M.B.; J. Charnley, F.R.C.S.; J. H. Swan, M.R.C.S. 278	Treatment of Pediculosis R. J. Donaldson, D.P.H. 280
Serum Enzymes and Propranolol R. Wilkinson, M.R.C.P., and others. 276	Mind and Childbirth Jean C. M. Mason, D.P.M. 279	Genetic Cripples M. S. Rose, Ph.D., M.B. 280
Overdosage of Tetracosactrin in Rheumatoid Arthritis A. F. Taylor, M.B. 277	Torsion of the Testicle W. D. Park, F.R.C.S. 279	G.M.C. Election D. R. Cargill, B.M.; H. M. MacGill, M.B. 281
Gold for Rheumatoid Arthritis F. E. Graham-Bonnallie, M.B. 277	Psychiatric Intervention and Suicide V. S. Nehama, D.P.M. 279	Encouraging Recruits to Medicine D. J. MacMyn, M.B.; A. R. W. Forrest, B.Sc. 281
Dyspareunia M. A. Waugh, M.B.; M. Elstein, M.R.C.O.G. 277	Suicide Prevention G. H. Day, M.D. 279	School Health Service R. W. Elliott, M.D., D.P.H. 281
Gastrointestinal Bleeding R. D. Stark, Ph.D., M.B. 277	Safety-pin Swallower B. T. Jackson, F.R.C.S. 280	

Suicide and Euthanasia

SIR,—Dr. S. L. Henderson Smith in his letter (10 April, p. 111) commented on the B.M.A. report¹ and made the suggestion that the question of voluntary euthanasia would be considerably eased if the Suicide Act (1961) were amended to allow a doctor to help a patient, if he so desired, to take his own life. I am sorry that Dr. Henderson Smith did not amplify this suggestion when he and other doctors who support voluntary euthanasia gave evidence before the panel who were drawing up the B.M.A. report. As chairman I think I did not give as much attention to this suggestion as the matter deserves.

While it is true that in England and Wales there are penalties up to 14 years imprisonment for anyone who abets or counsels suicide, nevertheless while suicide and attempted suicide were once a crime in Scotland neither is recognized as such today. Since there is no principal crime of suicide in Scotland, presumably there is no art and part guilt for the individual facilitating the other's suicide.² In Scotland there appears to exist a liberty to facilitate suicide which is broader in scope, since it includes the laity as well as the medical profession, than that proposed by Dr. Henderson Smith for England and Wales.

What evidence is there that doctors, friends, and relatives avail themselves in Scotland of their liberty to assist suicide? There have been several communications concerning suicide in Scotland in recent years, but I have traced no reference to assisted suicides, by either doctors or friends. Has anyone information on this point? I am endeavouring to write a book about vol-

untary euthanasia and information on this point would be received gratefully.

There is one practical point if doctors or friends assisted suicide. Someone would have to watch by the comatose body until death lest another caller rushed the person off to hospital where modern methods of resuscitation save almost everyone who arrives in time. I have always felt that anyone desiring euthanasia should discuss matters with the nearest of kin, possibly a few friends, and obtain if possible their agreement. If this does not occur they will be deeply hurt by the unexpected death. This practical point might ensure this agreement.

Dr. Henderson Smith advocated that a doctor should be allowed to help his patient yield up his life if he so desires. Does this mean that a doctor could assist suicide only if there was a painful incurable physical disease or would it also allow him to assist a person considered to be sane who had a determined wish to take his own life because of mental distress, say from domestic unhappiness? The latter proposal was apparently actually made recently by the head of the Social Welfare Board of Denmark.³ I find this suggestion alarming to say the least of it, but I do not know if it would be supported by any doctors who are members of the Voluntary Euthanasia Society.—I am, etc.,

HUGH TROWELL

Fordingbridge, Hants.

¹ Special Panel of the Board of Science and Education of the British Medical Association, *The Problem of Euthanasia*. London, British Medical Association, 1971, and leading article, *B.M.J.*, 23 January, p. 187.

² D. W. Meyers, *The Human Body and the Law*. Edinburgh, University Press, 1970.

³ *Daily Telegraph*, 20 January 1971.

Pathogenesis of Myasthenia Gravis

SIR,—The wider concept of myasthenia gravis (leading article, 3 April, p. 1) may be usefully extended. Goldstein and his associates¹ produced experimental thymitis by using Freund's complete adjuvant, and spontaneous myasthenia in man may well arise in a similar way. The associated disorders (immune thyroiditis, Addison's disease, and other endocrinopathies) are occasionally complications of sarcoidosis.²

Both Freund's adjuvant (killed mycobacteria) and the sarcoid agent³ can induce local defensive antibodies. The latter eventually may also be shown to contain mycobacterial debris. It is therefore likely that myasthenia with, for instance, Hashimoto's thyroiditis sometimes results from sarcoid inflammation. Usually sarcoidosis heals in a year or two, leaving at most some lymphocytes and perhaps a few giant cells in fibrotic scars.

Rarely, these secondary changes progress, and immune disease will then become evident. The syndrome of giant-cell myocarditis with myasthenia (of which less than 30 cases are reported) may be an example. Not only does the histology of this condition include Langhans giant cells, asteroid bodies and lymphorrhages in the heart,⁴ but also chronic lymphadenitis and giant-cell granulomas in the lungs and liver.⁵ Mononuclear and giant cells are also found in the two organs in Addison's disease with hypoparathyroidism.⁶

A case showing chronic inflammation and giant-cells in the heart, with interstitial fibrosis of the lungs, had in life evidence of renal tubular acidosis and thrombocytopenia.⁷ The illness resembled "hyperglobulinaemic