

BRITISH MEDICAL JOURNAL

RECEIVED
JUN 26 1974
SATURDAY 1 JUNE 1974

LEADING ARTICLES

- Fibre and Moral Fibre** page 457 **Paying for Medical Education** page 458 **Choice of a Mild Analgesic** page 459 **Mitochondrial Antibodies in Collagen Disorders** page 460
Familial Medullary Carcinoma of the Thyroid page 461 **Treatment of Genital Herpes** page 461 **Haemophilus influenzae Infections** page 462

PAPERS AND ORIGINALS

- Haemophilus influenzae Meningitis in Adults** SUSANNAH J. EYKYN, RODERIC D. THOMAS, IAN PHILLIPS..... 463
Assessment of Limulus Test for Detecting Endotoxaemia D. P. FOSSARD, V. V. KAKKAR, PENELOPE A. ELSEY..... 465
Sequelae of an ¹²⁵I-Fibrinogen Detected Thrombus N. L. BROWSE, G. CLEMENSON..... 468
Interaction between Doxycycline and some Antiepileptic Drugs O. PENTTILÄ, P. J. NEUVONEN, K. AHO, R. LEHTOVAARA..... 470
Comparison of Effect of Two Induction Doses of Methohexitone on Infants Delivered by Elective Caesarean Section ANITA HOLDCROFT, M. J. ROBINSON, H. GORDON, J. G. WHITWAM..... 472
Fenoprofen in Treatment of Osteoarthritis of Hip and Knee J. A. WOJTULEWSKI, F. DUDLEY HART, E. C. HUSKISSON..... 475
Acute Gastric Dilatation in Anorexia Nervosa K. P. JENNINGS, A. M. KLIDJIAN..... 477
Titanium Cranioplasty D. S. GORDON, G. A. S. BLAIR..... 478
Hepatorenal Failure with Self-initiated Intermittent Rifampicin Therapy D. L. ROTHWELL, D. E. RICHMOND..... 481
Acute Renal Failure and Rifampicin: Danger of Unsuspected Intermittent Dosage C. T. FLYNN, D. J. RAINFORD, ELINOR HOPE..... 482

MEDICAL PRACTICE

- Six Years of Multidisciplinary Intensive Care** J. A. BELL, R. D. BRADLEY, B. S. JENKINS, G. T. SPENCER..... 483
Clinical Medicine and Research in Belgium P. A. EMERSON, M. S. LEWIS..... 488
Scottish Automated Follow-up Register for Thyroid Disease: Four Years' Experience in Glasgow CHARLES MURRAY BOYLE..... 490
Medicine in China: Public Health in China A. J. SMITH..... 492
Blood and Neoplastic Diseases: Treatment of Iron Deficiency and Iron Overload J. H. DAGG..... 494
Any Questions?..... 497
Personal View MICHAEL F. CLEARY..... 498

CORRESPONDENCE—List of Contents..... 499

BOOK REVIEWS..... 509

NEWS AND NOTES

- Epidemiology**—Seasonal Variation in Influenza..... 511
Medicolegal—Consultant Representation: Outcome of N.I.R.C. Hearing..... 511
Parliament—Questions in the Commons..... 513
Medical News..... 513

OBITUARY NOTICES..... 508

SUPPLEMENT

- General Medical Services Committee**..... 81
Standing Committee of Doctors of the E.E.C...... 83
Scottish Committee for Hospital Medical Services..... 85
Radiologists Group Committee..... 87
Association Notices.....

CORRESPONDENCE

Correspondents are asked to be brief

Hospitals in Developing Countries A. D. Roy, F.R.C.S. 499	Adverse Reactions to Beta-Adrenergic Blockade A. Mithal, M.R.C.P. 502	Surgery in Crohn's Disease A. R. Moossa, M.D. 504
Deep Venous Thrombosis: a Hypothesis J. Charnley, F.R.C.S. 499	Sodium Citrate and Hypernatraemia in Infancy Rosemary S. Shannon, M.R.C.P., and R. P. C. Barclay, M.R.C.P. 503	Assessing the Safety of Comatose and Postanaesthetic Patients E. N. S. Fry, F.F.A.R.C.S. 504
Abdominal Decompression in Pregnancy P. Curzen, F.R.C.O.G. 499	Thromboembolism and Oral Contraceptives M. H. Briggs, D.Sc. 503	Diet and Colonic Cancer F. R. Ellis, F.R.C.PATH., and T. A. B. Sanders, B.Sc. 505
Antioestrogens in Treatment of Breast Cancer H. W. C. Ward, F.F.R.; J. R. Hobbs, F.R.C.P., and others 500	Evolution of an Examination B. Williams, F.R.C.O.G. 503	Self-administered Clinical Questionnaires for Outpatients D. N. S. Kerr, F.R.C.P. 505
Attitudes to Abortions Sir John Stallworthy, F.R.C.O.G.; Madeleine Simms, M.A. 500	Radiographic Location of the Dalkon Shield Ursula E. Mountrose, M.R.C.O.G., and W. L. Whitehouse, F.R.C.S.ED. 503	Nurses in Administration H. B. Devlin, F.R.C.S. 505
Gonorrhoea of the Pharynx D. K. Robinson, M.B. 501	Musical Bumps J. M. Thomas; R. Semple, F.R.C.P., and J. Gillingham, M.B.; P. J. Scheuer, M.D. 503	G.P.s and Family Planning M. J. V. Bull, M.R.C.G.P. 506
Isolation System for General Hospitals A. G. Ironside, M.R.C.P.ED. 501	Amitriptyline and Imipramine Poisoning in Children R. J. Postlethwaite, M.R.C.P., and D. A. Price, M.R.C.P. 504	Jamaica Meeting S. Bradshaw, M.B. 506
Drugs for Gastric Ulceration A. B. S. Mitchell, M.R.C.P. 501	Was it a Drug? (Optimax) J. W. Brooke Barnett, M.B. 504	Private Beds in N.H.S. Hospitals R. W. Howell, F.M.R. 506
Oncology Centres E. A. Benson, F.R.C.S. 502	Adjustment of Plasma Calcium Measurements R. B. Payne, M.D., and others 504	Payment for Teaching J. K. B. Waddington, F.R.C.S.ED. 506
Sequelae of Virus Infection in Pregnancy J. W. Donovan, PH.D., M.F.C.M., and others 502		Practice Expenses T. W. May, M.B., and others 506
Treatment of Aspergillosis S. Freedman, PH.D., M.R.C.P. 502		Mileage for Consultants O. Troughton, M.R.C.P. 507
Airborne Lead in Aberystwyth J. D. Butler, PH.D., and S. D. MacMurdo, B.Sc. 502		Car Allowance for G.P.s D. Goldstein, M.B. 507
		Nursing Problems and the Clinician J. A. G. Horton, F.F.A.R.C.S. 507

Hospitals and Developing Countries

SIR,—Having been present at the Jamaica Medical Congress I read with interest your report of it (11 May, p. 313). Being concerned with problems of providing medical care in developing countries and being only too aware of the ways in which the achievement of a reasonable level of care in developing countries can be frustrated, I should like to draw attention to two items in the report.

In the symposium on primary health care teams (p. 317) Dr. M. S. Ragbeer, the Dean of the University of the West Indies Medical School, informed us that the present health expenditure in Jamaica was \$20 per person for a population of approximately 2m people—that is, \$40m annual expenditure (£16m). On p. 323 you report the visit to the new Montego Bay Hospital, which serves 60,000 people and whose estimated annual running costs are £1½-3m per year. In other words, 60,000 people (3% of the population) are going to

monopolize between 10 and 20% of the national health budget for the provision of hospital services alone.

This kind of development is an absolute barrier to the provision of the kind of health care which developing countries need. The implications of building an £8m hospital in this area should have been clear from the beginning and the temptation to build such an establishment should have been resisted. I believe passionately in the importance of surgery, being a surgeon, but I have no doubt whatsoever that the priority in developing countries is to provide primary health care. It is the responsibility of the surgical or medical specialist not to demand such a level of facilities that primary health care is denied to the population.—I am, etc.,

A. D. ROY

Department of Surgery,
The Queen's University,
Belfast

other hand, at any time during the post-operative period can readily be explained by Virchow's hoary old triad in the early postoperative days, followed by detachment of an old clot at a later date when the triad is no longer operative.

The hypothesis I propose is that the clinical manifestations of deep venous thrombosis are caused by emboli from calf veins causing sudden mechanical obstruction at points of confluence with larger veins. In this way a "silent" clot can suddenly move to obstruct a much greater drainage area and so produce swelling of the leg in the absence of renewed activity of the clotting mechanism. If this hypothesis can be upheld its significance in relation to therapy is obvious and far-reaching.—I am, etc.,

JOHN CHARNLEY

Centre for Hip Surgery,
Wrightington Hospital,
Wigan, Lancs.

Deep Venous Thrombosis: a Hypothesis

SIR,—I would like to put forward for criticism a hypothesis regarding the events leading to the clinical manifestation of deep venous thrombosis.

The feature which to me has always seemed unsatisfactory in current concepts of the aetiology of postoperative deep venous thrombosis is that it is necessary to assume a process of active clot formation persisting for three or four weeks after an operation such as total replacement for hip arthrosis. Operations of this type concern patients who are selected as representing perfectly healthy subjects with

a mechanical disorder of the locomotor system and without any known systemic involvement likely to favour thrombosis. Deep venous thrombosis developing "out of the blue" three weeks after total hip replacement occurs at a time when the patient is at the height of rehabilitation and it would be necessary therefore to postulate a very active clotting mechanism to override the prophylactic mechanism of rehabilitation—more active than early in the postoperative period when stagnation will enhance a feeble tendency to clot. The events leading to embolism, on the

SIR,—I read your leading article on this subject (4 May, p. 238) and your evaluation of the papers by Coxon *et al.*¹ and ourselves² with interest. Your evaluation led you to opine that the two papers came to "somewhat contrary conclusions" and to infer that the seemingly beneficial results of decompression which we reported might have been influenced by the fact that our trial "was not a blind one" while that by Coxon *et al.* who reported essentially negative findings, "was more subtle, larger, and double-blind with randomization."

I would point out that analysis of our control and treatment groups for various factors which might have influenced our