BRITISH MEDICAL JOURNAL

SATURDAY 12 SEPTEMBER 1981

LEADING ARTICLES

Doctors and nurses 683
Management of patients with bilateral amputations 684
Preconception clinics 685

CLINICAL RESEARCH • PAPERS AND SHORT REPORTS • PRACTICE OBSERVED

Regular Review: Paget's disease of bone D J HOSKING 686

Cerebral blood flow and blood viscosity in patients with polycythaemia secondary to hypoxic lung disease
J P H WADE, T C PEARSON, R W ROSS RUSSELL, G WETHERLEY-MEIN 689

Effect of antigen load on development of milk antibodies in infants allergic to milk
M A FIRER, C S HOSKING, D J HILL 693
Whooping cough in adults B TROLLFORS, E RABO 696
Cimetidine-induced erythema annulare centrifugum: no cross-sensitivity with ranitidine A C MERRETT, R MARKS, F J DUDLEY 698
Herpes-zoster myelitis treated successfully with vidarabine R N CORSTON, S LOGSDAIL, R B GODWIN-AUSTEN 698
Gastric mucus secretion in ranitidine-treated patients M GUSLANDI, E BALLARIN, A TITTOBELLO 699
Primary systemic amyloidosis presenting as extreme hyperlipidaemia with tendon xanthomas
Y LEVY, P J MAGILL, N E MILLER, J COLTART, B LEWIS 699

Organisations relevant to primary health care in two communities CARL R WHITEHOUSE 701
Managing Chronic Disease: Diabetes mellitus II: Treatment JOHN JARRETT, TOM STEWART, LEONARD ROGERS 703

MEDICAL PRACTICE

Maternal alpha-fetoprotein screening: two years' experience in a low-risk district
SUSAN J STANDING, M J BRINDLE, A P MACDONALD, R W LACEY 705
An investigation into the management of bilateral leg amputees CATHERINE M C VAN DE VEN 707
Statistics in Question: Assessing methods—recognising linearity SHEILA M GORE 711
Lesson of the Week: Antagonistic effect of non-steroidal anti-inflammatory drugs on frusemide-induced diuresis in cardiac failure
A C YEUNG LAIWAH, R A MACTIER 714
ABC of 1 to 7: Minor orthopaedic problems in children J A FIXSEN, H B VALMAN 715
An evaluation of home visiting of patients by physicians in geriatric medicine MARCEL ARCAND, J WILLIAMSON 718
Any Questions? 710
Materia Non Medica—Contribution from J RAWLES 713
Medicine and Books 720
Personal View L T WEAVER 723
Correction: Helping disabled people with travelling costs ROBERTS 713

CORRESPONDENCE—List of Contents 724

OBITUARY 738

NEWS AND NOTES

Views 735
Medicolegal 736
Medical News 737
BMA Notices 737

SUPPLEMENT

Specialty budgeting in the new district health authorities
M EDWARDS, B G STRUDWICK, M A THOMPSON 741
Community physicians and NHS reorganisation in England
D P B MILES 743

NO 6293 BRITISH MEDICAL JOURNAL 1981 VOLUME 283 683-744
BRITISH MEDICAL ASSOCIATION TAVISTOCK SQUARE LONDON WC1H 9JR.

ASTM CODEN: BMJOAE 283 (6293) 683-744 (1981)
WEEKLY. SECOND CLASS POSTAGE PAID AT NEW YORK NY

CORRESPONDENCE

Precautions against rabies and other hazards for tourists
J M Cundy, FFARCS 724
Malaria prevention in travellers from the United Kingdom
G A B Cunningham, FRCGP; J R Copper, MRCP 724
What future for children in the developing world?
C A Porter, MRCP 725
Debendox in early pregnancy and fetal malformation
S P Vivian, MSC, and Jean Golding, PHD .. 725
Microcomputers in antenatal care
I S Logan, MRCGP 725
Drug treatment of premature labour
G J Lewis, MRCOG 726
The right to live and the right to die
R B Zachary, FRCS; J C Murdoch, MD; P F Doherty, MRCS 726
Audit in renal failure
R W Bilous, MRCP, and others; A L Caplan; A B Shaw, FRCP 726
Eosinophilia in patients undergoing dialysis
C H Tielemans, MD, and others 727
Hazards of biliary tract surgery
P C Hayes, MB, and others 728
Child-resistant containers: are we kidding ourselves?
R H Jackson, FRCP 728
Pertussis vaccine
J Cameron, PHD 728
Vomiting and acute diarrhoea in young children
A Milne 729
Arthritis and arthralgia associated with toxocaral infestation
R G H Bethel, MRCGP 729
Stridor
M G Addy, MRCP; N R Bennett, FFARCS .. 729
Pronounced cerebellar features in legionnaires' disease
I Bone, MRCP, and others 730
Oldest case of sarcoidosis in the world
P Richards, FRCP; J G Scadding, FRCP 730
Puff volume increases when low-nicotine cigarettes are smoked
V A Spence, PHD, and D O Ho-Yen, MB .. 730
Aspirin and glucose-6-phosphate dehydrogenase deficiency
A KARAKLIS, MD 731
Nodules at injection sites
D R Taylor, MRCP 731
Chlorosis, anaemia, and anorexia nervosa
C A Hall, MD 731
Noise at work
J M G Williams, DPHIL 731
Effect of naftidrofuryl on the metabolic response to surgery
D E F Tweedle, FRCSED, and I D A Johnston, FRCS 732
Treatment of acute mountain sickness
R J M Macdonald, MB; R E Garlick, MB .. 732
Role of local authority homes in the care of the dependent elderly
J P Wattis, MRCPSYCH 732
Seasonal fluctuations in serum concentrations of vitamin D metabolites in normal subjects
A G Need, MB, and others 732
Driving for the disabled
T E Sensky, MB 733
Effectiveness of out-of-hours biochemistry investigations
A D S Smith, MB, and others 733
Pharmacists as doctors
R Dickinson, FPS; W O'Donnell, MPS 733
Will doctors miss out again?
M F H Bush, FFCM 734
Junior posts and expansion of the consultant grade
D H Vaughan, FFCM 734
Points Statistics in medicine (R A Dixon); Overseas doctors: a step forward into chaos? (M R H Khan and M S Ali); Drugs and driving (M A Launer); Helping disabled people with travelling costs (C P U Stewart); A moral dilemma (K W Way); Noise at work (A L Pahor) 734

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.

Precautions against rabies and other hazards for tourists

SIR,—There are disturbing similarities between the latest case of rabies encephalitis reported by the media and a case treated at Lewisham Hospital in 1978.[1] The Lewisham patient sought treatment in India after a dog bite and believed that the injection given at an Indian hospital was rabies vaccine. Almost certainly he received tetanus prophylaxis only, since the course of his disease was typical of unmodified rabies encephalitis.

While our goal should be that any person likely to have contracted rabies is given as a matter of urgency diploid vaccine, we should recognise that UK nationals may well be inadequately treated where diploid vaccine is not freely available. Therefore tourists need to be informed that in the event of being bitten or coming into intimate contact with a potentially rabid animal they should ensure that they receive diploid vaccine as soon as possible. Personally I would suggest that they return immediately to the UK or, failing this, contact the appropriate British embassy to ensure satisfactory vaccination.

I would suggest that you press through this journal for all tourists to be given information concerning the health hazards of the countries which they are visiting, with details of how to obtain effective prophylaxis against or treatment of these hazards.

Similarly, the availability of diploid vaccine in the UK needs to be made widely known to GPs and casualty officers, who may see those tourists who follow my advice.

J M CUNDY

Lewisham Hospital,
London SE13 6LH

[1] Cundy JM. *Anaesthesia* 1980;**35**:35-41.

Malaria prevention in travellers from the United Kingdom

SIR,—I have followed the correspondence in your columns over recent months on drug prevention of malaria with considerable interest, having been practising for the past 20 years in Mombassa, Kenya, an area of high endemicity for *Plasmodium falciparum* infections.

The recent report from the Ross Institute (18 July, p 214) provides an admirable survey of the current situation and I am in full agreement with most of its recommendations. However, I should like to endorse the strictures made by Dr James Hawarth (3 January, p 70) against the use of Maloprim (pyrimethamine and dapsone), which I too discouraged in a review article on drug prophylaxis of malaria some time ago.[1]

My own experience with this drug when it was introduced 12 years ago was not a happy one. A banner was hung across the main street of Mombassa carrying the slogan "Beat malaria by taking two Maloprim a week." Within the next few weeks I had six Caucasian white patients presenting with frank