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CURRENT SERIAL RECORDS

SATURDAY 15 APRIL 1972

LEADING ARTICLES

- New Thoughts on Essential Hypertension page 121 Episodic Blindness page 122 Pollution
in the Operating Theatre page 123 Chondromalacia Patellae page 123 Preclinical
Detection of Dystrophia Myotonica page 124 Intelligence and Fertility page 125
Inverness Meeting page 126

PAPERS AND ORIGINALS

- Cigarette Smoking in Pregnancy: Its Influence on Birth Weight and Perinatal Mortality
N. R. BUTLER, H. GOLDSTEIN, E. M. ROSS 127
- Possible Role of Malaria in the Aetiology of the Nephrotic Syndrome in Nairobi
P. H. REES, R. D. BARR, P. E. CORDY, A. VOLLER 130
- Nephrotic Syndrome in Adult Africans in Nairobi
R. D. BARR, P. H. REES, P. E. CORDY, A. KUNGU, B. A. WOODGER, H. M. CAMERON 131
- Veno-arterial Difference in α_1 -Antitrypsin Levels ANN J. WOOLCOCK, W. GREEN, A. CROCKETT 134
- Unprocessed Bran in Treatment of Diverticular Disease of the Colon
NEIL S. PAINTER, ANTHONY Z. ALMEIDA, KENNETH W. COLEBOURNE 137
- Unbalanced Deoxyribonucleotide Synthesis Caused by Methotrexate A. V. HOFFBRAND, EDITH TRIPP 140
- Protection of Rat Bronchial Epithelium against Tobacco Smoke ROSEMARY JONES, P. BOLDUC, LYNNE REID 142
- Further Studies of Porcine Malignant Hyperthermia L. W. HALL, CYNTHIA M. TRIM, N. WOOLF 145
- Hypertension and Oedema Complicating Pregnancy in Addison's Disease E. A. M. NORMINGTON, D. DAVIES 148

MEDICAL PRACTICE

- Clinical Endocrinology: Diagnosis and Treatment of Hypercalcaemia LYAL WATSON 150
- Scientific Basis of Clinical Practice: Disordered Leucocyte Proliferation in Leukaemia JOHN STUART 152
- Non-Catheter Technique Prostatectomies B. A. SHOREY 156
- New Electronic Metal Locator 157
- Today's Drugs: Disodium Cromoglycate in Allergic Respiratory Disease 159
- Any Questions? 161
- Personal View IAN R. MCWHINNEY 162

CORRESPONDENCE—List of Contents 163

OBITUARY NOTICES 171

BOOK REVIEWS 173

NEWS AND NOTES

- Epidemiology—Measles 175
- Parliament—Progress of Legislation 175
- Medical News 175

SUPPLEMENT

- N.H.S. Reorganization—Scottish View: Part 1 15
- B.M.A. Annual Postgraduate Meeting—Inverness 17
- Conference of Public Health Medical Officers 19
- Financial Topics—Loans 25
- Annual Report of Council: Appendices III, V, VI 26
- From the Committees—Scottish G.M.S. 27
- Health Professions and the E.E.C. 27
- Distribution of Distinction Awards 28

CORRESPONDENCE

Correspondents are asked to be brief

Seat Belts and Head Rests

I. W. Caldwell, F.R.C.P. 163

Children's Testes

R. Greene, F.R.C.P. 163

Azathioprine in Ulcerative Colitis

Sir Francis Avery Jones, F.R.C.P., and others 163

Costs of Antibiotics

D. F. E. Nash, F.R.C.S. 163

G.M.C. Disciplinary Committee

I. M. Quest, M.B. 164

Bone Disease after Gastrectomy

A. B. S. Mitchell, M.R.C.P., and others 164

Tumbu Fly

W. Radcliffe, M.B. 164

Malnutrition and Body Temperature

O. G. Brooke, M.R.C.P. 164

Interstitial Cystitis

J. P. Blandy, F.R.C.S. 164

New Salicylates

L. S. Bain, M.B.; J. Leslie, M.R.C.PATH, and others 165

"Cot Deaths"

I. A. W. Peck, M.B. 165

Papillary Necrosis in a Transplanted Kidney

C. C. Funder, M.B., and others 166

Pulmonary Oedema Related to Coronary

Angiography

N. Habib, M.D., F.R.C.P.(C) 166

Prostaglandins and Resistance to

 β -Adrenoceptor Stimulants

A. P. Smith, M.R.C.P., and M. F. Cuthbert, PH.D., M.B. 166

Reversible Airways Obstruction

L. H. Harris, M.R.C.P.ED. 166

Serum Transaminases and Salicylate

Therapy

T. Iancu, M.D. 167

Folate Deficiency and Anticonvulsant Drugs

G. H. Spray, D.SC., F.R.C.PATH., and D. G. Burns, D.PHIL. 167

Hepatotoxicity of Sulphamethoxypyridazine

A. Kontinen, M.D. 168

Australia Antigen in Chronic Liver Disease

M. Carrella, M.D., and others 168

Aluminium Containers

S. Shaw, M.D., F.R.C.PATH. 169

Subviral Particles in Paget's Breast

Carcinoma

C. Sirtori, M.D., and E. Morano, M.D. 169

Asystole after Verapamil

M. E. Benaim, M.R.C.P. 169

Diabetic Amyotrophy

A. Singer, F.R.C.S. 170

Head Injuries in Children

K. W. R. Murphy, M.B., D.L.O. 170

Transmission of Serum Hepatitis Virus

G. C. Ferguson, M.R.C.P. 170

Preregistration Chaos

J. M. Naish, F.R.C.P. 170

Handicapped Children and Family Stress

Lynda Williams. 170

A Practical Electrocardiograph

J. G. Lewis, M.D. 170

The Case of Ilya Glezer

H. Merskey, D.M., and others 170

Seat Belts and Head Rests

SIR,—Publications on the probable early legal enforcement of the wearing of seat belts, and your Legal Correspondent's suggestion (25 March, p. 810) that awards of damages for personal injuries sustained in motor accidents might be reduced in future on account of the plaintiff's negligent failure to use a belt, fail to take account of the many situations when the wearing of seat belts is positively dangerous unless supported by the presence of firmly-fitting or inbuilt head rests—already present in many cars from enlightened foreign firms.

I refer, from bitter personal experience, to the "whiplash" effect which occurs when a car parked by the roadside, stopped at traffic lights, or involved in one of our recurrent "motor-way fog madnesses," may be run into from behind by another vehicle

travelling at speed. In such circumstances, the praiseworthy wearing of a seat belt, will, by preventing any significant forward thrust of the passenger, fail to absorb much of the energy engendered and, by that amount, the "whiplash" effect will be doubled or trebled with more disastrous effects on the cervical spine up to a total dislocation and quadriplegia, if not death—unless a head rest is there to prevent this.

The occasional fatal situations, raised by opponents of seat belts, of the outbreak of fire or of plunging into deep water, should not be allowed to prevent legal enforcement of their being worn, but the "set" should, by law, include stable head rests.—I am, etc.,

IAN W. CALDWELL

Southampton

Children's Testes

SIR,—In many ways I find myself in agreement with Professor J. P. Blandy's review of Scorer and Farrington's book *Congenital Deformities of the Testis and Epididymis* (11 March, p. 699). I cannot, however, agree that treatment with chorionic gonadotrophin is time-wasting and silly.

I do not intend to resuscitate the old controversy as to whether chorionic gonadotrophin is useful in the case of the truly ectopic testicle. I rather incline to the view that it is useful only when the testicle is on its proper line of descent. Nevertheless, in the latter type of patient there is no doubt whatever that chorionic gonadotrophin is very useful. In the first place retractile testicles do not invariably descend of their own accord before the danger point of seven years is reached. I have had successes with

boys twice this age. It may be presumed that if the testicles remain high after the age of seven, absolute or relative infertility will be caused. In the second place a great deal of psychological trouble accrues in boys with undescended testicles. They are subjected to constant ragging by their companions.

Surely the sensible, not the silly, thing to do is to treat boys early with chorionic gonadotrophin. If the testicles come down much good is done and much worry by the patient and his parents is obviated. If the testicles do not come down after a six-months' course the boys should be referred for surgery before their seventh birthday.—I am, etc.,

RAYMOND GREENE

London W.1

Azathioprine in Ulcerative Colitis

SIR,—We were very interested to read the preliminary results of the first double-blind trial of azathioprine in ulcerative colitis (18 March, p. 709). In our view, the authors are right to recommend that at present the use of azathioprine should be reserved for those patients for whom conventional medical treatment is not proving successful. It may well be that the main use of azathioprine in colitis will be as a maintenance treatment to prevent relapse in certain patients or, as in connective tissue disorders (11 March, p. 645), to permit the use of smaller doses of corticosteroids than are necessary to control the disease when used alone.

Sulphasalazine, which has been shown significantly to reduce the relapse rate in ulcerative colitis in a double-blind trial lasting for one year,¹ should be regarded as the first line of treatment for a patient with colitis whose disease is in remission. This drug is relatively free of side effects when used in a dose of 2g daily, and no patient of ours who has taken the drug for several years has developed side effects at a late stage.—We are, etc.,

F. AVERY JONES
J. E. LENNARD-JONES
J. J. MISIEWICZ

St. Mark's Hospital,
London E.C.1

¹ Misiewicz, J. J., *et al.*, *Lancet*, 1965, 1, 185.

Costs of Antibiotics

SIR,—For some years the Department of Health and Social Security has been circulating leaflets with drug costs, and no one would belittle the necessity for keeping these costs as low as possible. However, the latest E.C.L. (106/69 serial 5/72) on the cost of