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LEADING ARTICLES

Perspectives in spina bifida.....	909	Deficiencies in parenteral nutrition.....	913
Diagnosis of autonomic neuropathy.....	910	Uncomfortable questions on manpower.....	914
Expanding role for pharmacists.....	911	Correction: Contraceptive methods: risks and	
Basics	912	benefits VESSEY.....	914

PAPERS AND ORIGINALS

Surma and lead poisoning AULFAT R ALI, OLIVER R C SMALES, MOHAMED ASLAM.....	915
Heart valve replacement in the elderly A H B DE BONO, T A H ENGLISH, B B MILSTEIN.....	917
Treating heartburn in pregnancy: comparison of acid and alkali mixtures R D ATLAY, A R L WEEKES, G D ENTWISTLE, D J PARKINSON.....	919
Lack of relation between venous plasma total catecholamine concentrations and ventricular arrhythmias after acute myocardial infarction R C STRANGE, M J ROWE, M F OLIVER.....	921
Gammaglobulin treatment and anti-IgA antibodies in IgA-deficient patients JUKKA KOISTINEN, MARJATTA HEIKKILÄ, JUHANI LEIKOLA.....	923
Pupillary signs in diabetic autonomic neuropathy S E SMITH, SHIRLEY A SMITH, P M BROWN, C FOX, P H SÖNKSEN.....	924
Oral tuberculosis—an unusual presentation W R TYLDESLEY.....	928
Indian childhood cirrhosis presenting in Britain with orcein-positive deposits in liver and kidney M S TANNER, B PORTMANN, A P MOWAT, ROGER WILLIAMS.....	928
Computerised tomography in severe methanol intoxication S-M AQUILONIUS, H ASKMARK, P ENOKSSON, P O LUNDBERG, U MOSTRÖM.....	929
HLA and thyrotoxic periodic paralysis P P B YEO, S H CHAN, K F LUI, G B WEE, P LIM, J S CHEAH.....	930
Diagnosis of closed neural tube defects by ultrasound in second trimester of pregnancy VALERIE D HOOD, HUGH P ROBINSON.....	931
Anuria in pregnancy R P MARWOOD.....	931
Anergy—a prognostic indicator in early breast cancer A R TURNBULL, D T L TURNER, J B FRASER.....	932
Stercoral perforation: case of drug-induced impaction A J CASS.....	932
Self-administration of metallic mercury by intravenous injection B G HANNIGAN.....	933

MEDICAL PRACTICE

Taking medical histories through interpreters: practice in a Nigerian outpatient department JOHN LAUNER	934
How to chair a committee A G W WHITFIELD	936
Early detection of scoliosis JOHN S BELSTEAD, M A EDGAR.....	937
Angina DAVID SHORT.....	939
Epidemiology for the Uninitiated: Rates GEOFFREY ROSE, D J P BARKER.....	941
Letter from Chicago: Reverse discrimination GEORGE DUNEA.....	943
Medicine and Books	945
Any Questions?.....	935, 938, 942, 944
Words	940
Medicine and the Media.....	949
Materia Non Medica—Contributions from R E GOODMAN, VIVIAN JONES.....	940
Personal View SYDNEY FOOTT	950
Correction: Better prescribing FRØLUND.....	944

CORRESPONDENCE—List of Contents.....	951
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NEWS AND NOTES

Views.....	966
Epidemiology.....	967
Medical News.....	967
BMA Notices.....	968
Instructions to authors.....	968

OBITUARY.....	964
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SUPPLEMENT

The Week.....	969
Regional rides: Lesson in craft amity.....	970
Medical staffing of hospital geriatric units M R P HALL, JAMES ANDREWS.....	972
CCHMS: Lack of progress on contract criticised.....	974
Correction: The Medical Act 1978 LORD HUNT.....	976

CORRESPONDENCE

Health information systems R G Rowe, MFCM, and R D Brittain, MD.... 951	The Year of the Child: an objective for rich nations Isabel Smith, MRCP, and D C Morley, FRCP 957	Neonatal chlamydia conjunctivitis J W T Benson, MRCP, and D C Davidson, MRCP..... 961
Behçet's disease H Yazici, MD; P J Gow, FRACP..... 952	Central venous catheter embolism J L Peters, FRCS; D Verel, FRCP..... 957	Penicillamine and previous treatment with gold Hilary F H Hill, FRCPED..... 961
Preventing Rh haemolytic disease L A D Tovey, FRCPATH..... 952	Misuse of hypnosis H B Gibson, PHD, DIPPSYCH..... 957	Maprotiline hydrochloride and grand-mal seizures M J Hall, MRCP, and R I Russell, FRCPED... 961
Syringe-transmitted hepatitis S M Laird, FRCPGLAS; H Gordon, MFCM... 953	Patient package inserts J D Collinge, MRCPG..... 958	HLA B27 and risk of ankylosing spondylitis A St J Dixon, FRCP..... 961
Misdiagnosis of amoebiasis D S Ridley, FRCPATH, and D C Warhurst, PHD..... 953	Side effects of antibiotics in mountain climbers A Pines, FRCPED..... 958	Atopic dermatitis and the forefoot J L Verbov, FRCP..... 962
Blood cultures for diagnosis of endocarditis E Joan Stokes, FRCPATH, and A Hollman, FRCP..... 953	Successful defibrillation in general practice A D Shaw, MRCPG, and J L Baird, MRCP.... 958	Immunisation of adults against diphtheria S E Ellison, FRCPG..... 962
Bell's palsy and herpes simplex B E Juel-Jensen, FRCP; Constance A C Ross, FRCPATH..... 953	When and why are babies weaned? Penny A Stanway, MB..... 958	Early arrhythmias and prognosis in myocardial infarction Anne E Cockcroft, MRCP, and M D C Donaldson, MRCP..... 962
Antibiotic resistance in Streptococcus pneumoniae and Haemophilus influenzae A J Howard, MB, and J D Williams, MD.... 954	Contamination of sterile fluids G Prout, BSC..... 959	Regulating blood glucose concentration in diabetics during labour Nina L Essex, MRCP, and others..... 962
Antibiotics in endocarditis B C Stratford, FRACP; Celia M Oakley, FRCP 954	Abuse of asthma cigarettes R G H Bethel, MB..... 959	Medical care in inner cities Katalin E Schopflin, MRCPG; R K Griffiths, MB..... 962
Falls and femoral fractures T P Eddy, FFCM..... 955	Closed shop in the USA J H Shepherd, FRCS..... 959	General practice records J J C Cormack, FRCPG; D A Andrewes, MB 963
Asthma in children J K Sarsfield, MD; N C H Stott, MRCPED.... 955	Inhibition of fibrinolysis and abruptio placentae C Merskey, FRCP, and others; G J Kleiner, MD, and Wilma M Greston, MT..... 959	Points from letters Koplik's spots (W R Tyldesley); Dysmorphophobia (F H Connolly); Treatment of rosacea (H J Wallace); Health National Service? (M A Thompson); Superfluous notes (Olive P Sharp)..... 963
Abuse of pentazocine St Kubicki, MD; T A Betts, MRCPSYCH.... 955	Cardiac arrhythmias due to chloral hydrate poisoning Heather M Wiseman, MSC, and G Hampel, MD..... 960	
Swaddling and congenital dislocation of the hip M P M Richards, PHD..... 956	Rubella vaccination and pregnancy S R Preblud, MD, and others..... 960	
Health of King Henry VIII R J Hetherington, MB..... 956	Iodine and acetone-containing plastic spray dressings P R W Lanham, FFARCS..... 961	
Aminoglycosides in patients with impaired renal function K R Woodcock, MRCP; P Noone, MRCPATH 956		

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. As stated each week in "Instructions to authors" no letter will be acknowledged unless a stamped addressed envelope or an international reply coupon is enclosed.

Health information systems

SIR,—In your leading article "Making policy in the dark" (2 September, p 652) you refer to the fact that "present policy in the NHS is based on inadequate information and that better data are needed if there are to be improvements in the strategy for using and deploying resources." You also mention that this inadequacy was pointed out in 1956 by the Guillebaud Committee.

The problem has a much longer history. An arbitrary starting place is the National Health Service Act 1946. It requires the Minister to provide "to such an extent as he considers necessary to meet all reasonable requirements...." The first Health Circular of 1947, RHB (47) 1, states as a main function of the regional hospital board, "To assess the need for, and best placement of, new resources and improvements and extensions" (our italics).

As one progresses through the years of the history of the Health Service the necessity to measure requirements or needs is reiterated. But this responsibility of the then Ministry of Health and present Department of Health and

Social Security was never fully accepted. There has never been an attempt to establish a policy, plan, and programme for a health information system. The developments which have taken place have been unplanned, poorly thought out, and unintegrated.

Recently the National Working Party on Community Health Statistics recommended that the DHSS establish a group to examine policy for a national health information system. The DHSS response to this recommendation was a positive one. It undertook a preliminary analysis of views on needs and problems in health information which included discussions in the NHS with clinicians, nurses, other health professionals, and administrators and, outside the NHS, with interested persons and groups. The results of this preliminary analysis have not yet been published. When they are the problem of altering present DHSS, NHS, and Office of Population Censuses and Surveys structures in a way that will enable the development of a health information system of the type implied in your leader will arise.

We are fortunate in dealing with this problem since there is a series of recommendations from the World Health Organisation¹⁻⁴ and a large corpus of publications on the subject of health information which have been excellently reviewed by Donald Hicks in *Primary Health Care*.⁵ There have also been some relevant documents since Hicks's review and ones not included in it.⁶⁻⁹

In addition to the public bodies such as the NHS, DHSS, OPCS, and university departments of community medicine we have three other bodies with a primary interest in health information systems: King Edward's Hospital Fund for London, the Nuffield Provincial Hospitals Trust, and the BMA's Central Ethical Committee. So the problem is not so much one of discovering interested individuals and organisations as well as relevant publications but rather how to use more efficiently the ones which already exist. The initiative in an effort to do this has come from the NHS. The national group of area and regional specialists in community medicine (health information) has made a recommendation, referred to above, in conjunction with the Community Health Statistics Working Party. That recommendation conforms in essence with the WHO recommendation:

"The WHO Expert Committee on Health Statistics believes that the time has come for change and recommends that WHO should urge countries to make arrangements for promoting the use of health information systems in health