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SATURDAY 20 SEPTEMBER 1980

LEADING ARTICLES

Childhood autism and related conditions.....	761	Laboratory features of pleural effusions.....	763
Equalities and inequalities in health.....	762	The intra-aortic balloon pump.....	764

PAPERS AND ORIGINALS

Collecting and banking human milk: To heat or not to heat? BENG T BJÖRKSTÉN, LARS G BURMAN, PETER DE CHÂTEAU, BO FREDRIKZON, LEIF GOTHEFORS, OLLE HERNELL.....	765
Changes in plasma high-density lipoprotein cholesterol concentration after weight reduction in grossly obese subjects D A STREJA, E BOYKO, S W RABKIN.....	770
Primary biliary cirrhosis: an epidemiological study DAVID R TRIGER.....	772
Cimetidine and ranitidine: comparison of effects on hepatic drug metabolism D A HENRY, I A MACDONALD, G KITCHINGMAN, G D BELL, M J S LANGMAN.....	775
Radioimmunoassay of serum creatine kinase BB as index of brain damage after head injury J P PHILLIPS, HILARY M JONES, ROWENA HITCHCOCK, N ADAMS, R J THOMPSON.....	777
Fibreoptic bronchoscopy: is sedation necessary? SARAH J PEARCE.....	779
Use of glasses by adolescents with good vision P A GARDINER, CATHERINE S PECKHAM.....	780
Prevention of infection after abortion with a supervised single dose of oral doxycycline COLIN BREWER.....	780
Deaths from rhesus haemolytic disease in England and Wales in 1978: accuracy of records and assessment of anti-D prophylaxis SIR CYRIL CLARKE, A G W WHITFIELD.....	781
Pain in the thenar eminence: a rare case of atypical angina A LAHIRI, V BALA SUBRAMANIAN, M W MILLAR CRAIG, E B RAFTERY...	782
Correction: Alcohol and the emergency service patient S HOLT.....	782

MEDICAL PRACTICE

For Debate: The coronary care controversy J M RAWLES, A C F KENMURE.....	783	U. S. DEPT. OF AGRICULTURE.....	783
Is psychiatric training improving? PETER BROOK.....	787	NATIONAL AGRICULTURAL LIBRARY.....	787
Serious head injury in sport KENNETH W LINDSAY, GREIG MCLATCHIE, BRYAN JENNETT.....	789	RECEIVED.....	789
USSR Letter: Questions of sickness certification MICHAEL RYAN.....	791		791
Non-surgical management of peripheral vascular disease: a review C A C CLYNE.....	794	OCT 3 1980.....	794
Reading for Pleasure: O Absalom DOUGLAS HUBBLE.....	797		797
Chance, Coincidence, Serendipity WILLIAM EVANS.....	786		786
Materia Non Medica—Contributions from M R TETLEY, ALLAN GRAY.....	793	PROCUREMENT SECTION.....	793
Words B J FREEDMAN.....	788	CURRENT SERIAL RECORDS.....	788
Medicine and Books.....	799		799
Personal View C P ELLIOTT-BINNS.....	804		804
Correction: Printed information for the lay public on cardiovascular disease M O'HANRAHAN ET AL.....	793		793

CORRESPONDENCE—List of Contents.....	805
--------------------------------------	-----

NEWS AND NOTES

Views.....	816
Epidemiology—Surveillance of food poisoning.....	817
Medicolegal—Care orders: the right of appeal.....	818
Medical News—Changes in MRCP examination.....	818
BMA Notices.....	819
Correction: GMC: By-election in Wales.....	819

OBITUARY.....	814
---------------	-----

SUPPLEMENT

Organisation and management problems of mental illness hospitals S J RODGERS.....	820
Medical academic staff.....	822
Preclinical salaries agreed.....	822
Permanent Committee on Manpower.....	822
Training courses for POWARs.....	822

CORRESPONDENCE

Care of the unconscious W B Jennett, FRCS, and D de R Gentleman, MB.....	Why don't venereologists like prophylactic antibiotics? A J Essex-Cater, FFCM.....	Symptoms in middle life and the menopause Jean K M Coope, MB.....
805	809	811
Dietary prevention of ischaemic heart disease J I Mann, MD, and Jean W Marr, SRD; G H B Martin, MD; W W Yellowlees, FRCP; B Lewis, FRCP.....	Protein synthesis and breakdown after vaccination Kirstine Adam, PHD, and I Oswald, FRCPsych.....	Progestogens before and after the menopause C R Kay, FRCP.....
805	809	811
Stress after amniocentesis for high serum alpha-fetoprotein concentrations R Harris, FRCP, and others.....	Porphyria cutanea tarda and beta-thalassaemia minor with iron overload R S Day, PHD, and others.....	Spending to save money P W L Siklos, MRCP.....
807	809	812
Handling of injectable antineoplastic agents Sheila C Cartwright, FRCR.....	The anaesthetist and the pain clinic Lesley A M Wills, MRCP.....	The revised consultant contract R Hole, FRCS.....
807	809	812
Comparison of continuous and intermittent papaveretum after cholecystectomy E N S Fry, FFARCS; P J Slattery, FFARCS, and M D A Vickers, FFARCS.....	A better system for polio vaccination in developing countries? D R Bell, FRCP.....	Advertisement from group of homosexual doctors D A Holt, MRCP; J A Hicklin, MB.....
807	810	812
Impotence in diabetic and non-diabetic hospital outpatients P d'A Semple, MRCP, and others; Eva Lester, MRCPATH, and F J Woodroffe, FRCP.....	Conversion of thyroxine to triiodothyronine R T Jung, MRCP, and others.....	Thai initiatives in Kampuchean refugee camps P Bhiwandiwala, MD.....
808	810	812
Is methotrexate carcinogenic? C P Turnbull, PHD, and Maryanne Roach, DISC.....	Nephrotic syndrome with slight proliferative changes: response to prednisone K T Woo, FRACP, and others.....	Points Hyperlipidaemia advances and re-treats (A A Lewis); Drugs and rheumatoid arthritis (I H J Bourne); Conjunctivitis and proctol (K W Lovell); On which side of the brain does the language function lie? (S R Nightingale); Vocational training for general practice (A Demetriou); Remember the family doctor (M M Ferris); Pets to stabilise schizophrenics (M L Lloyd-Evans); Antibiotics in surgical treatment of acute abscesses (R H Grace); Dietary prevention of ischaemic heart disease (T H Crouch); A grim experiment—children in cars (D D Knox).....
808	810	813
Rugger player's ear T P Cutler, MRCP.....	Factor VIII supply and demand A Aronstam, MRCPATH.....	
808	810	
	Progesterone, fluid, and electrolytes in premenstrual syndrome A W Clare, MRCPsych.....	
	810	
	Health education to improve rubella immunisation in schools Bridget M Barcroft, MRCS.....	
	811	

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.

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.

Care of the unconscious

SIR,—The anaesthetist (rather than anaesthesia) has several important roles to play in the management of severe head injuries, as Dr Jean M Horton (5 July, p 38) and Dr Peter J F Baskett (26 July, p 287) indicate. However, neither referred specifically to a problem of particular significance in Europe, where patients in coma often have to be transferred from primary hospitals to regional neurosurgical units, sometimes urgently because intracranial complications are suspected. We have found that such patients are still frequently transported without due regard to their airway, and often without a nasogastric tube in situ; even when accompanied by a doctor or a nurse untoward episodes that threaten to damage further the already injured brain sometimes occur en route. It is ironic that these should happen to patients transferred within the hospital system (even between one intensive care unit and another), at a time when anaesthetists are becoming concerned with preventing such incidents before patients reach hospital.

Various specialised units now provide for patients from wide catchment areas, so that there are several other conditions that sometimes call for the interhospital transfer of critically ill patients. Every general hospital should therefore consider formalising procedures for the transportation of such patients. Your contributors rightly claim that anaesthe-

tists are well placed to give leadership in this kind of organisational problem; but writing rules will not be enough, because expert advice will be needed about each case as it arises. For example, as Dr Horton so clearly explains, the choice between oropharyngeal, nasopharyngeal, and endotracheal tubes is as important as the skill required to pass them. In order to minimise the use of inappropriate measures that might incur additional hazard

or unacceptable delay, a designated doctor or senior nurse with experience in this field should always be available to make such decisions.

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Dietary prevention of ischaemic heart disease

SIR,—Sir John McMichael has written once again (16 August, p 517) criticising the relevance of diet in the prevention of ischaemic heart disease. He makes a number of points he has raised previously and in addition suggests that the recent report of the National Academy of Sciences, *Toward Healthful Diets*,¹ provides further evidence that "no prevention of coronary heart disease can be achieved by dietetic and drug reduction of blood cholesterol..." Sir John claims that the National Academy of Sciences is the "supreme court of science" and implies that useful comments cannot be made by those associated with the food industry.

Many readers in the UK will not have seen the report nor will they be aware of some of the revelations relating to it which were described

in the national press of the US. The *International Herald Tribune* said: "The [Food and Nutrition] board has strong ties to the food industry. Two members are food company executives and some members from universities are paid consultants to food companies, including egg producers. Although the board receives federal contracts for specific projects, its basic support comes from food industry contributions, which were used to finance the report."² The *Nation's Health*, the official newspaper of the American Public Health Association, said: "The National Academy of Sciences and Olson [a member of the board] confirmed reports that the two men [on the board] receive about 10% of their income from food industry sources."³

Apart from the representatives of the food