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LEADING ARTICLES

Fibrinolytic therapy	1017	Privacy and record linkage . .	1018	Creeping spurge	1018
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PAPERS AND ORIGINALS

Regular Review: Systemic lupus erythematosus: treatment and prognosis	GRAHAM R V HUGHES	1019
Reduction in polypharmacy for epilepsy	S D SHORVON, E H REYNOLDS	1023
Verification of smoking history in patients after infarction using urinary nicotine and cotinine measurements	R G WILCOX, J HUGHES, J ROLAND	1026
Return to work and quality of life after surgery for coronary artery disease	STEPHEN WESTABY, RALPH N SAPSFORD, HUGH H BENTALL	1028
Improving medication compliance: a randomised clinical trial	STAFFAN E NORELL	1031
Bronchodilator effect of sodium cromoglycate and its clinical implications	J T N CHUNG, R S JONES	1033
Audit of care for epileptics in a general practice	L I ZANDER, H GRAHAM, D C MORRELL, P FENWICK	1035
Extrapyramidal syndrome with sodium valproate	ANDREW LAUTIN, MICHAEL STANLEY, BURTON ANGRIST, SAMUEL GERSHON . .	1035
Metrizamide in venography	M LEA THOMAS, H L WALTERS	1036
Humidifier fever in an operating theatre	I A CAMPBELL, A E COCKCROFT, J H EDWARDS, M JONES	1036
Drug-induced haemolysis and fast haemoglobin A ₁ in diabetes mellitus	C M KESSON, J W WHITELAW, J T IRELAND	1037
Oral mannitol: a simple and effective bowel preparation for barium enema	K R PALMER, AN KHAN	1038
Bacteroides infection in fibroids during the puerperium	J G FEENEY, S B BASU	1038
Prazosin and priapism	A K BHALLA, B I HOFFBRAND, P S PHATAK, S R REUBEN	1039

MEDICAL PRACTICE

Management of attempted suicide in Oxford	KEITH HAWTON, DENNIS GATH, EDWARD SMITH	1040
Work of a district ethical committee	M J DENHAM, ANN FOSTER, D A J TYRRELL	1042
Long-term urethral catheter drainage	B G FERRIE, E S GLEN, B HUNTER	1046
ABC of Blood Pressure Measurement: Infancy and childhood	EOIN T O'BRIEN, KEVIN O'MALLEY	1048
In and Out of Medicine: Lady of questions and answers		1050
Accident and Emergency Services: How should departments be run?	BY A SPECIAL CORRESPONDENT	1051
Marital Pathology: Management: Sexual counselling	J DOMINIAN	1053
In My Own Time: General practice	C A H WATTS	1055
If I was Forced to Cut: Consultant pathologist	BY A SPECIAL CORRESPONDENT	1057
Symposium on genetics	BARBARA J CULLITON, WALLACE K WATERFALL	1059
All grist to the mill	PHILIP RHODES	1061
Any Questions?		1045, 1047, 1056, 1060, 1069
Chance, Coincidence, Serendipity	WILLIAM EVANS	1058
Strange Encounters	WILL MACREDIE	1062
Medicine and Books		1063
Medicine and the Media		1068
Personal View	JOHN PENIKET	1070
Correction: Some new titles		1067

CORRESPONDENCE—List of Contents	1071
---	------

OBITUARY	1081
--------------------	------

NEWS AND NOTES

Views	1079
Medical News	1080
BMA Notices	1080

SUPPLEMENT

The Week	1083
Review Body: Supplement to Ninth Report	1084
Occupational medicine	1085
Revised consultant contract	1086
GMS Committee	1088
From the JCC	1089

CORRESPONDENCE

Hospital crises P V Scott, FFARCS..... 1071	Congenital varicella Major I Alexander, MRCP..... 1074	Serum thyroglobulin in differentiated thyroid cancer I D Hay, MRCP, and C A Gorman, FACP 1076
Which prophylactic drugs for malaria? J R Copper, MRCP..... 1071	The premature breech M St C Hopper, MRCP..... 1074	Revised consultant contract A N G Clark, FRCP; P J Adams, FRCOG, and others; J A R Anderson, MRCP..... 1076
Polio immunisation and travel N A Ward, MB..... 1072	Antenatal prediction of sex I A Hughes, FRCP(C), and K M Laurence, FRCPATH..... 1074	Medical academics and research workers J P Payne, FFARCS..... 1077
Measles and vaccine protection S R Preblud, MD..... 1072	Beta-blocker withdrawal syndrome C T Dollery, FRCP, and T J B Maling, FRACP..... 1074	Private practice for pathologists M H Hughes, FRCPATH..... 1077
Smallpox vaccination J N Ormrod, FRCS..... 1072	Vitamin B₁₂: an area of darkness D M Matthews, FRCPATH, and J C Linnell, PHD..... 1075	The Three Wise Men F C Shelley, FFARCS..... 1077
Smallpox vaccination in the Forces D P B Pound, MRCP..... 1072	Life-threatening arrhythmias and intravenous cimetidine E N S Fry, FFARCS..... 1075	The forgotten men W H Bond, FRCS..... 1078
Are breast-fed babies still getting a raw deal in hospital? Patricia J Bailey-Smith..... 1072	Day-bed units C A C Clyne, FRCS, and C W Jamieson, FRCS; Deborah P Moncrieff, MB..... 1075	Clinical practice and community medicine J A Murie, FRCS..... 1078
Infant feeding practices: a cause for concern D L J Freed, MD, and Deirdre Mackay, MCSP..... 1073	Smoking and acclimatisation to altitude D C Snashall, MRCP..... 1075	First things first T T Irvin, FRCS..... 1078
Drug names that look or sound alike R A Fairburn, MB; C Romer, MB..... 1073	Wanted: a new wound dressing L E Hughes, FRCS and others; R Forrest; J Watson, FRCS..... 1075	Lack of flexibility in vocational training? D P Brown, MB..... 1078
Diazepam for distressing procedures A W Fowler, FRCS..... 1073	Complication of acupuncture J Tuke, MB..... 1076	If I was forced to cut R I Button, MB..... 1078
Personality and breast cancer D Loshak..... 1073		

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.

Hospital crises

SIR,—Our hospital faces yet another ongoing crisis situation. Regular readers will recall last year's contretemps, when, in the regretted absence of circuit diagrams, we attempted the recommended DHSS test for electrical safety (500 V is applied to instruments designed for use at 240 V).¹ Our electrician is much better since finding a job in industry; but, as might have been foreseen, the authorities have abolished the need for circuit diagrams by the laughably simple expedient of providing no money for new hospital equipment.

Last year we asked the district for items of medical and surgical equipment amounting to £100 000 plus depreciation. We received £25 000. This year we need £250 000. We have received—nothing. The increasing demand arose partly through the effluxion of time and partly through an influx of new, young consultants hot from the centres of excellence with strange ideas about raising standards, no financial provision for their arrival having been made by the employing authority.

We have tried to solve the perennial dilemma by asking the district management team to set aside 3% of its annual budget for replacing unsafe or worn-out equipment and for buying novel instruments of proved quality relevant to our work as a bread-and-butter hospital (we did not ask for jam). The district management team, to its eternal credit, has done so. Unfortunately, it soon became apparent that the district was seriously in the red. (This is known as "cost limits.") Our 3% will now be absorbed in recouping some of the 1978-9 deficit. Meanwhile we are short of equipment worth £250 000, of which, at a modest estimate, probably a good three-

quarters really is necessary. At the same time, in the absence of square deal RAWP, we continue to overspend revenue at the rate of some thousands of pounds a week. (People in our district have an irritating and non-cost-effective habit of getting ill; that, and their inborn craving for medicine, is really one of the most serious difficulties with which we have to contend.)

The solution to which we were inescapably driven was to seek help from our League of Friends. We hated to do this. We see it as wrong to ask the Friends to provide money which will eventually be used by doctors and nurses to treat patients: that was, and is, the statutory obligation laid on the National Health Service in 1948. However, our need was clamant. We had to compromise our beliefs in what we saw to be the best short-term interests of our patients. In the long term, of course, we have created an unforgiving precedent.

If we are now to assume that the bulk of the hospital service is to be financed from flag days, an interesting philosophical point arises. What happens, let us say, if the League of Friends decides to raise capital for a scanner for computed tomography (CT)? What if, after superhuman efforts by many decent people, a CT-scanner is duly provided? Who then is to pay for the running costs? Embarrassed health authorities, no doubt, will in due course pass on their embarrassment to the Department of Health and to the Secretary of State. In the meantime, if the equipment is not to gather dust, management teams will have been forced into changing their priorities, or acting in some other way which is likely to be to the detriment of patients.

If you spend a capital sum, whether it comes from the coffers of an impoverished Health Service or from raffle tickets, there will always be a revenue consequence, however small. To find that extra revenue on a fixed budget with little or no development money is almost an impossibility; the patient is bound to lose out somewhere along the line. That is something for our colleagues up and down the country to ponder as they strive to offer twentieth century medicine at the nineteenth century prices which the public has already paid. Give us the tools, and we will finish the job.

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¹ Scott, P V, *British Medical Journal*, 1978, 2, 632.

Which prophylactic drugs for malaria?

SIR,—The continuing trickle of letters in your columns concerning imported tropical diseases underlines the growing awareness of the importance of this subject. Rightly, chief interest centres on the control of malaria, with emphasis on the importance of publicising the need to take prophylactic drugs. However, while debate continues on the best way of ensuring that the public understands the need to take drugs for the correct period, relatively little thought seems to have been given to the question of which drug to take.

Authorities recommend, in general, that the most appropriate antimalarial drugs for most areas are pyrimethamine and proguanil. It is always dangerous to rely on others' anecdotes