

BRITISH MEDICAL JOURNAL

SATURDAY 26 AUGUST 1978

LEADING ARTICLES

Is cancer irreversible?.....	585	Dysmorphophobia	588
Patient package inserts	586	Problem-oriented postmortem examination....	588
Gate control theory of pain.....	586	House dust mite in childhood asthma.....	589
Ticks, tourists, and encephalitis	587	Private practice and the NHS.....	590

PAPERS AND ORIGINALS

Ambulation in labour A M FLYNN, J KELLY, G HOLLINS, P F LYNCH.....	591
Hepatitis B in a hospital for the mentally subnormal in southern England J G C KINGHAM, MERLIN MCGUIRE, D H D PAINE, RALPH WRIGHT.....	594
Home blood sampling for plasma glucose assay in control of diabetes S HOWE-DAVIES, R R HOLMAN, M PHILLIPS, R C TURNER..	596
A glucose-controlled insulin infusion system for diabetic women during labour M NATTRASS, K G M M ALBERTI, K J DENNIS, P N GILLIBRAND, A T LETCHWORTH, A L J BUCKLE.....	599
Interstitial lung disease in a patient treated with 5-fluorouracil and mitomycin C J W L FIELDING, R A STOCKLEY, V S BROOKES	602
Pneumothorax after acupuncture HELEN G RITTER, RICHARD TARALA.....	602
Relapsing polychondritis: relation to periarteritis nodosa G SOMERS, P POTVLIEGE.....	603
Thrombocytopathy associated with autoimmune haemolytic anaemia N H RUSSELL, J P KEENAN, M A FRAIS.....	604
Nephrocalcinosis: another cause of renal erythrocytosis T G FEEST, S PROCTOR, R BROWN, O M WRONG.....	605
Intrathoracic perforation of hiatus hernia JOHN H STILWELL.....	605
Phaeochromocytoma with lactic acidosis U KELLER, TH MALL, M WALTER, O BERTEL, J M MIHATSCH, R RITZ.....	606
Malignant mesothelioma and gas-mask assemblers D B JEFFERYS, J A VALE.....	607
Recurrent pleural effusion in Waldenström's macroglobulinaemia S K TEO, S K LEE.....	607
Response of "idiopathic" recurrent angioneurotic oedema to tranexamic acid R A THOMPSON, D D FELIX-DAVIES.....	608

MEDICAL PRACTICE

Isolating patients in hospital to control infection—Part I K D BAGSHAW, R BLOWERS, O M LIDWELL	609
Use of antibiotics: Aminoglycosides PAUL NOONE.....	613
Letter from New Zealand: Jogging and professionalisation RICHARD SMITH.....	615
How to organise an international medical meeting—II: Scientific programme IAN CAPPERAULD, A I S MACPHERSON.....	616
Medical History: Otto Cohnheim—the forgotten physiologist D M MATTHEWS.....	618
Difficulties in diagnosing and managing congenital dislocation of the hip T C NOBLE, C R PULLAN, A W CRAFT, M A LEONARD..	620
Process and Outcome: Modern trends in management of non-albuminuric hypertension in late pregnancy D D MATHEWS, T P SHUTTLEWORTH, E F B HAMILTON	623
Medicine and Books.....	626
Any Questions?.....	617, 619, 625, 630
Medicine and the Media.....	630
Personal View R H HARDY.....	631

CORRESPONDENCE—List of Contents.....	632
--------------------------------------	-----

OBITUARY.....	643
---------------	-----

NEWS AND NOTES

Views.....	645
Medical News.....	646
BMA Notices.....	646
Instructions to authors.....	646

CORRESPONDENCE

Hospital equipment "Which?" P V Scott, FFARCS.....	632	Beta-blockers in treatment of hypertension M A Martin, MRCP; M B Comerford, MB, and E M M Besterman, FRCP.....	637	Quality of cervical mucus and Huhner's test J J Billings, FRCP, and L A Bennett.....	640
Misdiagnosis of amoebiasis D S Ridley, FRCPATH, and D C Warhurst, PHD; S G Hamilton, FRCGP.....	632	Computer confidentiality K A Johns, PHD.....	637	Diffunisal (Dolobid) overdose H P Upadhyay, MB, and S K Gupta, MB....	640
When and why are babies weaned? H Barrie, FRCP.....	633	Cigarette smoking and postoperative deep vein thrombosis A V Pollock, FRCS, and Mary Evans, BA....	637	Social problems of schizophrenics Jacqueline R Korer, BA.....	640
Sexual pressures on children J H Scotson, MRCP; Q Muriel Adams, MRCS; Margaret S White, MB; T Russell, MRCP.....	633	Investigating stroke C Twomey, MRCP.....	637	Relative activity of atenolol and metoprolol J D Harry, MB.....	640
Health Service planning and medical education R I Keen, FFARCS.....	634	Organ transplantation and the fetal allograft M C Wilkinson, FRCS.....	638	Lost pedestal? A Gusset, MB.....	641
Preventing Rh haemolytic disease J S Scott, FRCOG; P H Renton, FRCPATH, and R A Riches, BSC.....	634	Sjögren's syndrome, bromhexine, and tear secretion I A Mackie, MB, and D V Seal, MRCPATH..	638	Lord Mayor Treloar Hospital, Alton W J E McKee, MB, and T McL Galloway, FFCM.....	641
Which drug for hypertension? R Wilkinson, MB.....	634	Rape and the laboratory: blood-grouping of hair P H Whitehead, PHD.....	638	General practice records I G Tait, FRCGP.....	641
Paget's disease in Australian immigrants M Ross, MB.....	635	Iodine and acetone containing plastic spray dressings J O Morgan-Hughes, FFARCS, and R A Bray, BPHARM.....	639	Negotiating rights for junior hospital doctors T McFarlane, MRCOG.....	641
Training in community medicine Gwynne V Lewis, DPH.....	635	Glycolysated haemoglobin and diabetic control A Jónsson, MD, and J K Wales, MD.....	639	Primary care in inner cities D G M Patey, MFCM.....	642
Melatonin as a tumour marker in a patient with pineal tumour Josephine Arendt, PHD; E Tapp, MD.....	635	Expectations of a pregnant woman K A Harden, MRCP.....	639	BMA and social workers B Paul, MB.....	642
Penicillamine and previous treatment with gold D Gough, MIBIOL; E N Coomes, FRCP, and M Webley, MRCP; L Fernandes, MRCP, and others.....	636	Relapse in acute lymphoblastic leukaemia P J Kearney, MRCP, and J H Baumer, MRCP	639	Points Confidentiality of medical records (O Troughton); Dirt by any other name (G I Watson); Assessment of severity of paraquat poisoning (J Knepl); Scope of surgery for intracranial aneurysm in the elderly (E J Gibney); Diagnosis of retrobulbar neuritis (V L Irwin); Male sterilisations (J A McEwan); Unexpected encounter (M G Gotts).....	642
Thyroid extract P B S Fowler, FRCP.....	636				

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 must be signed personally by all their authors.

Hospital equipment "Which?"

SIR,—From time to time, as money filters from our RAWP-ed colleagues in the centres of excellence, we in the centres of non-excellence receive permission to buy new equipment. When that equipment finally arrives after the customary delays imposed by concensusmania—a contagion characterised by delusions of democracy, a phobia of taking decisions, and a psychopathic hatred for the English language—it is all the more frustrating to find that it cannot be used. If it works off mains electricity or has a mains-chargeable battery the Department of Health and Social Security insists (rightly) on tests for electrical safety (500 V is applied to instruments designed for use at 240 V). For such a test, naturally, the hospital's engineer will need a circuit diagram. That circuit diagram is never to be found.

Over the past six months we have taken delivery of replacement instruments for our coronary care unit (the old ones were electrically unsafe), a nerve stimulator for the pain clinic, and an electrocardiogram monitor, a digital thermometer, and an end-tidal carbon dioxide analyser for the operating theatres. Not one of these expensive toys arrived with a circuit diagram. In one case the manufacturer (USA) refused absolutely to provide one. In another there was not even an instruction manual.

This is an ongoing crisis situation.

To be fair, the DHSS must accept part of the blame. It does not seem to make clear, in writing, its mandatory requirement for a circuit diagram. Our district supplies officer sought advice on that policy from the Department in May this year; it is now August and he has had no reply. The manufacturer or distributor is thus in a quandary. If he sends a circuit diagram will the recipient feel entitled to set up in business on his own account? Or will some do-it-yourself maniac take a wrench to an ailing mass spectrometer?

Medical high technology, so-called, is now almost completely out of hand. It is too much to expect from the clinician that he should keep pace with every conceivable advance; still less that he should be aware of every latent and subtle electrical or other hazard. The time has come, in my opinion, for a hospital equipment *Which?* Whether this were to be published by authority or by the profession or by a university-based consortium does not matter. What matters is that it should be published. The new journal would encourage a semblance of uniformity in the technical and other requirements of the DHSS, such as standards of electrical safety. Untainted by commerce, it would provide guidance to doctors like myself who have no ready access to a hospital department of physics, biomedical engineering, computer science, or electronics.

It would reveal and illuminate what was new and tried, what was new and untried, and what was new and ought never to be tried. Hospital doctors would then be able to compare one instrument with another in the light of their own particular needs and circumstances. It might even be that the delicate matter of cost could be tastefully broached; it is rank bad form to talk of boring old money in advertising copy or technical literature. If at the same time the DHSS might come to accept the value of granting consultants direct responsibility for their clinical budgets a state of nirvana would rapidly ensue.

While it might not always be possible to recommend a "best buy" in, say, computerised axial tomography, we all know what we want. What we want is something which will benefit the patient. It must work, and go on working. It must be safe. It must be cheap to run and easy to maintain. Above all—it must be doctor-proof.

PETER V SCOTT

Department of Anaesthetics,
Bromsgrove General Hospital,
Bromsgrove, Worcs

Misdiagnosis of amoebiasis

SIR,—We share the concern of Dr T H Foley and his colleagues (5 August, p 428) that the diagnosis of amoebiasis is sometimes overlooked or missed through inadequate investigation. The same could be said of malaria and other potentially lethal parasitic or exotic diseases. The two conditions which amoebiasis most readily mimics are ulcerative colitis and