

BRITISH MEDICAL JOURNAL

SATURDAY 16 OCTOBER 1976

LEADING ARTICLES

Koluchova's twins.....	897	Irritant woods	900
Shopping around.....	898	Juvenile rheumatoid arthritis—a viral disease?	901
Mitral valve prolapse.....	899	Dealing with alcoholism.....	902
Polypsis coli and the stomach.....	900		

PAPERS AND ORIGINALS

Distribution of nephrological services for adults in Great Britain REPORT OF THE EXECUTIVE COMMITTEE OF THE RENAL ASSOCIATION.....	903
Titanium-strip cranioplasty G A S BLAIR, T F FANNIN, D S GORDON.....	907
Treatment of candidal urinary tract infection with nifuratel R N GRÜNEBERG, ANNE LEAKEY.....	908
Preoperative prediction of postoperative deep vein thrombosis J K CLAYTON, J A ANDERSON, G P MCNICOL.....	910
Virus-like particles in paraspinal muscle in scoliosis J N WEBB, W J GILLESPIE.....	912
Muscle changes in acromegaly M NAGULESPAREN, R TRICKEY, M J DAVIES, J S JENKINS.....	914
Aortic incompetence in systemic lupus erythematosus AHMED EL-GHOBAREY, DAVID M GRENNAN, TAHSIN HADIDI, SAMIR EL-BODAWY.....	915
Severe bronchoconstriction provoked by sodium cromoglycate IAN C PATERSON, IAN W B GRANT, GRAHAM K CROMPTON.....	916
Terminal ileitis due to Yersinia pseudotuberculosis A SAVAGE, D DUNLOP.....	916
Nephrotic syndrome in vesicoureteric reflux H F WOODS, J WALLS.....	917
Responses to vincristine in refractory idiopathic thrombocytopenic purpura I E BURTON, B E ROBERTS, J A CHILD, D A MONTGOMERY, C G L RAPER.....	918
Comparison of intravenous and aerosol salbutamol M R HETZEL, T J H CLARK.....	919
Hypertransaminasaemia with heparin treatment: effect of regular haemodialysis J G SALWAY, G S WALKER.....	919
Serum ferritin levels in beta-thalassaemia trait SONAY HUSSEIN, A V HOFFBRAND, MARTINE LAULICHT, B ATTOCK, ELIZABETH LETSKY.....	920

MEDICAL PRACTICE

A pre-discharge unit in a long-stay hospital for subnormality M C LIU, M W HUGHES, L M ASHTON.....	921
Diseases of the alimentary system: Jaundice IAIN M MURRAY-LYON, KEITH REYNOLDS.....	923
For Debate: Deaths from coronary artery disease and coalworkers' pneumoconiosis DEWI DAVIES.....	925
Barbiturate prescribing: psychiatrists' views B M BARRACLUGH.....	927
Chairman of the psychiatric division J J COCKBURN.....	929
What I would say to the Royal Commission: Suggestions for reform K D BARDHAN.....	931
Defence against bacterial drug resistance L P GARROD.....	933
Any Questions?	922, 930, 932, 936
Materia Non Medica —Contributions from JOHN MORRISON, DENNIS KRIKLER, FORBES BAIRD.....	937
Personal View KENNETH EDWARDS.....	938

CORRESPONDENCE—List of Contents..... 939

BOOK REVIEWS..... 947

NEWS AND NOTES

Views.....	949
Medicolegal—Confidence and medical appointments.....	950
Medical News—New Secretary of MRC.....	950
BMA Notices.....	951

OBITUARY NOTICES..... 952

SUPPLEMENT

The Week	954
Maternity leave in the NHS	955
Could the consultative document have its priorities wrong? C J H WILLIAMS, T A RATHWELL.....	956
BMA demands full inquiry into consultant's suspension	958

CORRESPONDENCE

General practitioners and barbiturates E Wilkes, FRCP.....939	Pathogenesis and epidemiology of schizophrenia P Kellett, MRCPsych.....942	Oestrogens for menopausal flushing G P Mulley, MRCP, and J R A Mitchell, FRCP.....944
BCG for handicapped children D A Isenberg, MRCP.....939	Pelvic infection and intrauterine devices M S Buckingham, MRCOG, and others.....942	Volvulus of the small bowel in a diabetic patient G A Fitzgerald, MRCP, and others.....945
Propriety of exotic treatments D A Spencer, MRCPsych.....940	Diagnosis of amyloidosis C R Tribe, DM.....943	Hyposensitisation with house dust mite vaccine in bronchial asthma J O Warner, MRCP, and J F Price, MRCP....945
Misuse of tubular elasticated bandages C V Ruckley, FRCSED.....940	Diabetic ketoacidosis R Shirley, FIMLS, and Jennifer V Martin, MRCPATH.....943	Pulmonary complications of measles G I Watson, FRCGP.....945
Compression sclerotherapy of varicose veins C P Holford, FRCS.....940	Ketamine hydrochloride: a potent analgesic T R Austin, FFARCS.....943	BMA representation in hospitals W F Whimster, MRCP.....945
Bilateral injuries in childhood: an alerting sign? Stephanie A Laing, MFCM, and A R Buchan, MD.....940	Security units for dangerous and difficult patients J C Gunn, MD.....943	Consultants' contract C Brun, FRCS.....946
Postmenopausal urinary symptoms and hormonal replacement therapy P J B Smith, FRCS.....941	Epidural analgesia in labour D P L May, FRCSED, and R D de Vere, FRCOG.....944	Points from letters Painful experiments on animals (J D Whittall); Oculocutaneous reactions to beta-blockers (R G Finch); Caecocolic intussusception: an unusual physical sign (M H Stuart); An aid to peroral endoscopy (J S Martin); Preventive nutrition (Christine A Lee); Rheumatoid atlantoaxial subluxation (P N Poolos, Jun); Earthing the electrocardiograph (D B James); Compulsory seat belts (T H S Burns).....946
Drug treatment of typhoid fever C Herzog, MD.....941	Thyrototoxic vomiting G A MacGregor, MD.....944	
Screening for cervical cancer M S Hall, MRCP; Gillian M Turner, MRCOG.....942	Laxative effect of All-Bran J B Wyman, FACP, and others.....944	
Prostatic cancer A Y Rostom, FRCS.....942	Postoperative pain R R J Dinley, FRCS.....944	

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

General practitioners and barbiturates

SIR,—The barbiturates only a decade or so ago were the practitioners' hypnotic and sedative of first choice. Now the barbiturates have attained the dignity of a small professional campaign against their use (CURB). It therefore seemed timely to ask the general practitioners themselves for their views on the place of these drugs in modern therapy, excluding their anticonvulsant and anaesthetic roles.

Principals in general practice in two North Midland towns were circularised with a shortened version of the questionnaire used recently for this purpose by the Royal College of Psychiatrists. Some 60% replied and the views noted below are perhaps typical only of those so motivated and so tolerant that they completed and returned a questionnaire sent out in the holiday season. A total of 226 questionnaires were returned. There were no differences of statistical significance in the answers from the two towns so they are here analysed together.

Three-quarters of the practitioners stated that they never now prescribed barbiturates as a new hypnotic and one-fifth said that they seldom did so. Two-thirds never now prescribed barbiturates as a sedative or tranquilliser for new cases and 30% seldom did so. Only some 3% of the doctors frequently started any patient on barbiturates as a hypnotic or sedative.

Over 70% stated that they would usually recommend patients to cease using barbiturates if these had been taken for 12 months and another fifth would more rarely recommend this. Only half the doctors felt that such a recommendation was usually followed and

one-third felt that such advice was only rarely heeded.

Seventy-five per cent of the doctors felt that there was no continuing need for barbiturates as a hypnotic and 85% that there was no continuing need to use barbiturates as a sedative or tranquilliser. Three-quarters of the doctors, however, were opposed to legal restrictions concerning their use, although a fifth were in favour of such restrictions.

The general observations of the doctors confirmed that there had been a major swing away from barbiturates over the past five years. The biggest hindrance to a further dramatic fall in barbiturate prescribing is the difficulty felt or experienced by doctors in stopping hypnotics that have been satisfactorily used over many years by their elderly patients. A considerable minority of doctors, however, have experienced great success with this problem and have weaned their practices totally or almost totally from such use of barbiturates. One doctor in this small series reported that, despite complaints of a longer hangover effect and a rather less satisfactory sleep with the benzodiazepene substitute, no fewer than 61 out of 63 patients had stopped taking barbiturate hypnotics. Another doctor said that over the last year 20 barbiturate prescriptions a week had been reduced to one a month.

Only one doctor mentioned attempts to intimidate him into prescribing barbiturates for young temporary residents; but many other doctors mentioned the need for a major educational campaign in support of their efforts to reduce the prescribing of all hypnotics. Such a topic is admirably suited for a

major new effort in health education. For this purpose the large-scale use of television is surely overdue.

With one-fifth of these practitioners in favour of some form of barbiturate control the end of the barbiturates as a routine hypnotic or sedative is foreshadowed by at least three-quarters of this admittedly small sample.

ERIC WILKES

Department of Community Medicine,
University of Sheffield

BCG for handicapped children

SIR,—A 16-year-old boy with Down's syndrome was recently admitted to this hospital having been referred by his general practitioner with a diagnosis of "chest infection... little response to Penbritin."

On examination he was pyrexial (38°C) and grossly dyspnoeic at rest, with a tachycardia (102/min) and bilateral pleural effusion, larger on the right. The blood count was normal but the erythrocyte sedimentation rate was 99 mm in 1 h. Pleural tap was performed and the fluid obtained showed total proteins 52 g/l and a leucocytosis with relative lymphocytosis (lymphocytes 92%, neutrophils 8%). Four sputum specimens proved negative for acid-fast bacilli but a 1:10 000 Mantoux test was strongly positive. A diagnosis of tuberculosis was made and treatment started with prednisolone, rifampicin, and isoniazid. He has subsequently done very well on this regimen, with a reduction of the pleural effusion, settling of the pyrexia, and improved appetite.

His mother informs us that BCG vaccination had not been mentioned while he was at school. Further inquiries revealed that virtually none of the children at the special school for mentally and physically handicapped children attended by our patient had been offered BCG. In view of the known association of tuberculosis with mental institutions¹ and