

448.0
B77

BRITISH MEDICAL JOURNAL

STA/STA

SATURDAY 19 APRIL 1980

LEADING ARTICLES

School pregnancies.....	1061
Mild hypertension.....	1062
Prophylaxis of surgical wound sepsis.....	1063
Aetiology of acquired cardiac valve lesions.....	1064
Industrial action affects the "BMJ".....	1064

PAPERS AND ORIGINALS

Epidemic spread of Salmonella hadar in England and Wales B ROWE, M L M HALL, L R WARD, J D H DE SA.....	1065
Absence of blood-pressure lowering effect of captopril in anephric patients BRUCE R LESLIE, DAVID B CASE, JOHN F SULLIVAN, E DARRACOTT VAUGHAN, JR.....	1067
Relation between hydrocarbon exposure and the nephrotic syndrome L CAGNOLI, S CASANOVA, S PASQUALI, U DONINI, P ZUCHELLI.....	1068
Neutropenia with each standard antituberculosis drug in the same patient P F JENKINS, T D M WILLIAMS, I A CAMPBELL.....	1069
Spontaneous hypoglycaemia in active acromegaly and its response to bromocriptine A P BROOKS, G W STEWART, J D BAIRD.....	1070

MEDICAL PRACTICE

The Howie Code for preventing infection in clinical laboratories: comments on some general criticisms and specific complaints J W HOWIE, C H COLLINS.....	1071
To Russia with care R G ROBINSON, HELEN E WILLIAMS.....	1074
The First Year of Life: Fever in the older infant H B VALMAN.....	1077
Spring Books:	
The art (or science) of book reviewing HAROLD ELLIS.....	1079
Seeker of the art of living NEVILLE OSWALD.....	1080
Uplift for the spirit C C BOOTH.....	1081
Mammoth from a messiah ROY MEADOW.....	1082
Prisoners or patients? WILLIAM SARGANT.....	1083
Personal View M N G DUKES.....	1084

U. S. DEPT. OF AGRICULTURE
NATIONAL AGRICULTURAL LIBRARY
RECEIVED

MAY 27 1980

PROCUREMENT SECTION
CURRENT SERIAL RECORDS

CORRESPONDENCE—List of Contents.....	1085
OBITUARY	1091

SUPPLEMENT

The Week.....	1092
Annual Report of Council: Recommendations.....	1093
Changes in sick-pay arrangements.....	1094
Clinical academic staff: new scales.....	1094
National Insurance contributions 1980-1.....	1094
Providing information to the police.....	1094

CORRESPONDENCE

Management of acute illness in infants J K Bynoe, BM..... 1085	Volkman's ischaemic contracture P Gornall, FRCS, and F H Roberts, FRCSed; J Emerson, FRCS..... 1087	Investigating constipation J F Fielding, FRCP..... 1089
Systematic review of the benzodiazepines R G Priest, FRCPsych; R S Illingworth, FRCP..... 1085	Abortion (Amendment) Bill K P M Roche, MB, and I M Jessiman, MRCP..... 1088	London's medicine S P Hall-Smith, FRCP..... 1089
Chlormethiazole and temazepam R S Briggs, MRCP, and others..... 1085	Pleural aspiration and biopsy R S MacDonald, MRCP..... 1088	Medical school intake and manpower implications J M Last, MD..... 1089
Prophylaxis against febrile convulsions Jennifer M Cowen, MRCP, and F Harris, FRCPed; D P Addy, MRCP..... 1086	Evaluating urinary oestriol estimation P S Vinall, MRCOG, and others..... 1088	Protecting superabundant doctors R L S Richard, MRCP, and J P Lester, FRCP..... 1089
Intravenous chlormethiazole in status epilepticus T V Stanley, MRCP, and K M Goel, MD... 1086	Beta-blockers in immediate treatment of myocardial infarction G A Rose, FRCP..... 1088	Clinical complaints J E Woodyard, FRCS..... 1089
Unrecognised dehydration during parenteral nutrition? C C Wise, FFARCS; R G Wilkes, FFARCS... 1086	Indomethacin and perforated duodenal ulcer M J S Langman, FRCP, and D A Henry, MRCP..... 1088	Exemptions from vocational training J D Sinson, FRCP..... 1090
Bacterial infection in the newborn G L Ridgway, MD, and J D Oriel, MD.... 1087	Drugs for chronic diarrhoea P D Buisseret, MRCP..... 1089	Pension penalties for specialists in the NHS A St J Dixon, FRCP..... 1090
Symptomatic treatment of primary pneumotaxis coli with metronidazole J Gillon, MRCP, and others..... 1087		Crisis in Uganda J A Bennett, FFARCS, and others..... 1090

Management of acute illness in infants

SIR,—I share with Dr A N Stanton and others (29 March, p 897) concern over the diagnosis of serious illness in infants. Any attempt to define a group at greater risk than the mass of babies with non-specific illness is valuable. However, I fear that their conclusions, based on an uncontrolled retrospective survey, may be rather simplistic.

Their "major symptoms," of course, become important in any child who is subsequently ill enough to be admitted to hospital. What is not considered is the frequency of these symptoms in infants who make an uncomplicated recovery. I cannot remember seeing an acutely ill baby recently who has not had at least one of the symptoms of fever, cough, diarrhoea, vomiting, missed feeds, drowsiness, and irritability.

The question of what factors lead to referral to hospital is a complex and under-researched one. It is seldom as simple as "physical signs," "symptoms alone," "parents unable to cope," or "parental pressure." What is needed is a

clear set of guidelines to the circumstances under which it is safest to disregard signs, symptoms, or any parental pressure, and admit immediately.

The effect on the family of an admission that turns out to be unnecessary should not be overlooked. Any child who has been admitted with an acute illness as an infant is likely to develop subsequent acute illnesses with apparently indistinguishable features. Previous needless admission reduces the confidence of the parents and their capacity to deal with trivial illness in the safest place—the home.

The message must be to visit soon and visit again. This paper may persuade me to admit more readily to hospital. That may solve some of the problems of the paediatrician; I do not believe that it necessarily solves all those of the general practitioner, or his infant patient.

JONATHAN BYNOE

Medical Centre,
Sherburn-in-Elmet,
Leeds LS25 6ED

Systematic review of the benzodiazepines

SIR,—The "guidelines" issued by the Committee on the Review of Medicines (29 March, p 910) on the use of benzodiazepines will be read and reread by practitioners with interest, particularly since the possible dangers of these drugs are currently receiving brisk attention from television and the lay press.

There is much in the guidelines that busy doctors will find of value. However, some statements may prove to be perplexing. One of the more worrying is as follows: "It is... suggested that... prescriptions be limited to short-term use" (p 911). What is the clinician to make of this? Of course, we should all give our patients the shortest course possible of any drug, but what are the alternatives for symptomatic relief of chronic anxiety, tension, and

insomnia? It would be a sad day if we returned to the older generation of sedatives and hypnotics. It is generally accepted that alternative drugs, such as barbiturates, paraldehyde, chloral, meprobamate, glutethimide, methypyrone, methaqualone, and ethchlorvynol, are more likely to produce physical dependence than the benzodiazepines^{1,2} and that they are mostly far more toxic in overdose.

What relief can we then provide for the severe distress suffered by our patients? It would be unrealistic to think that the average medical practitioner has enough time, even if he had the inclination, to spend hours trying to identify and sort out the underlying problems in psychotherapy and counselling, and in any case many of the causes remain

obscure even when this is tried. There is a clear danger that patients who are not offered any relief by the medical profession will turn to the solace of alcohol. There can be no serious doubt that the potential dangers of alcohol are far more sinister than those of the benzodiazepines.

There are problems ahead for general practitioners, physicians, and psychiatrists if the prescription of benzodiazepines is indeed "limited to short-term use," much as this is desirable in an ideal world.

ROBERT G PRIEST

Department of Psychiatry,
St Mary's Hospital (Harrow Road),
London W9 3RL

¹ Priest RG. *Insanity: a study of major psychiatric disorders*. Plymouth: Macdonald and Evans, 1977.

² Priest RG. In: Gajend RN, Hudson BL, eds. *Current Themes in Psychiatry*, No 1. London: Macmillan, ch. 8.

SIR,—I was sorry to read (29 March, p 910) that the Committee on the Review of Medicines regards children's nightmares and sleep walking to be an indication for the use of Benzodiazepines. May we know the evidence for this recommendation? As children commonly have nightmares or sleepwalking at intervals for years, are these drugs to be given continuously through childhood?

Sometimes these symptoms, when frequent, can be traced to insecurity arising from friction between child and parent. Would it not be better to counsel the family than to drug the child?

RONALD ILLINGWORTH

Sheffield S11 9SD

Chlormethiazole and temazepam

SIR,—Professor I Oswald and Dr K Adam (22 March, p 860) criticised our paper (1 March, p 601) on several grounds. They were concerned that "an element of sleep deprivation" may have confounded a 30-minute