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SATURDAY 10 JUNE 1972

LEADING ARTICLES

- Saphenous Vein Bypass for Coronary Artery Disease** page 603 **Exotic Holidays and Malaria** page 604
Mercury in the Environment page 605 **Glucose Tolerance in Bed** page 606
Hunter Reports page 606 **Peripheral Neuropathy and Chronic Liver Diseases** page 607
Febrile Convulsions in Early Childhood page 608

PAPERS AND ORIGINALS

- Observations on Abnormal Cells in the Peripheral Blood and Spleen in Hodgkin's Disease**
M. R. HALIE, R. EIBERGEN, H. O. NIEWEG 609
- Curative Radiotherapy in Hodgkin's Disease: Significance of Haematogenous Dissemination Established by Examination of Peripheral Blood and Spleen** M. R. HALIE, J. J. SELDENRATH, H. C. STAM, H. O. NIEWEG 611
- Skin Trauma in Patients Receiving Systemic Corticosteroid Therapy** DAVID JOHN DAVID 614
- Gastroenteritis with Necrotizing Enterocolitis in Premature Babies**
HARRY STEIN, JOHN BECK, ALBERT SOLOMON, ARTHUR SCHMAMAN 616
- Comparison of Subjective Estimates by Surgeons and Anaesthetists of Operative Blood Loss** A. E. DELILKAN 619
- Complicated Migraine and Haemoglobin AS in Nigerians** BENJAMIN O. OSUNTOKUN, OLABOPO OSUNTOKUN 621
- New In-vitro Test for IgE-mediated Hypersensitivity in Man**
MALCOLM W. GREAVES, SHOSO YAMAMOTO, VALERIE M. FAIRLEY 623
- Relations between Blood Glucose and Hepatic Glucose Production in Newborn Dogs**
G. HETENYI, JUN., S. VARMA, J. S. COWAN 625
- Activity Pattern of Iron-Deficient Rats** J. GLOVER, A. JACOBS 627
- Breast Abscess: A Rare Presentation of Typhoid** GRAHAM S. BARRETT, JOHN MACDERMOT 628
- Anorexia Nervosa Associated with Hypothalamic Tumour** K. LEWIN, D. MATTINGLY, R. R. MILLIS 629

MEDICAL PRACTICE

- Place of Surgery for Temporal Lobe Epilepsy during Childhood** MURRAY A. FALCONER 631
- Baby Stealing** P. T. D'ORBÁN 635
- Going Abroad** H. A. K. ROWLAND 639
- Today's Drugs: Lipid Lowering Agents** 642
- Venous Graft Surgery in Treatment of Coronary Heart Disease**
DONALD ROSS, RICHARD SUTTON, JOHN DOW, LORENZO GONZALEZ-LAVIN, GRADY HENDRIX, KEITH JEFFERSON, LAWSON MCDONALD, MICHAEL
PETCH, CHARLES SMITHEN, EDGAR SOWTON 644
- Any Questions?** 648
- Personal View** JOHN STEPHEN 650

CORRESPONDENCE—List of Contents 651

OBITUARY NOTICES 659

NEWS AND NOTES

- Epidemiology—Influenza and Sickness Absence** 663
- Birthday Honours** 664
- Parliament—Emergency Services in Scotland** 664
- Medical News** 665

BOOK REVIEWS 661

SUPPLEMENT

- General Medical Council** 141
- Hunter Working Party Report** 143
- Hospital Junior Staffs Group Council** 144
- Association Notices** 146

CORRESPONDENCE

Correspondents are asked to be brief

Unprocessed Bran and Diverticular Disease Sir Francis Avery Jones, F.R.C.P., and E. W. Godding, F.P.S.	651
Community Planned Parenthood R. R. Macdonald, F.R.C.O.G.	651
Sleep and Bedtime Beverage Jean C. Folan and T. M. O'Brien; Aviva Petrie, M.Sc.; L. Angelucci, M.D.	652
Treatment of Early Breast Cancer Diana M. Brinkley, M.B., and others	652
Value of Mammary Thermography J. D. Wallace, M.D.	652
Bicentenary of Nitrous Oxide V. A. Goldman, F.F.A.R.C.S.	652
Ketamine for Burns Surgery S. M. Laird, F.F.A.R.C.S., and M. Sage, F.F.A.R.C.S.	653
Discharge from Psychiatric Hospitals D. A. Spencer, D.P.M.	653
Intestinal Parasites and Epidemiology of Australia Antigen in Africa M. Barbotin, M.D., and J. L. Oudart	653

Oral Prostaglandins and Amniotomy I. L. Craft, F.R.C.S.	653
Rheumatoid Arthritis and Malabsorption B. J. Lake, M.R.C.P.	653
Coal Workers' Pneumoconiosis J. P. Lyons, M.D., and others	654
Future of Postgraduate Medical Centres Sir George Godber, F.R.C.P.	654
Overstimulation of the Brain E. Frankel, F.R.C.P.	654
Hyperbaric Oxygen and Radiotherapy G. B. Young, F.F.R.	655
Termination of Pregnancy P. Moxon, M.B.	655
Cardiac Enlargement in Jamaicans M. T. Ashcroft, D.M.	655
Herpes Encephalitis Revisited M. Rappel, M.D.	655
Trimethoprim-sulphamethoxazole in Folic Acid Deficiency P. J. Rooney, M.R.C.P., and E. Housley, M.R.C.P.	656

Anticonvulsant Drugs, Folate Deficiency and Metabolic Bone Disease E. H. Reynolds, M.D.	656
Research in Psychiatry D. C. Watt, M.D., D.P.M.	657
Private Practice M. J. Emslie, M.B.	657
Accidents and Fatigue in Small Boats G. Bennet, M.D.	657
Sir Paul Chambers's Inquiry R. G. Bullock, M.B.	657
G.M.C. Annual Retention Fee J. F. G. Pigott, F.F.A.R.C.S.; J. V. Piper, F.R.C.S.	658
Tax Relief for G.P.s J. F. Rickards, F.F.A.R.C.S.	658
Hospital Practitioner Grade Mary H. Scott, M.B.	658
Terms of Service D. V. Cashman, M.B.	658

Unprocessed Bran and Diverticular Disease

SIR,—The encouraging report by Mr. N. S. Painter and others (15 April, p. 137) adds further evidence of the importance of maintaining an adequate physical stimulus for achieving a normal transit rate for the intestinal contents. It is undoubtedly a useful contribution, but at the same time it is important that the causal relations between fibre content and bowel activity should not be oversimplified. Genetic abnormalities, emotional instability, environmental factors, and endocrine imbalance all come into the clinical picture in relation to constipation. Unfortunately, there is an almost complete absence of controlled clinical trials, and the relative efficacy of bran in relation to present-day processed hydrophilic preparations has yet to be assessed.

For patients who cannot be made comfortable with bran Mr. Painter advocates the use of Normacol, which he states is derived from gum and is free from the dangers of chemical aperients. It is very likely that many doctors wishing to prescribe this simple physical aid for bowel activity may not appreciate that, when they prescribe Normacol, the standard preparation contains 8% frangula which is derived from the frangula bark, a near relative of the cascara bark, and together with senna and rhubarb belongs to the naturally occurring anthrone glycoside family of laxatives. The preparation Normacol Special can be prescribed which does not contain frangula. Unfortunately, the paper does not indicate which preparation was used by the authors.

In discussing toxicological studies it is important to differentiate clearly between mice and men, and between the drug abuse of purgative addicts and ordinary therapeutic administration. Extrapolation from one to another can be very misleading. There is no doubt that constipation should be treated as far as possible with dietary changes and

hydrophilic preparations, but there are patients where prolonged use of chemical aperients is unavoidable. The statement ascribed to Dr. Barbara Smith that "... the prolonged use of senna destroys the colon's intrinsic nerve supply (Smith, 1968)"¹ refers to her toxicological findings on mice and not, as indicated by Mr. Painter and colleagues, to its human therapeutic usage. Excessive use in man, as occurs in purgative addicts, can give rise to pale, enormously swollen but otherwise normal neurones,² but there is no evidence that ordinary therapeutic doses have any adverse effect. Safety in drug treatment depends on correct usage. In the case of senna and cascara (and of other anthracene glycoside laxatives, including frangula) this means individual adjustment of dosage to produce formed stools. Constipation is a relatively common and important condition, and there should be no misunderstandings about our existing knowledge. It is a subject in which much more research is needed, and Mr. Painter and his colleagues give a valuable stimulus in this direction.—We are, etc.,

F. AVERY JONES
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¹ Smith, Barbara, *Gut*, 1968, 9, 139.

² Smith, Barbara, *Proceedings of the Royal Society of Medicine*, 1972, 65, 288.

Community Planned Parenthood

SIR,—It is remarkable how quickly attitudes change. The need for effective control of fertility is widely accepted yet it is only ten years since oral contraception was introduced to the United Kingdom and family planning became respectable. Still more recently, with increasing awareness of the related problems of overpopulation and community pressures, family limitation has

become the responsible thing. The problem now is to provide adequate education and facilities using all the available resources.

The success of any planned parenthood programme will depend on the extent to which individual couples care and take care about preventing unwanted conception. We need to start by encouraging a responsible attitude in our children which should be reinforced during school teaching of reproductive biology and psychology. Sex education refresher courses for teachers would benefit from contributions by obstetricians, youth advisory clinic doctors, health visitors, and probation officers, and such an experiment is in progress in Leeds.

Responsible planned parenthood should be included in the routine advice offered by all general practitioners. Patients attending medical and psychiatric as well as antenatal and gynaecological clinics should find family planning advice readily available. Consultation in the post-natal wards is particularly valuable. Special training is required for health visitors, who are in a unique position to encourage a responsible approach and to see that the means are provided. With the growth of health centres there will be a natural focus for education and facilities in each locality. It is axiomatic to this argument that full family planning services including vasectomy should be available through the Health Service.

Even with sincere attempts at fertility control there will be mistakes. Facilities should be provided for early termination when necessary, but "prevention is better than curettage."¹

Such proposals are realistic. In a decade the return in terms of personal happiness and community health could be enormous.—I am, etc.,

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¹ Bender, S., *World Medicine*, 1969, 4, 78.