

148,0
577

SIA/SIA

BRITISH MEDICAL JOURNAL

U. S. DEPT. OF AGRICULTURE
NATIONAL AGRICULTURAL LIBRARY
RECEIVED

JUN 8 1982

PROCUREMENT SECTION
CURRENT SERIAL RECORDS

SATURDAY 22 MAY 1982

LEADING ARTICLES

- | | | | | |
|--|------|--|--------------|------|
| Falling mortality in coronary heart disease | | Carotid body tumours | N L BROWSE | 1507 |
| J R HAMPTON | 1505 | Vancomycin: a reappraisal | | |
| Lead in petrol: again | 1506 | RUTH BROWN, RICHARD WISE | | 1508 |
| Coalworkers' pneumoconiosis in Britain today and tomorrow | | The way ahead for rehabilitation | DAPHNE GLOAG | 1509 |
| ANTHONY SEATON | 1507 | More industrial action in the NHS | | 1510 |

CLINICAL RESEARCH • PAPERS AND SHORT REPORTS • PRACTICE OBSERVED

- | | | |
|---|---|------|
| High-density lipoprotein concentrations increase after stopping smoking | INGO STUBBE, JAN ESKILSSON, PETER NILSSON-EHLE | 1511 |
| Atenolol and metoprolol once daily in hypertension | A K SCOTT, J W RIGBY, J WEBSTER, G M HAWKSWORTH, J C PETRIE, H G LOVELL | 1514 |
| Blood carboxyhaemoglobin, plasma thiocyanate, and cigarette consumption: implications for epidemiological studies in smokers | | |
| C J VESEY, Y SALOOJEE, P V COLE, M A H RUSSELL | | 1516 |
| Normality and reliability in the clinical assessment of backache | | |
| GORDON WADDELL, CHRIS J MAIN, EMYR W MORRIS, ROBERT M VENNER, PETER S RAE, SAMIR H SHARMY, HELEN GALLOWAY | | 1519 |
| Hypertension: comparison of drug and non-drug treatments | GAVIN ANDREWS, S W MACMAHON, ANNE AUSTIN, D G BYRNE | 1523 |
| Evaluation of digitalis in cardiac failure | R G MURRAY, A C TWEDDEL, W MARTIN, D PEARSON, I HUTTON, T D V LAWRIE | 1526 |
| Peritonitis associated with vaginal leakage of dialysis fluid in continuous ambulatory peritoneal dialysis | | |
| R A COWARD, R GOKAL, M WISE, N P MALLICK, D WARRELL | | 1529 |
| Recurrent trimethoprim-associated fixed skin eruption | JOHN R GIBSON | 1529 |
| Meningitis and recurrent septicaemia secondary to unsuspected pacemaker infection | | |
| E SOUTHALL, R D THOMAS, P R WILKINSON, E W WILLIAMS | | 1530 |
| Changes in home visiting and night and weekend cover: the patient's view | LUCIANNE SAWYER, SARA ARBER | 1531 |
| Practising Prevention: Contraception | M J V BULL | 1535 |
| How I would organise a day-release course for trainees | M D JEWELL | 1537 |

MEDICAL PRACTICE

- | | | |
|--|----------------------------------|------|
| A new method of auditing surgical mortality rates: application to a group of elderly general surgical patients | | |
| DAVID GWYN SEYMOUR, ROBERT PRINGLE | | 1539 |
| Financial burden of childhood cancer | C M BODKIN, T J PIGOTT, J R MANN | 1542 |
| Bodily perceptions in surgical patients | JANET PEARSON, H A F DUDLEY | 1545 |
| Lesson of the Week: Fatal falciparum malaria and the availability of parenteral antimalarial drugs in hospitals | | |
| MUKESH KAPILA, SZU HEE LEE, WINIFRED GRAY, ANGUS ROBSON | | 1547 |
| Any Questions? | | 1548 |
| Medicine and Books | | 1549 |
| Medicine and the Media—Contributions from MARGARET A LYNCH, J R HAMPTON, ALAN NORTON | | 1553 |
| Personal View | A R MORLEY | 1554 |

CORRESPONDENCE 1555 OBITUARY 1567 NEWS AND NOTES 1564

SUPPLEMENT

- | | | | |
|--|-----------------|--|------|
| The Week | 1570 | Medicine, surgery, and obstetrics and gynaecology: | |
| Why pay comparisons do not always help | WILLIAM RUSSELL | CCHMS's proposed career structure | 1575 |
| Government's cut in doctors' pay awards: Secretary of State explains why | 1572 | Criteria for distinction awards | 1576 |
| NHS strikes on pay: Secretary of State's views; CCHMS's advice to consultants | 1573 | The distinction awards system in England and Wales 1980 | |
| Academic staff salaries | 1573 | PETER BRUGGEN, STANFORD BOURNE | 1577 |
| From the CCHMS: Counterproposals on career structure | 1574 | From the CCCM: Review Body award discussed | 1581 |
| Medical unemployment | 1574 | Health Departments' evidence to Review Body | 1582 |
| | | Supplementary Annual Report of Council | 1584 |
| | | Correction: Ophthalmic medical practitioners | 1584 |

CORRESPONDENCE

Birth asphyxia and no-fault compensation K R Niswander, FRCOG, and A M Grant, MRCOG; N O'Brien, FRCPI..... 1555	ABC of 1 to 7: poisoning and febrile convulsions J Dymond, MRCP..... 1559	Sad day for preventive medicine A P D Westhead, MA..... 1561
Genetics of Alzheimer's disease L J Whalley, MRCPsych..... 1556	Measles eradication policies Christine L Miller, BM; D Gill, FRCPI..... 1559	Are all born equal? Incidence of febrile convulsions by season of birth E Elomaa, MD, and K Aho, MD..... 1561
Auscultatory percussion of the head W D Campbell, MB, and D R Wren, BM; A P Corder, MB..... 1556	Ethics and in-vitro fertilisation J H Scotson, MB; A P Cole, MRCPED..... 1560	A career for child health doctors P Harker, MFCM; Kathleen Dalzell, MB.... 1562
Captopril in renovascular hypertension: long-term use in predicting surgical outcome A B Atkinson, MD, and others..... 1557	Heartburn in pregnancy G W Cochrane, MRCOG, and June R Swinhoe, MRCOG..... 1560	Medical manpower mismanagement: mirage or miracle? N R Rowell, FRCP..... 1562
Psychological sequelae to elective sterilisation: a prospective study M Thiery, MD, and Anita Goethals, MD... 1557	Pharmacological treatment for intractable sneezing J H Gervis, MB..... 1560	Clinicians and management teams W J Kinston, MRCPsych..... 1562
Advances in respiratory distress syndrome A G S Philip, FRCPED; R R Gordon, FRCP; N R C Robertson, FRCP..... 1557	Pregnancy complicated by psittacosis acquired from sheep D Hobson, FRCPath, and Elisabeth Rees, MD..... 1560	The legal threat to medicine W J Trowell, MB..... 1562
What has happened to charity? C M Pickin, FRCS; D J Hill, FFARCS..... 1558	Accuracy of early estimation of maturity M J Brindle, FRCP(C)..... 1561	Points You may die from "old age," but if you do you may not be cremated (D Lynch); A plain man's guide to the management of migraine (J J Bradley; P F Plouin); Cardiac catheterisation: here today, where tomorrow? (S Sanders); Dog bites man (W H James); "The murder of Rudolf Hess" (J F Curr); Smoking (J C Vallé-Jones); Polemic on ancient taboo (W Sniper); Registration of unemployed doctors (E N Wardle); Homicidal histories (J G Fairer)..... 1563
Poisoning P Turner, FRCP; H B Valman, FRCP..... 1559	Value of computed tomography of the abdomen and chest in investigation of Cushing's syndrome M W J Davie, MRCP, and others..... 1561	
Febrile convulsions D C Thrush, MD..... 1559		

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 should be typed with double spacing between lines and 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.

Birth asphyxia and no-fault compensation

SIR,—The risk of permanent disabling neurological damage to a child as a result of birth asphyxia referred to in the leading article by Dr D P Addy (1 May, p 1288) seems to us to provide an example par excellence of the possible usefulness of no-fault medical insurance discussed by Dr Richard Smith (1 May, p 1323). Clearly a child with such damage needs and deserves financial support for a disability which is not only incapacitating but also due to no act or omission by the child itself. The alternative to providing such financial support without reference whatsoever to blame for possible medical mismanagement of the perinatal asphyxia is legal recourse which must decide: (a) if malpractice caused the disability (leading to a large financial recompense); or (b) if the precipitating event occurred without malpractice (no financial award whatsoever).

The shortcomings of this approach were discussed in your correspondence columns in 1980.¹ Litigation helps only a minority; the needs of those who receive no compensation are as great as those who do; the process is slow and wasteful; and a climate of defensive interventionist perinatal practice is fostered.

In the case of perinatal asphyxia, the scientific "truths" underlying its relation to neurological damage are so imprecise in our present state of knowledge that any legal

decision must of necessity be largely arbitrary. Dr Addy's conclusion is similar to that reached by one of us in 1978² that even severe perinatal asphyxia which does not result in death rarely leaves the neonate permanently damaged. If the underlying cause of the asphyxia is unknown (as is often the case) there is a temptation to attribute it to events occurring during labour, with an implicit assumption that different clinical management would have altered the outcome. Such assumptions are dangerously simplistic. It is clear that perinatal asphyxia may be the result rather than the cause of neurological abnormality.^{3,4}

Dr Smith has presented the shortcomings of the no-fault accident insurance system now functioning in New Zealand but says ultimately that it works well. He refers to the chaos in America. Settlement or judgments in excess of \$1m are now commonplace there, and there are signs that Britain is moving in the same direction. We strongly support Dr Smith's conviction that progress towards a no-fault system would be much preferable.

KENNETH R NISWANDER
ADRIAN GRANT

National Perinatal Epidemiology
Unit,
Radcliffe Infirmary,
Oxford OX2 6HE

¹ Mitchell P, Chalmers I. *Br Med J* 1980;**281**:868.
² Niswander K. *Amer J Obstet Gynecol* 1979;**133**:358.
³ Cross H, Jellinger K, Kaltenbäck E, Rett A. *J Neurol Sci* 1968;**7**:551-64.
⁴ Chiswick ML, D'Souza SW, Occleshaw JV. *Early Human Development* 1977;**1**(2):171-80.

SIR,—The leading article by Dr D P Addey (1 May, p 1289) was long overdue. One major problem in relation to this subject is definition of asphyxia at birth and subsequent neonatal behaviour. Cord pH, Apgar scores, and duration of resuscitation, while helpful in relating to subsequent behaviour and development, are not specific. Neither is there agreement on assessment of neurological signs during the first week. It is, therefore, difficult to compare results from different units. How does one define apathy, let alone cerebral cry, and relate such behaviour to subsequent development?

We have defined cerebral dysfunction in the first week (in term infants, those of 37 weeks' or more gestation, and those with normal growth weighing more than 2.5 kg) as a syndrome where tone and primitive reflexes are altered from the norm, using the method of assessment described by Prechtl. In many cases there is associated cerebral irritation manifested by irritability, altered cry, and more especially motor seizures.¹ There is little doubt that convulsions occurring in