

BRITISH MEDICAL JOURNAL

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LEADING ARTICLES

Old men forget ALAN NORTON	1201
Alcoholic heart disease R W PORTAL	1202
Mechanical intestinal obstruction H ELLIS	1203
Surgical management of syringomyelia J M S PEARCE	1204
Adult acute leukaemia: prospects for cure J M GOLDMAN	1205

CLINICAL RESEARCH • PAPERS AND SHORT REPORTS • PRACTICE OBSERVED

Brittle diabetes: long-term control with a portable, continuous, intravenous insulin infusion system JOHN BAYLISS	1207
Variation in response to cytotoxicity of cigarette smoke J M HOPKIN, V S TOMLINSON, R M JENKINS	1209
Comparison between emission and transmission computed tomography of the liver O KHAN, P J ELL, P H JARRITT, I D CULLUM, E S WILLIAMS	1212
Another smoking hazard: raised serum IgE concentration and increased risk of occupational allergy O ZETTERSTRÖM, K OSTERMAN, L MACHADO, S G O JOHANSSON	1215
Fracture of neck of the femur: changing incidence A FENTON LEWIS	1217
Aspiration around high-volume, low-pressure endotracheal cuff WILLIAM MACRAE, PETER WALLACE	1220
Laburnum "poisoning" AMANDA BRAMLEY, ROY GOULDING	1220
Intravenous feeding to sustain pregnancy in patient with Crohn's disease A N H MAIN, A SHENKIN, W P BLACK, R I RUSSELL	1221
Pittsburgh pneumonia agent and legionellosis in Nottingham J T MACFARLANE, R G FINCH, A LAVERICK, A D MACRAE	1222
Organising a Practice: The single-handed doctor M HAMID HUSAIN	1223
Paying General Practitioners: Salaried service—a basis for the future? JOHN ROBSON	1225
No future for a salaried service MICHAEL LOWE	1227
Emergencies in the Home: Organising and training for emergencies DAVID RAWLINS	1229

MEDICAL PRACTICE

NOV 21 1981

Interpretation of the contraindications to whooping cough vaccination DAVID HULL	PROCEDURE AND SPECIALTY	1231
Conference Report: Transatlantic contrasts: the BMA at San Diego	CURRENT SPECIALTY REPORTS	1234
Letter from Chicago: Competition GEORGE DUNEA	1240	
My Student Elective: Massachusetts General Hospital ELEANOR MOSKOVIC	1242	
The Six Diseases of WHO: Leishmaniasis M L CHANCE	1245	
ABC of Alcohol: Definitions A PATON, J B SAUNDERS	1248	
Alcohol and Alcoholism: The habitual drunken offender: everybody's fool, nobody's friend RICHARD SMITH	1251	
Lesson of the Week: Lithium treatment and preoperative fluid deprivation M SCHOU	1253	
Reading for Pleasure: Monro and Marbot ALASTAIR MACLENNAN	1254	
Any Questions?	1233, 1241, 1247	
Materia Non Medica—Contributions from W K COWAN, ANN-LOUISE KINMONTH	1239	
Medicine and Books	1256	
Personal View PETER J BARBER	1260	

CORRESPONDENCE—List of Contents	1261	OBITUARY	1269
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NEWS AND NOTES

Views	1271
Parliament	1272
Medical News	1272
BMA Notices	1273

SUPPLEMENT

Juniors strongly support Short Report on manpower	1274
Couple of cats among the pigeons WILLIAM RUSSELL	1275
Civil Service medical officers' pay	1276
Further increases in fees	1276

CORRESPONDENCE

"Now, you need an x-ray examination..."	
J A Ross, FRCPED.....	1261
Maternal alpha-fetoprotein screening: two years' experience in a low-risk district	
J B Enticknap, FRCPATH, and others; Mary J Seller, PHD.....	1261
Cerebral blood flow and blood viscosity in patients with polycythaemia secondary to hypoxic lung disease	
Marisa S Piggott, BSC, and others.....	1262
Alpha₁-antitrypsin deficiency and liver disease	
C F Kiire, MB; M A Clarke, MRCP, and others.....	1262
Doctors and nurses	
J Hicks, SRN; J O Drife, MRCOG; I Wilkins, SRN; H K E Browning, BA.....	1263
Diabetes, intrauterine devices, and fibrinolysis	
Gillian M Craig, MD.....	1264
Gonadotrophin and the human secondary sex ratio	
Ina Cholst, MD, and others.....	1264
Primum non nocere	
H M Saxton, FRCR.....	1265
Fetal ascites and congenital heart disease	
Isabel M Shirley, MB, and others.....	1265
Sleep problems in young children	
C H G Kendall, MD; H B Valman, FRCP; R F Irvine, PHD.....	1265
Medicine and the bomb	
B J McMullen, MB; J R Butler, PHD; K D Bledin, MSC.....	1265
Assessment of insomnia	
T J Fahy, FRCPSYCH.....	1266
Diseases of modern civilisation	
The Revd H C Trowell, FRCP, and D P Burkitt, FRCPI, FRS.....	1266
Working hours of junior doctors	
E Willis, MB.....	1267
Problems of overseas doctors	
M Rahman, MRCPATH.....	1267
Negotiating for doctors	
S J Watkins, MB.....	1267
Saving money in NHS: do we really care?	
K L Gupta, MRCP.....	1268
The young adult with spina bifida	
T C Noble, FRCPED.....	1268
Correction: Asthma—expiratory dyspnoea? (Grant)	
	1268

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.

"Now, you need an x-ray examination..."

SIR—I was most interested in the leading article by Professor P E S Palmer (10 October, p 933) entitled "Now, you need an x-ray examination . . .," which dealt with the World Health Organisation's Basic Radiological System. As a consultant radiologist for 44 years, when I read this I thought, "This is where I came in." Some of us, when serving in the Forces in field hospitals, were using very basic equipment indeed, a machine called a 90.30 unit, manufactured usually by Messrs Watson Ltd. The table was very adaptable and we could do most things with it; I even had a tomographic attachment made by the army workshops and still possess the drawings of it.

A basic radiological system is not a new thing and good work was done in the Royal Army Medical Corps hospitals; it was only in static hospitals that we had the luxury of more powerful equipment. The WHO advisory group gives us a glimpse of the obvious when it states that mistakes in interpretation result from poor technique. Most of us have been taught that one of our first duties is to maintain and improve standards; it is this message that we have tried to instil into others. The late Thurston Holland could show films taken on glass plates which showed bony detail comparable with that on films of today; care and attention were and are the secrets.

Army hospitals had their own electric generators and I found that these were always satisfactory and well maintained. I assume that the advisory group has actually tested, under working conditions, the battery-operated

units which it recommends. Batteries have a bad habit of running down when they are most needed.

In regard to the development of films, we found that when more hardener was added to the solution the emulsion on the film remained intact except in equatorial heat. Nowadays, when fairly simple forms of air conditioning are available, there should be little or no problem in the dark room. In such small departments dark room technique should be of the simplest. There is the added advantage of being able to inspect the film during processing. Automation in the dark room was necessary when we dealt with large numbers; but automation makes inspection impossible so that the radiologist now sees films that would never have been passed in days gone by, sometimes overexposed, sometimes underexposed—the machine decides.

It is stated that "a handbook to match the radiographs," by which I suppose is meant some sort of radiological atlas, might solve the problem of interpretation. Professor Palmer states that "Knowing what to look for and where may be the most important part of radiological diagnosis." We must agree with yet another glimpse of the obvious, but also note that this is knowledge that takes several years to acquire in a large hospital when one is constantly seeing numerous films.

The general idea is laudable but what worries me is the immense cost and effort required in maintaining small departments in remote areas, apart from the task of training the numbers of staff required. Someone will make a lot of

money in providing the necessary equipment. I wonder how much of it will be made in this country? I would hope that the advisory group will consult with people who have already coped with a similar problem, such as advisers to the armed Forces. They should also investigate further the possibility of transporting patients to larger centres, because it may well be that even in a few years helicopter transport will be cheaper and easier, which might prove to be a simpler method of solving the problem. I hope that the World Health Organisation will not send the hat round until further consideration is given.

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Maternal alpha-fetoprotein screening: two years' experience in a low-risk district

SIR—We read with concern the conclusions drawn by Susan Standing and her colleagues in questioning the value of maternal α -fetoprotein screening programmes in so called low-risk areas throughout the country (12 September, p 705). We do not wish to dispute their findings, but it should be pointed out that their study appears to deal primarily with the estimation of α -fetoprotein in addition to routine ultrasound examination.

Working in a geographically low-risk area, we have screened maternal serum α -fetoprotein levels in approximately 6000 women over a two-year period. All investigations with