B77

BRITISH
MEDICAL
JOURNAL

SATURDAY 29 AUGUST 1981

LEADING ARTICLES

The right to live and the right to die 569
Pancreatic islet-acinar interactions 570
Fractures of the carpal scaphoid 571
Undergraduate medical education in genitourinary medicine 572

CLINICAL RESEARCH • PAPERS AND SHORT REPORTS • PRACTICE OBSERVED

Blood viscosity after splenectomy D A F ROBERTSON, F G SIMPSON, M S LOSOWSKY 573
Increase in drug resistance among Shigella dysenteriae, Sh flexneri, and Sh boydii R J GROSS, B ROWE, T CHEASTY, LINDA V THOMAS 575
Correction: Evidence for defect of complement-mediated phagocytosis by monocytes from patients with rheumatoid arthritis and cutaneous vasculitis N P HURST, G NUKI 576

Effects of sodium valproate in 100 children with special reference to weight J EGGER, E M BRETT 577
Why request reprints? JOHN T MACFARLANE, MICHAEL H CULLEN, DAVID C BANKS 581
Warfarin poisoning in patients with prosthetic heart valves FRANCIS TOOLIS, R HOWARD ROBSON, JULIAN A J H CRITCHLEY 581
Fenbufen-induced erythema multiforme ANDREW PEACOCK, JOHN LEDINGHAM 582
Oesophageal perforation at fibreoptic gastroscopy J DAWSON, R COCKEL 583
Actinobacillus lignieresii infection after a horse bite W L DIBB, A DIGRANES, S TØNJUM 583
Further observations on serum free thyroxine concentrations during pregnancy A M B BOSS, D KINGSTONE 584

Referring children to an ENT department and prescribing psychotropic drugs to their mothers D J G BAIN, C M SALES 585
The riots in my practice—Toxteth PATRICIA A BRADLEY 588

U.S. DEPT. OF AGRICULTURE
NATIONAL AGRICULTURAL LIBRARY
RECEIVED
[illegible] 16 1981
PROCUREMENT SECTION
CURRENT SERIAL RECORDS

MEDICAL PRACTICE

Driving for the disabled S S TACHAKRA 589
ABC of 1 to 7: Systolic murmurs H B VALMAN 592
Terminal care: present services and future priorities BARRY LUNT, RICHARD HILLIER 595
Letter from Chicago: Gang of ninety-five GEORGE DUNEA 598
Statistics in Question: Assessing methods—art of significance testing SHEILA M GORE 600
Reading for Pleasure: Postoperation diet J M DUNLOP 603
Any Questions? 602
Materia Non Medica—Contributions from R E GOODMAN, WILLIAM THOMSON 604
Medicine and Books 605
Medicine and the Media—Contributions from JOHN PRICE, J A MUIR GRAY 609
Personal View ALFRED WHITE FRANKLIN 610

CORRESPONDENCE—List of Contents 611
OBITUARY 624

NEWS AND NOTES

Parliament 622
Medical News 622

NO 6291 BRITISH MEDICAL JOURNAL 1981 VOLUME 283 569-626
BRITISH MEDICAL ASSOCIATION TAVISTOCK SQUARE LONDON WC1H 9JR.

ASTM CODEN: BMJOAE 283 (6291) 569-626 (1981)
WEEKLY. SECOND CLASS POSTAGE PAID AT NEW YORK NY

CORRESPONDENCE

The right to live and the right to die
M J Absolon, FRCS; R S Illingworth, FRCP; D Hooker, MRCGP; M Catherine Willis, MB; M J Donaldson, MB 611
Children and parasuicide
R B Crossley, MRCPSYCH 612
Child abuse: the swing of the pendulum
J E Oliver, MRCPSYCH; Joan N Towler, MFCM; R M E Stone, MRCGP; Liz Meerabeau 613
Home deliveries and British obstetrics
A J Fogarty, MRCP 613
Sleep problems in young children
A W Fowler, FRCS 614
Urinary tract infection in young children
L J Downey, MB 614
Tonsillitis and otitis media
N K Saha, FRCS 614
Prostaglandins in gel for abortion
O Djahanbakhch, MRCOG, and N H N Gardner, FRCOG 614
The pill at the menopause
G J Lewis, MRCOG 614
Living with one eye
E Robberecht, MD 614
The air rifle: a dangerous weapon
D R Lucas, FRCPATH 614
Seat-belt legislation and after
E O C Grattan, FRCS; Margaret L Heath, FFARCS; W N Dunnet, FFCM 615
Shrapnel presenting with symptoms 62 years after wounding
J P Shepherd, FDSRCS 616
Treatment of acute mountain sickness
M D O'Brien, MD 616
Telling the right patient
H Davies, FRCGP; D Kushlick 616
Meningococcal chemoprophylaxis
R J Fallon, FRCPATH, and J Stevenson, FRCPED 616
Complement-mediated phagocytosis in rheumatoid vasculitis
N P Hurst, MRCP, and G Nuki, FRCP 617
Cardioversion 125 times without necrosis
R H Falk, MRCP; C F Corke, MRCP 617
Multiple-gated blood pool imaging in diagnosis of left ventricular aneurysms
J B Bingham, MRCP, and M N Maisey, FRCP 617
Prescribing for the elderly
J C Brocklehurst, FRCP 618
Addiction to tranylcypromine
J H C Morgan, MRCGP 618
Synergistic action of metolazone with "loop" diuretics
J M Bamford, MB 618
Breast transillumination using the sinus diaphanograph
A J Hedley, FRCPED 618
Mortality from coronary heart disease in the British army compared with the civil population
M Newman, MRCP; Colonel J G P Power, MB 619
Why treat cirrhosis?
A G Johnson, FRCS, and D R Triger, FRCP. 619
Career structure: an impediment in academic medicine
R F Gledhill, MD 619
Management of scientific services and the changing face of the laboratory
J K Fawcett, FIMLS 619
Training of pathologists
Karin M Englehart, MRCP 620
Who does what in the pathology laboratory?
Constance A C Ross, FRCPATH 620
Medical advice and management in the Scottish Health Service
J K W Morrice, FRCPSYCH 620
Should doctors be budget holders?
H R A Townsend, FRCPED 620
Notice for nominations
C D Jobling, FRCPATH 621
Prescription medicines
G E Appelbe 621
Changes in DCH examination
D A Pyke, FRCP 621
Needs of accident and emergency departments
J Kotowski, MB 621

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.

The right to live and the right to die

SIR,—In the discussion arising out of the case of the Down's syndrome baby operated on against the parents' wishes, there has been much talk in the media by paediatricians and others about the rights of the parents being respected but little attention paid to the right of the baby to live. As the father of a 15-year-old boy with Down's syndrome, I feel I can with justification argue against those who have criticised the decision taken in this case without being accused of not having to accept the burden of bringing up such a child.

So far as I understand the situation, the baby in question was given a prognosis by the attending paediatricians of a life normal for a Down's syndrome child, provided that the operation was carried out as advised. If a baby is born with such severe defects that death seems inevitable within a short time unless an existence is indefinitely prolonged by artificial means, then no one would support heroic measures, although some would not agree with sedation and starvation. But this was not the situation here, and this was not the situation commented on by at least two paediatricians, who, as I understood them, said that Down's syndrome babies should be allowed to die, if that is the parents' decision, since their wishes in the matter were paramount and since it was unkind to allow these children to grow up and experience a miserable existence. It was also said that the law should never be allowed to intervene in decisions such as these, which should lie with the parents advised by their doctors.

If we take the last point first, this is the ideal, provided that the doctors adhere to the Geneva convention ("I will maintain the utmost respect for human life from the time of conception") and that someone takes into account the right of the child to live and enjoy himself to the best of his ability. If the doctors do not do this, then the baby has the right to be represented by society, whose opinion is formulated in the law. It is no argument to say that because we cannot necessarily expect distraught parents to take on the care of a handicapped child the child should be allowed to die. One has the utmost sympathy and no condemnation for parents who feel unable to face up to life with a handicapped child and only those who have gone through this anguish themselves, as my wife and I did, can fully appreciate parents' feelings. However, the remedy in such cases is for the baby to be fostered, not to be allowed to die. As to the quality of life enjoyed by Down's syndrome children, I wondered, listening to my paediatric colleagues, whether they have actually been into the community to see how these children do enjoy life. Have they visited families where a handicapped child is lovingly accepted by parents and siblings and contributes to family life? Have they visited foster homes? Have they visited