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CURRENT STAFF LISTING

SATURDAY 16 MAY 1981

LEADING ARTICLES

Pertussis vaccine	1563	Late consequences of abortion	1564
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CLINICAL RESEARCH • PAPERS AND SHORT REPORTS • PRACTICE OBSERVED

Regular Review: Timolol after myocardial infarction: an answer or a new set of questions? J R A MITCHELL	1565
Sulphasalazine retention enemas in ulcerative colitis: a double-blind trial K R PALMER, J R GOEPEL, C D HOLDSWORTH	1571
Angioimmunoblastic lymphadenopathy after infectious mononucleosis J M SEIGNEURIN, J MINGAT, G M LENOIR, P COUDERC, M MICOUD	1574
Analgesic effects of branding in treatment of headaches A BRANTHWAITE, P COOPER	1576
Electrocardiographic signs of pulmonary hypertension in children who snore A R WILKINSON, M S MCCORMICK, A P FREELAND, D PICKERING	1579
Do patients receiving haemodialysis need folic acid supplements? J CUNNINGHAM, V L SHARMAN, F J GOODWIN, F P MARSH	1582
Hypothermia and hypotension in Hodgkin's disease OSAMA M KORIECH	1582
Transcervical thymectomy and thymus remnants MOISES ROSENBERG, AQUILES J RONCORONI	1583
Infective dose of <i>Campylobacter jejuni</i> in milk D A ROBINSON	1584
Spinal meningioma presenting as focal epilepsy: a case report M HARRINGTON, I BONE	1584
Postoperative legionella pneumonia diagnosed by percutaneous lung aspiration M K BENSON, R G MITCHELL, M PHILLIPS	1585
Calcium and calciferol antagonise effect of verapamil in atrial fibrillation BAR-OR DAVID, GASIEL YOEL	1585
Fatal fat embolism after minor trauma ALASTAIR M LESSELLS	1586
Law and the General Practitioner: Appearing in court BERNARD KNIGHT	1587
Sex Problems in Practice: Referring patients to a gynaecologist or psychiatrist and to a marriage guidance counsellor PHILIP R MYERSCOUGH, ANITA BLUM	1589
Beyond the Surgery: General practitioner in a hospice ERIC WILKES	1591
Patient Participation: What is it? SUE BURKHART	1593
Berinsfield Community Participation Group JAN BURGESS	1593

MEDICAL PRACTICE

Pertussis immunisation and serious acute neurological illness in children D L MILLER, E M ROSS, R ALDERSLADE, M H BELLMAN, N S B RAWSON	1595
Consensus in Medicine: Caesarean childbirth SUMMARY OF AN NIH CONSENSUS STATEMENT	1600
Statistics in Question: Assessing Clinical Trials—First Steps SHEILA M GORE	1605
Dealing with the Disadvantaged: Helping families with a mentally handicapped member VICTORIA SHENNAN	1608
Compensation for Drug Injury: Two solutions to an insoluble problem RICHARD SMITH	1610
National Poisons Information Services: report and comment 1980 GLYN N VOLANS, GEORGE M MITCHELL, ALEXANDER T PROUDFOOT, ROBERT G SHANKS, JOSEPH A WOODCOCK	1613
Any Questions?	1599, 1604, 1607, 1615
Medicine and Books	1616
Personal View D M HUMPHREYS	1620

CORRESPONDENCE—List of Contents	1621
---------------------------------------	------

OBITUARY	1632
----------------	------

NEWS AND NOTES

Views	1634
Parliament	1635
Medical News—Lead in petrol to be cut by two-thirds	1635
BMA Notices	1636

SUPPLEMENT

The Week	1637
Letter from Westminster WILLIAM RUSSELL	1638
From the Council: Private medical services and continuity of care	1639
CCCM discusses redundancy and early retirement	1641
BMA Supplementary Annual Report of Council 1980-1 Appendix IV: Amendments to the Articles, Bylaws, and Second Schedule to the Bylaws	1642
Planning to work in the USA? J M CONNOR, R A C CONNOR	1645

CORRESPONDENCE

Deaths from asthma on holiday I W B Grant, FRCPED, and G K Crompton, FRCPED.....	Prevention of haemolytic disease of the newborn due to anti-D J E Earis, MRCP.....	Cost of treating pseudomembranous colitis I Hamilton, MRCP, and I F Pinder, MRCP..
1621	1626	1629
Problems of overseas doctors F I D Konotey-Ahulu, FRCP; G Dick, FRCP; K Korlipara, MB; W F W Southwood, FRCS; J G M McLean, MRCP; A W F Lettin, FRCS; G A Moge, MD; W A M Cutting, MRCPED.....	ABC of blood pressure management C G H Maidment, MRCP.....	Depression of cellular immunity as an index of malnutrition in surgical patients A J McIrvine, FRCS, and J H N Wolfe, FRCS
1621	1626	1629
Overseas doctors and the problem of "chronic trainees" G T Watts, FRCS.....	Treatment of mild and moderate hypertension B Isaacs, FRCPED; J A P Trafford, FRCP....	Are fibre supplements really necessary in diverticular disease of the colon? M H Ornstein, FRCS, and others.....
1623	1627	1629
Prevention and care of disabling chest disease J T Hart, FRCP.....	Ruptured popliteal cyst and pyogenic arthritis J G Taylor, FRCS.....	Pathologists and head injuries D J Gee, FRCPATH.....
1624	1627	1630
How should we talk about acute leukaemia to adult patients and their families? R K Woodruff, FRACP.....	Successful plasmapheresis in the Miller-Fisher syndrome R P Brettell, MRCP; A Gerard, MD.....	Amiodarone increases plasma digoxin concentrations A Achilli, MD, and Nicola Serra, MD.....
1624	1627	1630
Psychiatry in the general hospital M J Heath, MB; C M Bass, MRCPsych, and Charlotte Feinmann, MRCPsych.....	Successful treatment of D-penicillamine-induced breast gigantism with danazol P J Rooney, MRCP, and J Cleland, MRCP..	Medical education and the community H N Goodall, MB.....
1624	1627	1630
Helping patients with strokes P R V Tomson, FRCP.....	Prostaglandins in obstetrics R J Lilford, MRCP.....	Bank holidays and the NHS J Haworth, MRCP.....
1625	1628	1630
"General Practice Revisited" Ann Cartwright, PhD, and R Anderson, MSc.....	The needs of animals and men Mary-Elizabeth Raw, MRCVS.....	Points Hazards of unemployment (R J Galloway); Are fibre supplements really necessary in diverticular disease of the colon? (D A Watkins); Toxoplasmosis (R J Harrison); Vaginal candidiasis and anaemia (G McNeish); Nose bleeds (A H Hodson); Left and right (P E Jackson); Unilateral outward-turning leg in infancy (J Williams); Actions of disodium cromoglycate and ketotifen on exercise-induced bronchoconstriction (C S Livingstone); Big books or megapolytomes? (C D Needham); "Who Will Deliver Your Baby?" (W Love).....
1625	1628	1631
Diagnosis of deep vein thrombosis using indium-111-labelled platelets A Fenech, MD, and others; R P Grimley, FRCS, and others.....	How to take blood from patients who have hepatitis B N R Grist, FRCPATH; A C Ames, FRCPATH..	
1625	1628	
Health education and the media P Thomson.....	Predictive value of paired plasma and serum viscosity in early rheumatic conditions E Ernst, MD.....	
1626	1628	
	Prescribing clindamycin R Wise, MRCPATH; D W Milligan, MRCP..	
	1629	

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.

Deaths from asthma on holiday

SIR,—Many respiratory units in the United Kingdom and several other countries have now adopted schemes similar to the Edinburgh emergency asthma admission service¹ in an attempt to prevent avoidable deaths from bronchial asthma, and it is generally believed that such schemes may have saved a considerable number of lives. A few days ago, however, a 19-year-old female patient on our emergency admission list died from asthma while on holiday in the Isle of Arran. This tragic occurrence prompted us to review our records of deaths from asthma outside Edinburgh, including those which had taken place before the emergency asthma admission service was inaugurated, and we found that three other patients had died while on holiday, one in a caravan camp at St Andrews, the second on the Isle of Man, and the third in a remote Highland village. It is quite possible that all the four patients would have survived if they or their companions had known where to seek expert hospital care, but in each case the circumstances were such that a fatal outcome was virtually inevitable.

With emergency admission schemes patients with potentially lethal asthma are relatively

safe so long as they remain in their home environment, but it is clear that we have underestimated the danger to which such patients are exposed while they are on holiday, particularly in remote places. We therefore intend in future to ask the asthmatic patients on our emergency admission list to let us know when they are going on holiday, and where, so that we can inform them of the location of the nearest hospital to which they can be taken immediately if they develop a severe attack. There are, of course, particular problems with foreign travel, and we always try to persuade our patients with severe asthma to take their holidays somewhere in the United

Kingdom. Wherever they go, however, we invariably advise them to take a stock of prednisolone tablets with them, so that they can start treatment with this drug immediately if they have a major recurrence of asthma.

With the approach of the holiday season, we feel that the warnings and advice given in this letter have a pertinence that is not always recognised.

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¹ Crompton GK, Grant IWB, Bloomfield P. *Br Med J* 1979;ii:1199-201.

Problems of overseas doctors

SIR,—Dr Richard Smith's comprehensive analysis of the problems of overseas doctors (28 March, p 1045; 4 April, p 1133; 11 April, p 1214) deserves a comment from an overseas doctor.

Firstly, I consider the most significant statement in his articles to be related to British-born gradu-

ates: "Finding good training posts and career jobs once trained remains a testing obstacle course for home graduates" (p 1214). We overseas doctors must italicise this statement because it will help us tackle our own problems properly. For to expect that it should be less hazardous or traumatic for us is ludicrous.

My second observation is that the British-born