

BRITISH MEDICAL JOURNAL

STA/STA

U.S. DEPT. OF AGRICULTURE
NATIONAL AGRICULTURAL LIBRARY
RECEIVED
SEP 8 1982
CR. AND CUMMINS SECTION
HUMAN SERIALS SECTION

SATURDAY 21 AUGUST 1982

LEADING ARTICLES

Images of the heart	M C PETCH	527
Obstructive sleep apnoea syndrome	JOHN R STRADLING	528
Deaths and anaesthesia		530

CLINICAL RESEARCH • PAPERS AND SHORT REPORTS • PRACTICE OBSERVED

Further field testing of the more heat-stable measles vaccines in Cameroon	DAVID L HEYMANN, ETHLEEN L SMITH, JAMES H NAKANO, JOHNSON G JATO, GLADYS E MARTIN, GEORGES KESSENG MABEN	531
Are HLA antigens important in the development of alcohol-induced liver disease?	R FAIZALLAH, J C WOODROW, N K KRASNER, R J WALKER, A I MORRIS	533
Weight and mortality in the Whitehall Study	R J JARRETT, M J SHIPLEY, G ROSE	535
Randomised controlled trial of nicotine chewing-gum	M J JARVIS, MARTIN RAW, M A H RUSSELL, C FEYERABEND	537
Difenacoum (Neosorexa) poisoning	A M BARLOW, A L GAY, B K PARK	541
Treatment of vitamin D ₂ poisoning by induction of hepatic enzymes	S J IQBAL, W H TAYLOR	541
Childhood drownings in private swimming pools: an avoidable cause of death	W BARRY, T M LITTLE, J R SIBERT	542
Multiple hepatic abscesses complicating continuous ambulatory peritoneal dialysis	L LUCIANI, M G GENTILE, B SCARDUELLI, R A SINICO, G D'AMICO, G SAMORI	543
Myxoedema coma induced by beta-adrenoreceptor-blocking agent	KEIJI MURAKAMI, TOSHIO KASAMA, RIKUROU HAYASHI, MOTOO TSUSHIMA, YASUKO NISHIOHEDA, HIDEKI KOH, SEIKI NAMBU, MASAO IKEDA	543
Practising Prevention: In old age	J A MUIR GRAY	545
Pathology of Partnerships: A resurgent evil	J P LESTER	548

MEDICAL PRACTICE

Smoking in the Soviet Union	RICHARD COOPER	549
Lung collapse caused by allergic bronchopulmonary aspergillosis in non-asthmatic patients	K E BERKIN, D R H VERNON, J W KERR	552
Procedures in Practice: Standard intravenous regional analgesia	WILLIAM A WALLACE, RICCARDO GUARDINI, SUE J ELLIS	554
ABC of Diabetes: Diabetic neuropathy—II	PETER J WATKINS	557
Letter from Africa: Do-it-yourself medicine	ANNE SAVAGE	560
Any Questions?		551, 561
Medicine and Books		562
Personal View	NAOMI BANKOLE	566

CORRESPONDENCE—List of Contents	571
---------------------------------	-----

OBITUARY	567
----------	-----

NEWS AND NOTES

Views	578
Parliament	579

Medical News—SDP's green paper	579
BMA Notices	580

CORRESPONDENCE

A voice for the disabled R L Hewer, FRCP.....	571	Resouly, FRCSed; A P J Ross, FRCS; G D Corcoran, FRCS.....	574	Auditing surgical mortality in elderly patients D G Seymour, MRCP, and R Pringle, FRCS.	576
Penicillinase-producing <i>Neisseria gonorrhoeae</i> D C W Mabey, MRCP, and others; R S Morton, FRCPed; O P Arya, MB, and G C Turner, MD.....	571	Morning-after pills June Betts, MRCOG.....	575	Health care in the age of disillusionment R E Irvine, FRCP.....	576
Childhood asthma: treatment and severity S A Haider, MRCP.....	572	Rubella screening and immunisation of schoolgirls: results six to seven years after vaccination W Ehrengut, MD.....	575	Bronchoalveolar lavage W K C Morgan, MD.....	576
Multiple general anaesthesia with Althesin P J Simpson, FFARCS, and others; J Watkins, PHD.....	573	Communicable disease associated with milk and dairy products J J Segall, MRCP.....	575	Perinatal referral: a time for decisions J F B Dossetor, MD.....	576
Cost of anaesthesia W H Konarzewski, FFARCS.....	573	Safety of anaesthetic machines J M Cundy, FFARCS.....	575	Women in medicine Susan M Benbow, MRCPsych, and E W Benbow, MB; Ruth M Tyndall, MB.....	577
St George's University School of Medicine, Grenada: benefit or liability? R Rader, BA; J D Powell-Jackson, MD; A		Insulin resistance and hypomagnesaemia G J Poston, MB.....	575	Death by a thousand cuts M C Joseph, FRCP.....	577
				What shall we do with the drunken citizen? C L Brewer, MRCPsych, and J Smith.....	577

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.

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.

A voice for the disabled

SIR,—Dr Anthony Thould, in his letter (24 July, p 297), has highlighted some of the problems of providing effective services for the disabled. These problems have been debated endlessly, but the deficiencies remain. There are four notable problem areas. Firstly, there is a lack of proper long-term care. Many patients with chronic disabling diseases are "followed up" in hospital clinics by junior doctors who change frequently and cannot know the patient or his disease properly. Such an arrangement is unfair both to the patient and to the junior doctor. Any solution to the problem, however, involves a fundamental rethink of hospital staffing. Secondly, there is a lack of a proper orthotic and prosthetic service. Delays and the supply of inappropriate equipment, such as splints, calipers, and wheelchairs, are frequent occurrences. Thirdly, there is still a lack of facilities for dealing with specific problems, such as incontinence, spasticity, pressure sores, chronic pain, and inability to drive a car. Lastly, there is a lack of residential accommodation for the severely disabled.

Not all the problems are the responsibility of the medical profession, but some certainly are. With the whole problem of hospital medical staffing now under review we have an excellent opportunity to produce a permanent improvement. The following specific measures are suggested:

(1) Each specialty group should be asked to formulate plans for dealing with disabling disease within its area of responsibility. Thus, rheumatologists would draw up plans for the management of chronic rheumatoid arthritis. Similarly, neurologists would do the same for

multiple sclerosis, motor neurone disease, epilepsy, and brain trauma. These reviews would also deal with the implications for staffing and other resources, including beds. I would hope that a "code of good practice" could be drawn up for dealing with each of the major disabling diseases. If generally accepted such a code could act as the gold standard against which the quality of service could be judged.

(2) Dr Thould mentions the lack of information about the location and precise needs of the disabled. There is certainly a need for research into these problems. We need to experiment with different methods of care and we need to ask our patients what they think of the services currently being provided and invite suggestions for improvement. This, surely, is a subject worthy of attention by some of our academic departments.

(3) Many district general hospitals now have rehabilitation committees, which represent the main users of rehabilitation services. These committees should be used to investigate the adequacy, or otherwise, of services for the disabled.

(4) My last suggestion is non-medical and involves disabled people themselves. Prince Charles mentioned the importance of ensuring that the disabled get their grievances heard and dealt with (17 July, p 185). He has pinpointed the problem that the disabled are by and large politically unorganised. To become effective they need to be both organised and informed. There is surely a need for councils for the disabled (such as already exist in East Birmingham and in Newcastle) to be set up in all major cities and towns. Such councils

would incorporate all the major disability groups (rheumatoid arthritis, multiple sclerosis, etc) and members of the medical and allied professions. They would have as a major political objective the improvement of facilities for the disabled locally.

The problems of trying to improve care services for the disabled are daunting, but not insuperable. This is surely the time for a major step forward.

R LANGTON HEWER

Department of Neurology,
Frenchay Hospital,
Bristol BS16 1LE

Penicillinase-producing *Neisseria gonorrhoeae*

SIR,—Although penicillinase-producing strains of *Neisseria gonorrhoeae* have been associated with West Africa since they were first described in 1976 (31 July, p 337),¹ it is only in Nigeria that a systematic attempt has been made to study their distribution (A O Osoba, personal communication). We would like to report the first isolation of a penicillinase-producing strain in The Gambia and the results of our investigation into the prevalence of these strains from February 1981 to March 1982.

During this period all strains of *N. gonorrhoeae* isolated at the Medical Research Council Laboratories, Fajara, were tested for sensitivity to penicillin by the disc method. Those showing resistance to a disc containing one unit of penicillin were tested for β -lactamase production by the chromogenic cephalosporin