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## LEADING ARTICLES

Putting children first .....	623	Regeneration of peripheral nerves .....	624
Tendons and joggers .....	624	Cystic fibrosis in adults .....	626

## PAPERS AND ORIGINALS

Seven-year follow-up of heroin addicts: abstinence and continued use compared EDNA OPPENHEIMER, GERRY V STIMSON, ANTHONY THORLEY .....	627
New mechanical aid to physiotherapy in cystic fibrosis K A FLOWER, R I EDEN, L LOMAX, N M MANN, JEAN BURGESS .....	630
Reproductive mortality VALERIE BERAL .....	632
The Manchester regional screening programme: a 10-year exercise in patient and family care G M KOMROWER, I B SARDHARWALLA, B FOWLER, C BRIDGE .....	635
Patients' reactions to their investigations: a study of 504 patients CLIFFORD HAWKINS .....	638
Membranous glomerulonephritis, dermatomyositis, and bronchial carcinoma JOHN D G ROSE .....	641
Current trends in contraception I D NUTTALL, R W BURSLEM, MAX ELSTEIN, E FOX, D ROWLEY, B EVANS .....	641
Localised intramesenteric haemorrhage—a recognisable syndrome in haemophilia? M I ADELMAN, PHILIP GISHEN, P DUBBINS, R S MIBASHAN .....	642
Spontaneous recovery from rapidly progressive glomerulonephritis DOUGLAS R MAXWELL, TAKESHI OZAWA, RICHARD L NIELSEN, FRIEDRICH C LUFT .....	643

## MEDICAL PRACTICE

A stroke unit in a district general hospital: the Greenwich experience PETER BLOWER, SHAUKAT ALI .....	644
Unlocking beds: a geriatric unit's experience with transferred patients C JOAN MCALPINE .....	646
USSR Letter: Aspects of ethics (2) MICHAEL RYAN .....	648
Design of forms for clinical trials (3) PATRICIA WRIGHT, JOHN HAYBITTLE .....	650
Doctors accept a challenge: self-assessment exercises in continuing medical education R M HARDEN, W R DUNN, T S MURRAY, JILL ROGERS, CYNTHIA STOANE .....	652
Marital pathology: First phase of marriage J DOMINIAN .....	654
In My Own Time: Respiratory failure 30 years ago E J M CAMPBELL .....	657
Any Questions? .....	651, 653
Materia Non Medica—Contributions from ALISTAIR MUNRO, PENELOPE A BROUGHAM .....	656
Strange Encounters WILL MACREDIE .....	658
Medicine and Books .....	659
Personal View ANDREW R POTTER .....	664

CORRESPONDENCE—List of Contents .....	665
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OBITUARY .....	677
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## NEWS AND NOTES

Views .....	678
Medicolegal—Rationalisation: sufficient reason for dismissal? .....	679
Medical News .....	680
BMA Notices .....	681
Instructions to authors .....	681

## SUPPLEMENT

First things first: Patients before career structures NORMAN BROWSE .....	682
Private practice and the unions .....	683
CCHMS: Discussions to start on contract modification .....	684
Consultant contract: Secretary of State's letter .....	685
Medical academic staff: delay over pay .....	686

## CORRESPONDENCE

<b>The care of children in hospital</b> G M Komrower, FRCP..... 665	<b>Gutter treatment for ingrowing toenails</b> E P Abson, FRCS; W A Wallace, FRCSed; T A Andrew, FRCS..... 669	<b>The younger disabled unit at Fazakerley Hospital</b> R Mulroy, MB..... 673
<b>Needle aspiration of the breast</b> Helen L D Duguid, FRCPATH, and A Cuschieri, FRCS..... 665	<b>Minor tranquillisers and road accidents</b> F A Whitlock, FRCPsych..... 670	<b>Tuberculosis</b> N Taylor..... 673
<b>Abortion</b> A K Clarke, MRCP; Paula J H Gosling, MB; B D L Johnson, FFARCS; C P Rice-Oxley, MRCP; Madeleine Simms, MSC; Anne Savage, MB; M Churchill..... 666	<b>Benzodiazepines and traffic accidents</b> I Hindmarch, PHD..... 671	<b>A case of haemolytic uraemic syndrome</b> A T Coopland, MD..... 674
<b>Exophthalmos and pretibial myxoedema not responding to plasmapheresis</b> P Dandona, MRCP, and others..... 667	<b>Rupture of the uterus during prostaglandin-induced abortion</b> G J Jarvis, FRCSed, and others..... 671	<b>Too few necropsies</b> G A C Summers, FRCPATH..... 674
<b>Autonomic neuropathy in the Guillain-Barré syndrome</b> M E Edmonds, MRCP, and R D Sturrock, MD..... 668	<b>Induction of labour</b> M Sutton, FRCS, and P J Steer, MRCOG; M G Elder, FRCOG..... 671	<b>Abnormal cilia</b> B A Afzelius, MD..... 674
<b>Diving and hypothermia</b> E Li Lloyd, FFARCS..... 668	<b>Hemiparesis after single minibolus of labetalol for hypertensive encephalopathy</b> R Solomons, MB..... 672	<b>Umbilical hernia and abdominal cramp in swimmers</b> H N C Bleasdale, MB; P T Penny, MB..... 674
<b>"Herbal" medicines and rheumatoid arthritis</b> L Offerhaus, MD, and others; K H Kimbel, MD; G Newton, FRCS..... 668	<b>Mefenamic acid poisoning and epilepsy</b> R J Young, MRCP..... 672	<b>"Man Against Disease"</b> D W Costain, MRCPsych..... 675
<b>Epidemic hysteria—divide and conquer</b> R M Forrester, FRCP..... 669	<b>What is to be done with the XYY fetus?</b> Shirley G Ratcliffe, FRCPed, and D G Axworthy, BSC..... 672	<b>Social factors in marital pathology</b> D A Jennings, BM..... 675
<b>Gout and port</b> G Daynes, FRCGP..... 669	<b>Diverticular disease in urban Kenyans</b> E Q Archampong, FRCS..... 672	<b>Muslims, Ramadan, and diabetes mellitus</b> S G Barber, MRCP, and A D Wright, FRCP(C)..... 675
<b>AID for lesbians</b> D H Wilson, FRCS; W J E McKee, FFCM; F E S Hatfield, MB..... 669	<b>Disinfection with glutaraldehyde</b> A C Mair, PHD..... 673	<b>Training post, disillusioned registrars and a glut of doctors</b> M G A Palazzo, MRCP..... 675
	<b>The "Radcliffe" hospitals, Oxford</b> Siân G Rees, BM; W B Wright, FRCPed..... 673	<b>CCHMS proposals</b> J W Stephenson, FRCS; B A Ross, FRCS..... 675
		<b>Private referrals</b> J D Williamson, MRCP..... 676
		<b>Survival of the fittest?</b> C A Wells, FRCS..... 676

*We may return unduly long letters to the author for shortening so that we can offer readers as wide a selection as possible. We receive so many letters each week that we have to omit some of them. Letters must be signed personally by all their authors. We cannot acknowledge their receipt unless a stamped addressed envelope or an international reply coupon is enclosed.*

## The care of children in hospital

SIR,—The unanimous recommendation of Lady Marre's group,<sup>1</sup> announced in the press in late July, will have been well received by the people, both lay and medical, who were concerned to see the treatment of children with cancer continued in the Royal Manchester Children's Hospital, because of the great advantages to the child and family concerned, and not transferred to the adult-orientated Christie Hospital. The inquiry, which was endorsed by the Minister of State for Health, revealed very clearly the inadequacy of the outpatient facilities, as well as the services required for the personal care of the sick child, in an institution whose primary responsibility is to the care of the sick adult.

The principle so strongly underlined by Lady Marre and her colleagues is that the care of children should be in the hands of people who are deeply concerned with children and, whether they are physicians, surgeons, nurses, technicians, or domestic and portering staff, have elected to work with this age group. Although the comments and recommendations are concerned with cancer in childhood, they are equally applicable to the management of all chronic long-term

illnesses and handicaps which are responding to therapy in a way that was thought impossible some years ago.

For this reason it is essential that each region in the country should have one or more (depending on need) children's centres which are of adequate size and fully equipped for the handling of difficult paediatric problems and have a staff trained and concerned to look after children. Depending on regional arrangements, these centres would be either children's hospitals or large-sized children's units in a big medical complex; but in the latter situation the unit must be clearly identifiable as a children's centre, with a sufficient degree of administrative and nursing independence and with the provision of all the necessary medical, paramedical, and educational facilities to allow it to be a viable unit within the complex. This concept must be accepted by administrators (lay, nursing, and medical) as well as practising doctors and nurses.

In this way it will be possible to maintain first-class medical and nursing standards for the care of children and to create the humane and understanding approach to sick children

and their families so well described by Lady Marre and her colleagues.

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<sup>1</sup> *Hospital Services for Children with Cancer in the North Western Region*. Report of the Group appointed by the Secretary of State for Social Services to examine the decision to develop a new Regional Department at the Christie Hospital for the treatment of children with cancer, and to recommend whether the development should proceed. 1979.

## Needle aspiration of the breast

SIR,—Mr A J Webb (25 August, p 491) has done much to demonstrate the accuracy and practicality of the cytological diagnosis of malignancy in surgical practice. One of us (H D) gained valuable practical knowledge from a workshop and symposium on breast cytology chaired by him in 1976. We would, however, like to clear up several points raised in his letter.

(1) In our early use of aspiration cytology biopsy we ourselves obtained an unacceptably high incidence of false-negative and unsatisfactory samples. The references were quoted in our paper (21 July, p 185) to support these findings.

(2) We agree that it would be wasteful of resources to employ a cytologist at a general surgical clinic, but this is not true for a busy specialised breast clinic, attendance at which