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BRITISH MEDICAL JOURNAL

SATURDAY 21 JUNE 1975

LEADING ARTICLES

More on the Aflatoxin-Hepatoma Story page 647	Excessive Height page 648	Malaria
in Africa page 649	Breast Cancer in Young Women page 649	Care of the Elderly
Primigravida page 650	Outpatient Treatment of Haemorrhoids page 651	Oestrogenic
Potency and Oral Contraceptives page 651	An Unfair Anomaly page 652	

PAPERS AND ORIGINALS

First Results of a Randomized Clinical Trial of Fast Neutrons Compared with X or Gamma Rays in Treatment of Advanced Tumours of the Head and Neck: Report to the Medical Research Council	653
MARY CATTERALL, IAN SUTHERLAND, DAVID K. BEWLEY.....	
Brucellosis and Veterinary Surgeons R. J. HENDERSON, D. M. HILL, A. A. VICKERS, JOAN M. B. EDWARDS, HILARY E. TILLET.....	656
Use of Computer Program for Diagnosing Jaundice in District Hospitals and Specialized Liver Unit	659
R. B. STERN, R. P. KNILL-JONES, ROGER WILLIAMS.....	
Use of Biochemical Profile in Children's Hospital: Results of Two Controlled Trials	662
J. V. LEONARD, BARBARA E. CLAYTON, J. R. T. COLLEY.....	
Placental Transmission of Thyroid-Stimulating Immunoglobulins S. M. DIRMIKIS, D. S. MUNRO.....	665
Loperamide and Ileostomy Output—Placebo-controlled Double-blind Crossover Study	667
G. N. TYTGAT, K. HUIBREGTSE.....	
Diagnosis of Miliary Tuberculosis by Transbronchial Lung Biopsy S. A. SAHN, D. C. LEVEN.....	667
Carcinoembryonic Antigen in Differential Diagnosis of Carcinoma of Pancreas from Chronic Pancreatitis	668
J. B. DILAWARI, D. PHILIPPAKOS, L. M. BLENDIS, SHEILA L. WALLER.....	

MEDICAL PRACTICE

Diagnosis of Gastric Cancer A. W. SEGAL, M. J. R. HEALY, A. G. COX, I. WILLIAMS, G. SLAVIN, A. SMITHIES, A. J. LEVI.....	669
Pulled Elbow: A Study of 100 Patients CYNTHIA M. ILLINGWORTH.....	672
High Blood Pressure: Detection and Treatment by General Practitioners	674
CHARLES HODES, PAULINE A. ROGERS, MICHAEL G. EVERITT.....	
Letter from Brisbane: The New Disease—"Administration"? DEREK MEYERS.....	677
Aspects of Sexual Medicine: Sexual Life after Gynaecological Operations—II A. G. AMIAS.....	680
Any Questions?	681
Personal View ALFRED WHITE FRANKLIN.....	682

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JUL 4 1975

CORRESPONDENCE—List of Contents..... 683

OBITUARY NOTICES..... 690

BOOK REVIEWS..... 692

NEWS AND NOTES

Epidemiology—Whooping Cough in 1974 and 1975	693
Parliament—Training Doctors; Kidney Transplants	693
Medical News—Survey of Junior Doctors Work Patterns ..	693

SUPPLEMENT

The Week	695
Proceedings of Council	696
Radiologists Group Committee	699
Civil Service Medical Officers	699
Report of Council on the Merrison Report to a Special Meeting of the Representative Body	700
Annual Conference of Representatives of Local Medical Committees	703

PROCUREMENT SECTION
CURRENT SERIAL RECORDS

CORRESPONDENCE

Society's Responsibility B. W. Durrant, M.R.C.PSYCH.; D. A. Spencer, M.R.C.PSYCH.; V. Parsons, F.R.C.P., and Susan A. Snowden, M.B. 683	Deaths from Non-accidental Injuries in Childhood Catherine S. Peckham, M.F.C.M., and Megan Jobling, DIP.SOC.ST. 685	Fibre Content of Bread Surgeon-Captain T. L. Cleave, M.R.C.P. 687
Medical Education and the Pharma- ceutical Industry H. W. K. Acheson, F.R.C.G.P. 684	Tolamolol in Treatment of Angina Pectoris S. Oram, F.R.C.P., and others. 686	Psittacosis and Disseminated Intravascu- lar Coagulation Evelyn M. E. Laidlaw, M.B., and Rosemary A. Mulligan, M.D. 687
Potentiation of Warfarin by Co-trimoxa- zole J. M. Hansen, M.D., and others; C. Hassall, M.Sc., M.P.S., and others 684	Abortion (Amendment) Bill R. A. Binning, F.F.A.R.C.S.; R. F. R. Gardner, F.R.C.O.G. 686	Vagotomy for Duodenal Ulcer P. Madsen, M.D., and O. Kronborg, M.D. 688
Racial Differences in Leucocyte Count A. Rougemont, M.D., and M.-E. Boisson, M.D. 684	Dental Anaesthesia: The Final Act S. L. Drummond-Jackson, L.D.S.R.C.S. 686	Consultants' Fees for Dental Anaesthetics C. D. Lund, M.B.; J. H. Wright, F.F.A.R.C.S. 688
Effects of Exertion on Hormone Secretion A. Dessypris, Ph.D., and F. Fyhrquist, M.D. 685	Genitourinary Medicine L. P. Garrod, F.R.C.P. 687	Junior Hospital Staff Contract P. R. Fletcher, B.M. 688
Rubella in Pregnancy: A Difficult Diagnosis J. R. Sutherst, M.R.C.O.G., and M. F. Burke, F.R.C.S. 685	Emigration of Doctors B. A. Senewiratne, M.D. 687	Consultant Negotiations G. I. B. da Costa, F.R.C.S.ED. 689
	Inhibition of Prostaglandin-induced Bronchoconstriction F. J. Prime, F.R.C.P.ED., and others. 687	Points from Letters Safer Cigarettes (L. F. Tinckler); Thyroxine and Contact Lenses (R. Marsh); Car Driving after Abdominal Opera- tions (R. W. Elsdon-Dew); Salaries and Inflation (R. S. Morton); Abortion (Amendment) Bill (Wilhelmina Lockwood) 689

Correspondents are urged to write briefly so that readers may be offered as wide a selection of letters as possible. So many are now being received that the omission of some is inevitable. Letters should be signed personally by all their authors.

Society's Responsibility

SIR,—As a clinician practising general psychiatry from a peripheral hospital, I am increasingly worried at our inability within the Health Service to provide for our patients' needs. I am particularly concerned at the steadily decreasing number of beds for two groups of patients—those who need care and rehabilitation extending over a period of three to 12 months and those who are elderly and mentally confused.

The run-down of our psychiatric hospitals was accomplished by the discharge of many patients who, admittedly, at that time appeared no longer to need a psychiatric ward as such. Over the ensuing years, however, these patients either have had acute exacerbations, have steadily deteriorated, or have inevitably imposed enormous stresses on their caring relatives. The time has now arrived where within my own area alone there are a number of chronically mentally disabled persons who really need full-time, longer-term care within a protective and supervised environment yet for whom no beds are available. There are a considerable number of mentally confused old people who should be in hospital at this moment both for their own safety and for the mental well-being of their relatives, yet for whom there are no beds. If patients from either of these two groups are readmitted to an "acute" bed in the district general hospital psychiatric unit, then that bed may well be occupied for many months (or, in the elderly group, for years) to the detriment of those patients who need shorter-term care only.

How much longer will the clinician be expected to offer a service with so few facilities? To whom will blame be apportioned when some calamity occurs—an elderly patient burned to death through inadequate supervision, a chronic schizophrenic attacking a bystander? What will

society expect when increasing numbers of presently supporting relatives gradually die and leave their mentally disabled patient bereft of support? Is it not time that we as a society should discuss these problems now in our midst and attempt at a national level to devise some contingency plans for the inevitable?

No longer can society expect clinicians to "cover up" for the lack of hospital and community services. The problems we now face in psychiatry alone can be solved only at a political level.—I am, etc.,

B. W. DURRANT

Oakwood Hospital,
Maidstone, Kent

SIR,—In the past five years there has been an increased interest in the community and social care of the mentally retarded. At the same time new permanent residents have continued to enter hospitals for the mentally handicapped.

Fewer long-stay patients are now being admitted compared with the position 5-10 years ago. Today many who at that time would have become permanent residents are managed by repeated short-stay care or day attendance until in course of time inpatient admission becomes inevitable, when relatives can no longer look after them. For this group long-term hospital admission is delayed, not prevented, and in the meantime families may carry a considerable burden of care. Despite the much-publicized undesirability and unsuitability of hospital for the mentally handicapped, their families, general practitioners, and social workers continue to request hospital admission. Apart from a minority referred because of their profound mental handicap and physical helplessness or infirmity, most of the admissions come with behaviour problems

which cannot be managed at home or in hostels, special schools, or day training centres.

If an appreciable decrease in patients at hospitals for the mentally handicapped is to be achieved in the future a large number of mentally handicapped people who are at present socially unacceptable because of their behaviour or helplessness will have to be managed by alternatives to hospital. If they cannot live at home some form of institution, be it hostel or mini-hospital, is necessary. I am, etc.,

D. A. SPENCER

Meanwood Park Hospital,
Leeds

SIR,—We were disheartened to read (17 May, p. 376) that as a result of a cost-benefit analysis Drs. M. J. Buxton and R. R. West came to the conclusion that society must look carefully at alternative uses for health expenditure before we continue or extend haemodialysis therapy. We believe this analysis to be faulty.

We do not doubt the stated expenditure on dialysis, though in our unit one-third of the patients attend for night dialysis, completely unattended by nurses, before going into their homes, cutting down the expenditure of hospital dialysis from the staff point of view, and this enables the unit to be run at slightly more than half-time.

We would like to challenge the figures given for the income of those able to work as the average annual wages of our patients on brief inquiry are at least twice those mentioned in the text; actual expense should be compared with actual income in Cardiff or elsewhere. The second serious fault is the assumption that if we do not treat patients by dialysis then they will just disappear. This is not true, and though we do not practise selection, we do have the occasional patient who is undialysable for medical or psychiatric reasons and these have taken a very long time to die with good nursing in hospital, some up to three or four months, and if dialysis ceases we still have to care