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## LEADING ARTICLES

Mitral restenosis..... 63      A decade for the patient.... 64      Suppression of multiple sclerosis 65

## PAPERS AND ORIGINALS

- Regular Review: Molecular pathology of schizophrenia: more than one disease process?** T J CROW ..... 66
- Incidence of fatal postoperative pulmonary embolism after prophylaxis with dextran 70 and low-dose heparin: an international multicentre study**  
U F GRUBER, T SALDEEN, T BROKOP, B EKLÖF, I ERIKSSON, I GOLDIE, L GRAN, M HOHL, T JONSSON, S KRISTERSSON, K G LJUNGSTRÖM, T LUND, H MAARTMAN MOE, E SVENSSJÖ, D THOMSON, J TORHORST, A TRIPPESTAD, M ULSTEIN..... 69
- Trimethoprim resistance in Finland after five years' use of plain trimethoprim** P HUOVINEN, P TOIVANEN..... 72
- Gastroscopic evaluation of anti-inflammatory agents** I CARUSO, G BIANCHI PORRO..... 75
- Mini-pump: method of diabetic control during minor surgery under general anaesthesia**  
ANTHONY H BARNETT, MARTIN H ROBINSON, JAMES H HARRISON, PETER J WATKINS..... 78
- Platelet-release reaction in myocardial infarction** S HEPTINSTALL, G P MULLEY, PATRICIA M TAYLOR, J R A MITCHELL..... 80
- Evidence for existence of two types of massive obesity** P G KOPELMAN, T R E PILKINGTON, N WHITE, S L JEFFCOATE ..... 82
- Familial prevalence of inflammatory bowel disease in relatives of patients with Crohn's disease**  
J F MAYBERRY, J RHODES, R G NEWCOMBE..... 84
- Acute interstitial nephritis and erythroderma associated with diflunisal**  
L K CHAN, C G WINEARLS, D O OLIVER, M S DUNNILL..... 84
- Tricuspid valve replacement in carcinoid syndrome due to ovarian primary**  
M J SWORN, G P EDLIN, D A F MCGILL, J S MOUSLEY, J L MONRO..... 85
- Bromocriptine in mania—a placebo-controlled double-blind trial** ANNE H W SMITH, CATHERINE CHAMBERS, GRAHAM J NAYLOR 86

## MEDICAL PRACTICE

- A four-year prospective study of the work of the practice nurse in the treatment room of a South Yorkshire practice**  
W H R WATERS, J M SANDEMAN, J E LUNN..... 87
- "Asset stripping" the declining mental hospital** F FOTTELL, TERRY SPY, GERRI MEARNES, I MACLEAN, MARY FOGARTY..... 89
- The First Year of Life: Routine examination of the newborn** H B VALMAN..... 91
- My Student Elective: Breast-feeding in Sarawak** TIEH HEE HAI GUAN KOH..... 95
- Letter from Dunedin: Chiropractic in from the cold?** A G HOCKEN..... 97
- Floreat bibliomania** DAVID SMITHERS..... 99
- Any Questions?**..... 90, 98
- Materia Non Medica—Contributions from ANDREA NISTRI, ERIC SIMS.**..... 100
- Words**..... 106
- Zany Lessons for academics** BERRIL YUSHOMERSKI YANKELOWITZ..... 96
- Medicine and Books**..... 101
- Medicine and the Media**..... 106
- Personal View** MARTIN SCHWEIGER ..... 107

CORRESPONDENCE—List of Contents..... 108

OBITUARY..... 124

## NEWS AND NOTES

- Views**..... 120
- Medical New Year Honours**..... 121
- Medicolegal: Error of judgment need not be negligence** .. 121
- Parliament: Health Services Bill**..... 122
- Medical News**..... 123
- BMA Notices**..... 123

## SUPPLEMENT

- The Week**..... 127
- Letter from the Secretary**..... 128
- From the GMSC: Short-term certification, vocational training**..... 129
- Review Body report on practice expenses**..... 131
- Doctors and social workers** RUDOLF KLEIN..... 132
- Community medicine and NHS reorganisation**..... 134
- NHS Supply Council**..... 134
- Review Body's new chairman**..... 134

# CORRESPONDENCE

<b>Mortality of male doctors and reductions in cigarette smoking</b> M R Alderson, MD.....	108	<b>Incidence of malignant melanoma of the skin in England and Wales</b> P W L Clough, PHD; N P Warren, MB; M Sutton, FRCP.....	112	<b>Medically qualified preclinical academics</b> N A Green, FRCS, and R E Coupland, MD... 116
<b>Hypertension and general practice</b> D G Beevers, MRCP; D M M Thomson, MB, and D C Rawlins, MB; S L Barley, MRCP... 108		<b>Sunshine and malignant melanoma</b> A A Epenetos, MRCP; A J Swerdlow, BM... 112		<b>Revised consultant contract</b> M K El Dars, DM; B B Milstein, FRCS.... 116
<b>Peripheral nerve lesions in the muscle compartment syndrome</b> J M S Pearce, FRCP.....	109	<b>Supplies of Trilene</b> A Barnes.....	113	<b>Professional standards for consultant appointments</b> B Thalayasingam, MRCP.....
<b>Medical charities, prevention, and the media</b> Jennie Popay, MA, and P A Draper, MFCM... 110		<b>Poststreptococcal glomerulonephritis</b> C G Isles, MB, and J M Boulton-Jones, MRCP 113		<b>Short-term certification</b> G M Watts, MRCS.....
<b>Drug-induced oesophageal injury</b> J D R Rose, MRCP, and G B Tobin, MRCP... 110		<b>Epileptic drugs and the police</b> J A Riddle, MB.....	113	<b>Deference, authority, flirtation, and stealth</b> A P J Ross, FRCS; R Pollard, FRCS..... 117
<b>Reflux oesophagitis</b> P I Reed, FRCP.....	110	<b>Sustained-release lithium tablets and renal function</b> P Vestergaard, MD.....	113	<b>Health centres and private practice</b> G M Coleman, LRCPT.....
<b>The undiscovered country</b> M W Flowers, FRCS.....	110	<b>Psychoanalysis, psychotherapy, and health services</b> S Gold, FRANZCP; Anne L Zweig, MD.... 113		<b>Academy of medicine</b> W J Stephen, MB.....
<b>Manipulation trials</b> J H Cyriax, MD.....	111	<b>Paracetamol concentrations, hepatotoxicity, and antidotes</b> J E Gilligan, FFARCS, and others..... 114		<b>Health visitors and confidentiality</b> B D M Williams, MRCP.....
<b>Assessing improvement of low back pain</b> M E B Carson, LMSSA.....	111	<b>Labetalol and priapism</b> M R Law, MRCP, and others.....	115	<b>Multidisciplinary teams</b> Lea Pearson, BA.....
<b>Rehabilitation</b> P R J Vickers, FRCS.....	111	<b>Wanted: a new wound dressing</b> J Bunyan.....	115	<b>Participation in national quality control schemes</b> D N Baron, FRCPATH.....
<b>Intermittent venous sampling without heparinisation</b> D P Mikhailidis, MB, and R A Hutton, PHD 111		<b>Surgery in outpatients</b> H G Calwell, MD.....	115	<b>Points Blood pressure measurement (A J Cossor); A mild traumatic lesion (J H Gervis; D A Varvel); Recording the whoop (P H Tattersall); Subsidy of social functions by drug companies (D C Wilkins; C P Kent); Towards fewer handicapped children (M R Bahl); Accident and emergency services (O Ahmed); Once an alcoholic, always an alcoholic; BMA at Hong Kong (Doreen H Annear)..... 119</b>
<b>Erythema something or other</b> P W M Copeman, FRCP.....	111	<b>Parenteral nutrition before surgery?</b> J F L Shaw, MB.....	115	<b>Correction: Diagnostic kits and the clinical chemist (Warner)..... 119</b>
<b>A and E departments for children</b> L Stimmler, MD.....	111	<b>Diagnostic kits and the clinical chemist</b> M S Walker, PHD.....	115	
<b>Long-term urethral catheter drainage</b> E S Glen, FRCS.....	112	<b>Monitoring blood glucose</b> R D Eastham, FRCPATH.....	116	

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*Correspondents should present their references in the Vancouver style (see examples in these columns). In particular, the names and initials of all authors must be given unless there are more than six, when only the first three should be given, followed by et al; and the first and last page numbers of articles and chapters should be included. Titles of papers are not, however, included in the correspondence section.*

## Mortality of male doctors and reductions in cigarette smoking

SIR,—The provocative paper by Mr P N Lee (15 December, p 1538) presents data on a very important issue and it is nice to read of attempts to utilise the Registrar General's publications. However, there are four points that should be borne in mind before attempting interpretation of his material.

Firstly, is there variation in the quality of the data, over time and between the groups being contrasted? Secondly, comparison cannot be made directly between standardised mortality ratios for different periods where the standard rates have altered—for example, the male doctors' mortality rates increased in the period 1931-51<sup>1</sup> and did not decline as suggested by Mr Lee. Thirdly, there have been changes in the recruitment both to the medical profession and to the categories making up social classes I and II between 1951 and 1971. Finally, there has been a reduction

in the average number of cigarettes smoked in social classes I and II between 1958 and 1971<sup>2</sup> and yet their suicide rates have not increased.

Mr Lee's conclusions have been extrapolated way beyond the material presented; he does not give any information on why people smoke or on what happens to them when they cease—though Fletcher and Doll<sup>3</sup> concluded that doctors who stopped smoking were, in general, aware more of benefits than of any sense of deprivation, either physical or psychological. The above points do not lend any credence to the conclusions that giving up smoking has "adverse consequences."

MICHAEL ALDERSON

Division of Epidemiology,  
Institute of Cancer Research: Royal General Hospital,  
Sutton, Surrey SM2 5PX

<sup>1</sup> Adelstein AM. *Br Med J* 1978;ii:983-7.

<sup>2</sup> Todd GF. *Social class variation in cigarette smoking and in mortality from associated diseases*, Tobacco Research Council Occasional Paper No 2. London, TRC, 1976.

<sup>3</sup> Fletcher C, Doll R. *Br J Prev Soc Med* 1969;23: 145-53.

## Hypertension and general practice

SIR,—Dr M H F Coigley and Nurse Greta Barnes (15 December, p 1582) are to be congratulated on their impressive results in the detection and management of hypertension by participants in the Medical Research Council trial of mild-to-moderate hypertension. As one of the first contributors of patients to this study<sup>1</sup> I am glad that things are going so well.

The question which arises is whether such practices, like that in Stratford, are representative of general practice as a whole. Most practices are not involved in undergraduate