

BRITISH MEDICAL JOURNAL

SATURDAY 31 JULY 1982

LEADING ARTICLES

- The diagnosis of sarcoidosis GRAHAM W POOLE 321
Morning-after pills SAM ROWLANDS 322
Laser photoradiation for lung cancer IAN W B GRANT 323
What shall we do with the drunken citizen? 323

CLINICAL RESEARCH • PAPERS AND SHORT REPORTS • PRACTICE OBSERVED

- Haemodynamic advantages of combined alpha-blockade and beta-blockade over beta-blockade alone in patients with coronary heart disease S H TAYLOR, B SILKE, G I C NELSON, R C OKOLI, R C AHUJA 325
Maternal anti-D concentrations and outcome in rhesus haemolytic disease of the newborn
P BOWELL, J S WAINSCOT, T E A PETO, H H GUNSON 327
Total body calcium in rheumatoid arthritis: effects of disease activity and corticosteroid treatment
D M REID, N S J KENNEDY, M A SMITH, P TOTHILL, G NUKI 330
Outcome of acute lower respiratory tract infection in infants: preliminary report of seven-year follow-up study
JACQUELINE Y Q MOK, HAMISH SIMPSON 333
Penicillinase-producing *Neisseria gonorrhoeae* in Great Britain, 1977-81: alarming increase in incidence and recent development of endemic transmission J ALLEN MCCUTCHAN, MICHAEL W ADLER, JOHN R H BERRIE 337
High incidence of amiodarone-induced photosensitivity in north-west England
R J G CHALMERS, HAYDN L MUSTON, V SRINIVAS, D H BENNETT 341
Subdural haematoma as a complication of spinal anaesthetic PAUL NEWRICK, DAVID READ 341
Toxic-shock syndrome: four cases in a London hospital
J J DIXEY, D C SHANSON, T D M WILLIAMS, M H A RUSTIN, S J CROOK, J MIDGLEY, M J DE SAXE 342
Failure of rifampicin and co-trimoxazole in *Q* fever endocarditis N I SUBRAMANYA, J S WRIGHT, M A R KHAN 343
Nitrofurantoin-induced parotitis T J PELLINEN, J KALSKE 344
Urban Marks: 1880-1949 DAVID STUART 345
Practising Prevention: Coronary disease JULIAN TUDOR HART 347
Clinical policies E GRAHAM BUCKLEY 351

MEDICAL PRACTICE

- Five years' experience of a "prepregnancy" clinic for insulin-dependent diabetics
JUDITH M STEEL, F D JOHNSTONE, A F SMITH, L J P DUNCAN 353
Efficacy of pertussis vaccination in England
REPORT FROM THE PHLS EPIDEMIOLOGICAL RESEARCH LABORATORY AND 21 AREA HEALTH AUTHORITIES 357
ABC of Diabetes: Diabetic emergencies PETER J WATKINS 360
Lesson of the Week: Misleading symptoms and signs of cervical spine subluxation in rheumatoid arthritis
NICHOLAS CHRISTOPHIDIS, E C HUSKISSON 364
Impact of maternal serum alpha-fetoprotein screening on antenatal diagnosis DAVID J H BROCK 365
Any Questions? 356, 359
Medicine and Books 368
Medicine and the Media—Contributions from W F WHIMSTER, AND TONY SMITH, ROGER HIGGS, HENRY R ROLLIN, LIN SMITH, RICHARD SMITH 372
Personal View MALCOLM PLEYDELL 374

CORRESPONDENCE—List of Contents 375

OBITUARY 382

NEWS AND NOTES

- Views 385
Parliament 386
Medical News—Inquiry into in-vitro fertilisation 386
BMA Notices 387

SUPPLEMENT

- The Week 388
All set for strife-torn August WILLIAM RUSSELL 389
Conference on Women LINDA BEECHAM 390
Clinical academic staff: parity of salary with NHS 392

CORRESPONDENCE

The NHS 1982 R A Keable-Elliott, FRCP... 375	Aryl hydrocarbon hydroxylase and psoriasis M D Rawlins, FRCP, and S Shuster, FRCP... 378	Strengths and weaknesses of British medicine D S Short, FRCP... 380
Creutzfeldt-Jakob disease I Janota, FRCPATH... 375	Changes in home visiting and night and weekend cover: the patient's view M G Jacoby, MB... 378	Prudent diet: effect on moderately severe hyperlipidaemia K J Cullen, FRCPED, and N S Stenhouse... 380
Lead in petrol: again D Wilson; J S Bevan, MRCP... 376	Multiple general anaesthesia with Althesin J M Cundy, FFARCS; F F Casale, FFARCS... 378	Unusual complication of perforated appendix Z H Krukowski, FRCS, and N A Matheson, FRCS; H J Thomson, FRCS, and W S McKerrrow, FRCS... 380
Elderly patients in a general surgical unit: do they block beds? S G Rubin, MFCM... 376	Op-Site and the DHSS T S Warrender, MB... 378	Anaesthesia and manpower proposals R S Atkinson, FFARCS, and others... 380
Side effects of benoxaprofen A Palframan, MB, and A R Makepeace, FRCS... 376	ENT problems and the general practitioner R P Morton, FRACS... 379	The distinction awards system in England and Wales 1980 J G Benstead, FRCPATH... 381
Side effects of non-steroidal anti-inflammatory drugs K E Kotowski, MRCP, and M F Grayson, MRCP... 377	Case clustering in pityriasis rosea: support for role of an infective agent P M Gaylarde, BSC... 379	Fees for cervical smears R M E Stone, MRCP... 381
Severe bleeding disorders in children with normal coagulation screening tests L Poller, FRCPATH; D O Ho-Yen, MB, and A S Todd, FRCPATH... 377	Hypnotherapy for incontinence caused by the unstable detrusor G M Sole, FRCS, and others... 379	Points Give cyclists room to move (F N Leach; H M Rhoden; R Caplan; R G H Wade)... 381
Zinc deficiency due to alcoholic cirrhosis mimicking acrodermatitis enteropathica C C Ainley, MRCP, and P W N Keeling, MD... 377	Hypoparathyroidism and hypocalcaemia occurring during cancer chemotherapy J P Monson, MRCP, and J J Bolger, FRCR... 379	

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, who should include their degrees. We cannot acknowledge their receipt unless a stamped addressed envelope or an international reply coupon is enclosed.

The NHS 1982

SIR,—This is the story of two patients of mine recently referred to outpatients at my local hospital. The first was to the skin clinic. I duly received a courteous but unhelpful letter from the SHO. The patient in fact never saw the consultant, though the condition was not a particularly serious one.

Patient number two has just written to me as follows: "Further to my consultation with you on 15 June I went to make an appointment at the hospital and was told that it would not be for at least three months. Therefore I have decided to see another surgeon privately. Thank you for your advice."

The first consultant is so genuinely overworked that new patients have to be seen by SHOs. The second consultant sees all new patients himself, but they have to wait three months. Instances like this, everyday occurrences in general practice, bear out the underfunding of the NHS commented on by the Chairman of the Council in his address at the ARM. This is not the health service the patients expect, nor is it the health service the profession would wish to provide.

TONY KEABLE-ELLIOTT

High Wycombe,
Bucks HP14 3TG

Creutzfeldt-Jakob disease

SIR,—I believe that the anxieties about the possibility of infection by patients with Creutzfeldt-Jakob disease (5 June, p 1658) are not entirely rational; what anxiety is ever rational? Contrary to what Dr P O Behan writes, the recommendations of the Advisory Group on the Management of Patients with

Spongiform Encephalopathy (Creutzfeldt-Jakob Disease),¹ proved or unproved, will not allay present anxieties, but if anything will nurture quite an unnecessary concern—in doctors, who at least should know better, and, what is worse, in the relatives of all sorts of patients. More generally, I do not believe that patients with proved Creutzfeldt-Jakob disease are more infectious than patients with schizophrenia, hypertension, cancer, or Pick's disease.

The very rare Creutzfeldt-Jakob disease may be due—as Gajdusek put it—to "something new to microbiology," but it is not dangerous in any way comparable to any infectious conditions in groups B₁ or B₂ of the *Code of Practice for the Prevention of Infection in Clinical Laboratories and Post Mortem Rooms*.²

If the rare dementing Creutzfeldt-Jakob disease normally presents between the human ages of 40 and 60 years, what are the clinical similarities to kuru as it used to be in New Guinea in young mothers and children in the Fore tribe, or to scrapie in sheep? It is true that Creutzfeldt-Jakob disease may be clinically confused with a host of other conditions, but Alzheimer's disease, for example, is so rarely accompanied by muscle atrophy and fasciculation that most doctors would never have encountered such a case. The impression that the clinical picture of Creutzfeldt-Jakob disease is so characteristic that the dearth of diagnostic support from laboratory investigations is of little concern is naive. Neuropathological examination of a brain biopsy specimen, which has become very rare, or of the brain at necropsy (and the transmission to animals) is still essential to confirm, or often enough, to refute the diagnosis. It is an exaggeration to stress "intense gliosis" among the microscopical features. I have examined several dozen cases, and the gliosis varies;

sometimes it is certainly not what a neuropathologist would call "intense."

The transmission of Creutzfeldt-Jakob disease to monkeys is a fact, as is the exceptional transmission from patient to patient in the course of neurosurgery. The reference to a neurosurgeon with Creutzfeldt-Jakob disease, however, is not evidence that he caught it in the course of his (paediatric) practice. On what authority are the recommendations "mandatory" for some and why should psychiatrists, who unlike most other people may occasionally actually encounter a case of Creutzfeldt-Jakob disease, just "be aware" of the report?

Corsellis very cautiously concluded his review of the subject³: "The disease, is of course, dangerous to the patient for, as far as is known, it is virtually always fatal. On the other hand, if the evidence has been correctly assessed in the present review, we should not be brought to a standstill by the fear of cross-infection so rare in man that is has never yet been shown to occur other than through surgery. . . . Obviously all reasonable precautions must be taken, and these may well be better defined as more is learned. In the meantime, it would be disastrous if work on cerebral degeneration, which has for so long been considered a barren field, should come to a halt just when it seems at last to be coming to life."

IVAN JANOTA

Institute of Psychiatry,
London SE5 8AF

¹ Advisory Group on the Management of Patients with Spongiform Encephalopathy (Creutzfeldt-Jakob Disease). *Report to the Chief Medical Officers of the Department of Health and Social Security, the Scottish Home and Health Department, and the Welsh Office*. London: HMSO, 1981.

² *Code of practice for the prevention of infection in clinical laboratories and post mortem rooms*. London: HMSO, 1978.

³ Corsellis JAN. *Br J Psychiatry* 1979;134:443-59.