

# BRITISH MEDICAL JOURNAL

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## LEADING ARTICLES

Interactions with digoxin: more problems	CHARLES F GEORGE	291
Postoperative pneumonias	M D VICKERS	292
Dog bites man	R SNOOK	293
Cuts and excellence		294

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

Impaired oxidation of debrisoquine in patients with perhexiline neuropathy	R R SHAH, N S OATES, J R IDLE, R L SMITH, J D F LOCKHART	295
Effects of alcohol and smoking on blood lead in middle-aged British men	A G SHAPER, S J POCOCK, MARY WALKER, C J WALE, BARBARA CLAYTON, H T DELVES, LESLEY HINKS	299
Insulin given intranasally induces hypoglycaemia in normal and diabetic subjects	ANTONIO E PONTIROLI, MIRIAM ALBERETTO, ANTONIO SECCHI, GIORGIO DOSSI, ISABELLA BOSI, GUIDO POZZA	303
Failure of hyposensitisation in treatment of children with grass-pollen asthma	D J HILL, C S HOSKING, M J SHELTON, M W TURNER	306
Successful emergency transoesophageal cardiac pacing with subsequent endoscopy	R J SHAW, L H BERMAN, J M HINTON	309
Toxocaral and toxoplasmal antibodies in cat breeders and in Icelanders exposed to cats but not to dogs	A W WOODRUFF, D H DE SAVIGNY, P M HENDY-IBBS	309
Relief from digital vasospasm by treatment with captopril and its complete inhibition by serine proteinase inhibitors in Raynaud's phenomenon	SEIJI MIYAZAKI, KIYOSHI MIURA, YUTAKA KASAI, KEISHI ABE, KAORU YOSHINAGA	310
Reversible overt nephropathy with Henoch-Schönlein purpura due to piroxicam	K M GOEBEL, W MUELLER-BRODMANN	311
Rebreathing aborts migraine attacks	SELWYN L DEXTER	312
Think more about prescribing	MICHAEL DRURY, KARL SABBAGH	313
How to get the most out of the trainee year	MOLLIE DONOHOE, PHILIP COURTNEY	315
Women in General Practice	PATRIA ASHER	317
Fellowships in general practice in St Thomas's district	MICHAEL J COURTENAY, DAVID C MORRELL, CHRISTOPHER J WATKINS	318

## MEDICAL PRACTICE

Suicide and accidental death at Beachy Head	S J SURTEES	321
Hepatitis B virus infection in medical and health care personnel	M E CALLENDER, YVETTE S WHITE, ROGER WILLIAMS	324
ABC of Alcohol: Helping the problem drinker	BRUCE RITSON	327
Augmented home nursing as an alternative to hospital care for chronic elderly invalids	F J GIBBINS, M LEE, P R DAVISON, P O'SULLIVAN, M HUTCHINSON, D R MURPHY, C N UGWU	330
Lesson of the Week: Avascular necrosis of bone after high doses of dexamethasone during neurosurgery	JAMES MCCLUSKEY, DONALD H GUTTERIDGE	333
The starving of the medical schools	RICHARD SMITH	335
Any Questions?		337
Materia Non Medica—Contribution from PHILIP RADFORD		334
Medicine and Books		338
Medicine and the Media—Contributions from J H BARON, COLIN BREWER, TONY SMITH		342
Personal View	ANNE DYAS	343

CORRESPONDENCE—List of Contents	344
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OBITUARY	355
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## NEWS AND NOTES

Views	352
Parliament—Data Protection Bill	353
Medical News	353
BMA Notices	354

## SUPPLEMENT

The Week	357
Smiles about rickets, gloom over whooping cough	
WILLIAM RUSSELL	358
From the CCCM: Career structure and training of community health doctors; NHS reorganisation	359
From the HJSC: Contracted 80-hour week reaffirmed	362
Better accountability for NHS	364
NHS cash limits for 1982-3	364

# CORRESPONDENCE

<b>Tailoring hospital facilities to needs</b> M Atkinson, FRCP, and P J Toghill, FRCP . . .	344	<b>Last scene of all</b> J Williamson, FRCPED . . .	346	<b>Confidentiality and informed consent</b> D E Yarham; Mary A Reynolds, MB; D L Gullick, MB . . .	348
<b>Child health in the Third World</b> P C Kennerley, MB . . .	344	<b>Primary health care in residential homes for the elderly</b> M E M Herford, MD . . .	347	<b>Negotiating for doctors</b> S J Watkins, MB . . .	349
<b>Death without concealment</b> R J Brereton, FRCS; P W Wenham, FRCS . .	345	<b>Blood pressures that fall on rechecking</b> W S Peart, FRCP, FRS, and W E Miall, FRCP; D T C Barlow, FRCP . . .	347	<b>Promises are only promises—even for FPCs</b> M Gorney, LLB . . .	349
<b>Patent ductus arteriosus in premature babies</b> H Barrie, FRCP . . .	345	<b>Blood pressure reduction in the elderly</b> Mary R Bliss, MRCP . . .	347	<b>Civil Service medical officers' pay</b> J J Wright, FRCS, and others . . .	350
<b>Pseudomembranous colitis in a 5-week-old infant</b> B K Mandal, FRCPED, and others . . .	345	<b>Retroperitoneal fibrosis associated with metoprolol</b> M J Mitchinson, FRCPATH . . .	347	<b>Consultants and their future</b> D de R Gentleman, MB . . .	350
<b>Histopathology reporting in large-bowel cancer</b> H Derman, MD . . .	346	<b>Captopril-associated lymphadenopathy</b> S Freestone, MRCP . . .	347	<b>BMA Charities Trust Fund</b> R Cove-Smith, FRCP . . .	350
<b>An evaluation of flexible fiberoptic sigmoidoscopy</b> T Gledhill, FRCS . . .	346	<b>Dental health in patients susceptible to infective endocarditis</b> T R D Shaw, MRCP, and others . . .	347	<b>Points Dangerous cots (P R Langley); Paediatricians and the law (Nuala A Scarisbrick); Death without concealment (S D Browne); Battling with motor neurone disease (F C Rose); Reflections on two French fictional doctors (L J Bruce-Chwatt and Joan M Bruce-Chwatt; S D Turner); Storing home-made wine (E M Walker); The dangers of plastic "champagne" corks (M P McCormack; R M P Kumar; B J Freedman) . . .</b>	351
<b>Oesophageal perforation of fiberoptic gastroscopy</b> K S Mullard, FRCS . . .	346	<b>Treatment of erythema multiforme secondary to herpes simplex by prophylactic topical acyclovir</b> G D W McKendrick, FRCP . . .	348		

*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.*

## Tailoring hospital facilities to needs

SIR,—Winter came early this year, well before Christmas, and the seasonal good cheer in our hospital was somewhat dampened by the seasonal bed crisis. With 30-40 emergency admissions on alternate days and the only other district general hospital in the city bursting at the seams, medical staff were desperate to find empty beds for the morrow. As in previous years, all non-emergency admissions were cancelled to try to improve this impossible situation. These patients, sometimes requiring major surgery that had already been delayed because of restricted services in the operating theatres and limited blood transfusion facilities over the Christmas period, were sent away until the hospital had weathered the storm, with consequences that at times verged on the disastrous.

The tragic fact is that many of our "waiting list" patients with serious and sometimes potentially fatal illnesses have to take second place to those who are admitted as so-called emergencies—who are often those with chronic social problems not requiring the sophisticated and expensive facilities offered by a large modern hospital. Surely the time has come to stop and think about how best to make use of our hospital beds.

The acute medical ward has come to be regarded as the rightful destination for the debilitated in the frequent absence of accommodation elsewhere, with the result that those

patients who stand to benefit most from what the hospital offers cannot be treated. The trend in recent years to increase the size of the larger acute hospital at the expense of the small pre-convalescent unit and the general practitioner hospitals, which provide adequate care without either expensive equipment or large numbers of staff, has undoubtedly accentuated this problem. It would seem a matter of sound economic sense for the community to provide more such accommodation, which for many patients is more appropriate and certainly cheaper than that in a large acute hospital. Is it not time that we tailored our hospital facilities to our patients' requirements?

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## Child health in the Third World

SIR,—How should the medical profession of this country react to the latest report by UNICEF, *The State of the World's Children*?<sup>1</sup> It makes sad reading.

The report says that 17 million children will have died in 1981 and as many are expected to die this year, but for £50 each they could have

been saved. Less than one in 10 of those who died in 1981 had been immunised against the six main child-killing diseases. Yet it would cost no more than £2.50 a child to immunise all the infants of the developing world in this way. Vitamin A tablets, costing only a few pence, could have prevented 500 children a day going blind. Some 5 million succumbed to diarrhoea because of lack of simple rehydration treatments. The developing world's infant mortality, which fell in the 1960s, has barely altered in the past five years; it is 10 times higher than in the industrialised world.

This report is a great humanitarian challenge to the rich nations. It is tragic therefore that the British Government made a drastic cut in its contribution to UNICEF in 1980, and in real terms it is still below that of 1979. Surely our role as doctors is to play an active part in informing the public and politicians of the appalling facts contained in this report so that pressure can be brought on the Government to reconsider urgently its aid policy to the Third World.

Can we allow this largest generation of children to grow up malnourished, unhealthy, and uneducated?

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<sup>1</sup> Grant JP. *The state of the world's children 1981-82*. New York: UNICEF, 1981.