

# BRITISH MEDICAL JOURNAL

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## LEADING ARTICLES

Yellow fever—cause for concern? .....	1735
Mixed-sex wards .....	1736
Retinitis pigmentosa .....	1736

Crises and interventions .....	1737
Vibration syndrome again .....	1738
Primary care in inner London .....	1739

## CLINICAL RESEARCH • PAPERS AND SHORT REPORTS • PRACTICE OBSERVED

### Relation of angiographically defined coronary artery disease to plasma lipoprotein subfractions and apolipoproteins

N E MILLER, F HAMMETT, S SALTISI, S RAO, H VAN ZELLER, J COLTART, B LEWIS .....	1741
Hepatic vascular lesions associated with dacarbazine treatment M A GREENSTONE, PAULINE M DOWD, D P MIKHAILIDIS, P J SCHEUER .....	1744
Retinal vasculitis in rheumatoid arthritis M F R MARTIN, D G I SCOTT, C GILBERT, P A DIEPPE, D L EASTY .....	1745
Haloperidol secreted in breast milk L J WHALLEY, P G BLAIN, J K PRIME .....	1746
Malaria diagnosis by enzyme-linked immunosorbent assays DENNIS E BIDWELL, ALISTER VOLMER .....	1747
Cryoanalgesia for relief of pain after thoracotomy O MAIWAND, A R MAKEY .....	1749
Preliminary evaluation of a single-day tubeless test of pancreatic function	

C J MITCHELL, H P FIELD, F G SIMPSON, A PARKIN, J KELLEHER, M S LOSOWSKY .....	1751
Comparison of antianginal actions of verapamil and propranolol M J BOWLES, V BALA SUBRAMANIAN, A B DAVIES, E B RAFTERY .....	1754
Colonisation of ventriculoatrial shunt with <i>Brucella abortus</i> P PURI, T W HARVEY .....	1754
Ketotifen overdose: surveillance of the toxicity of a new drug D B JEFFERYS, G N VOLANS .....	1755
Persistent involuntary movements after treatment with flupenthixol D J DICK, M SAUNDERS .....	1756
Dangers of amiodarone and anticoagulant treatment A REES, J J DALAL, P G REID, A H HENDERSON, M J LEWIS .....	1756
Emergency treatment of high blood pressure with oral atenolol L T BANNAN, D G BEEVERS .....	1757
Renin-dependent hypertension in polyarteritis nodosa THOMAS G PICKERING, MICHAEL D LOCKSHIN, WILLIAM J EISENMAYER .....	1758
Emergencies in the Home: ENT emergencies in general practice H DE LA HAYE DAVIES .....	1759
Patient Participation: Aberdare Patients Committee D J THOMAS .....	1761
Law and the General Practitioner: Committing a patient S E JOSSE .....	1762
Beyond the Surgery: General practitioner on the lifeboat O C PARRY-JONES .....	1765

## MEDICAL PRACTICE

### Clinicopathological study of pancreatic and ganglioneuroblastoma tumours secreting vasoactive intestinal polypeptide (VIPomas)

R G LONG, M G BRYANT, S J MITCHELL, T E ADRIAN, J M POLAK, S R BLOOM .....	1767
Academic surgery: future uncertain H A F DUDLEY .....	1771
Letter from Chicago: Neither fish nor fowl GEORGE DUNEA .....	1773
ABC of 1 to 7: The terrible 2s CLAIRE STURGE, H B VALMAN .....	1776
Dealing with the Disadvantaged: Dealing with dying patients and their relatives ELISABETH EARNSHAW-SMITH .....	1779
Statistics in Question: Assessing clinical trials—design I SHEILA M GORE .....	1780
Reading for Pleasure: Ali Baba's cave L J TEMPLE .....	1782
Any Questions? .....	1775, 1779, 1781, 1783
Materia Non Medica—Contributions from J SHAFAR, ANN SAVAGE .....	1775
Medicine and Books .....	1784
Personal View ANDREW R POTTER .....	1789

## CORRESPONDENCE—List of Contents .....

## OBITUARY .....

## NEWS AND NOTES

### Views .....

### Epidemiology—Foodborne gastroenteritis of unknown

aetiology: a virus infection?

HAZEL APPLETON, S R PALMER, R J GILBERT .....

### Medical News .....

### BMA Notices .....

## SUPPLEMENT

The Week .....	1807
Letter from Westminster WILLIAM RUSSELL .....	1808
BMA leaders to see Patrick Jenkin on pay .....	1809
Review Body award: Juniors' chairman writes to PM; GMSC's statement .....	1810
St Mary's redevelopment: three years later .....	1811
Primary health care in inner London .....	1814
From the CCCM .....	1815

# CORRESPONDENCE

## Analgesic nephropathy

Priscilla S Kincaid-Smith, FRCP..... 1790

## Prognosis of Crohn's disease

W T Cooke, FRCP; J F Mayberry, MD..... 1791

## Deaths from asthma on holiday

J Haworth, MRCGP..... 1791

## Corticosteroid resistance in chronic asthma

L S Hill, MRCP..... 1791

## Calcium antagonists in exercise-induced asthma

P R Butchers, BSC, and others..... 1792

## Are fibre supplements really necessary in diverticular disease of the colon?

Sir Francis Avery Jones, FRCP; A J M Brodribb, FRCS; J M A Northover, FRCS..... 1792

## Multiple sclerosis

R J Prescott, PhD..... 1792

## Trial of folic acid treatment to prevent recurrence of neural tube defects

R W Smithells, FRCP, and others; Patricia A Barford, PhD, and Anne E Pheasant, PhD 1793

## Masked advertising?

R M Harden, FRCPGLAS..... 1793

## Ultrasound of the gallbladder

T Gledhill, FRCS, and P C Weaver, FRCS; J G B Russell, FRCP, and Jacqueline M Davies, DMU; M G S Golby, FRCS..... 1794

## "General Practice Revisited"

D H H Metcalfe, FRCPGP..... 1794

## Seatone in arthritis

R G Gibson, MRCP, and Sheila L M Gibson, MD..... 1795

## Treatment of anaphylactic shock

N C Morrow; G C Jenkins, FCIS..... 1795

## How dangerous are falls in old people?

O M P Jolobe, MRCP..... 1795

## Nappy rashes

J J Jones, MB..... 1796

## "Benign" monoclonal IgE gammopathy

B M Colls, FRACP..... 1796

## Hazards of unemployment

T Davison, MSC, and Jennie Popay, MSC..... 1796

## Failure of ejaculation with indoramin

B A Gould, MRCP, and others..... 1796

## Premature ejaculation

R E Goodman, MRCS..... 1796

## The effects of Hurricane Allen

Marian Davis, MB, and Kate Keohane, MB 1797

## Contact vaccinia from recently vaccinated British soldiers

A K R Chaudhuri, FRCPGLAS, and others..... 1797

## Prostaglandins in vascular disease

S Heptinstall, PhD..... 1797

## Comparison of oestradiol and prostaglandin E<sub>2</sub> vaginal gel for

## ripening the unfavourable cervix

A P Bond, MRCOG..... 1797

## Prescribing clindamycin

I A Cocks, MB..... 1798

## Chronic mucocutaneous candidiasis and iron deficiency

R F Mueller, MRCP..... 1798

## Serological diagnosis of typhoid fever by counterimmunoelectrophoresis

K D Moudgil, MD..... 1798

## Chronic idiopathic thrombocytopenic purpura

I G Barrison, MRCP, and others..... 1798

## Milk-borne campylobacter infection

J C M Sharp, FFCM, and G M Paterson, SDDH..... 1798

## High-density lipoprotein and other risk factors for coronary artery disease

K V Woollard, MRCP..... 1799

## Dealing with Vietnamese refugees

Lim Kuan Joo, MD..... 1799

## Teaching and service

E N Wardle, MD..... 1799

## Points The future of cardiology (Sir J Keith

Ross; J W Fairley); ABC of blood pressure

management (A A Morgan); Late conse-

quences of abortion (Ann Cartwright);

Hedgehogs and reprints (M J Gilkes)..... 1799

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.

## Analgesic nephropathy

SIR—I wonder if you will publish a comment on your leading article on analgesic nephropathy (31 January, p 339). There is compelling evidence that Australians do have more analgesic nephropathy. My interest was stimulated in 1959, when soon after arriving in Australia I recognised what to me was a new kidney lesion—namely, renal papillary necrosis with pigmented papillae. This lesion appeared frequently on necropsy tables in Melbourne hospitals, whereas in six years spent carefully scrutinising kidneys in London at the Royal Postgraduate Medical School, I had recognised only one, which I kept among my "rare case" collection.

This anecdotal experience was strengthened by a study carried out from 1959 to 1962, which revealed 92 clinical cases of analgesic nephropathy in this hospital.<sup>1</sup> Necropsy studies in Australia have revealed renal papillary necrosis in 8·7-21·4% of all necropsies, compared with 0·16% in the United Kingdom.<sup>2</sup> The Australian Kidney Foundation Registry has a record of every patient dialysed or transplanted since programmes commenced in 1963. Over this period analgesic nephropathy has accounted for 20-25% of all cases of end-stage renal failure. Phenacetin was

removed from many over-the-counter analgesics in Australia as early as 1962 and from the last two popular compounds in 1967 and 1975 respectively; and yet analgesic nephropathy remains distressingly frequent, still accounting for 35% of patients accepted for dialysis in Queensland (table).

Analgesic nephropathy with clinical features and renal lesions identical to those seen with phenacetin-containing medications has continued to develop in patients who have taken only aspirin-salicylamide-caffeine or aspirin-paracetamol-caffeine mixtures.<sup>3</sup> Hopefully, recent restrictions which place these mixtures on prescription will reduce the numbers

presenting for costly treatment of end-stage renal failure.

Even if abuse of over-the-counter analgesics ceases, a steady trickle of iatrogenic papillary necrosis associated with prescription of non-steroidal anti-inflammatory agents is likely to continue. Patients with rheumatoid arthritis commonly show papillary necrosis at necropsy,<sup>4-6</sup> but if they develop renal failure this occurs at an age at which dialysis is not usually considered. Recently we have seen renal papillary necrosis related to prolonged treatment with non-steroidal anti-inflammatory agents, given during childhood for Still's disease and congenital hip disease; and similar cases have been reported from elsewhere.<sup>7</sup>

We have also investigated the possibility that there may be a genetic predisposition to analgesic nephropathy and have found an association between HLA-B12 and analgesic nephropathy.<sup>8</sup>

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<sup>1</sup> Dawborn JK, Fairley KF, Kincaid-Smith P, King WE. *Q J Med* 1966;35:69.

Number and proportion of new patients with analgesic nephropathy in 1980: data from the Australian Kidney Foundation dialysis and transplant registry

State	No with analgesic nephropathy	Total No in registry	%
Queensland	29	84	35
New South Wales	66	235	28
Victoria	10	117	9
South Australia	5	57	9
Western Australia	6	45	13
Australia	116	538	22