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# BRITISH MEDICAL JOURNAL

SATURDAY 30 OCTOBER 1982

## LEADING ARTICLES

- Acyclovir** MORAG C TIMBURY ..... 1223  
**Peer review weighed in the balance**  
STEPHEN LOCK ..... 1224
- Graft-versus-host disease** A M DENMAN ..... 1226  
**Data for management: the Körner Report**  
SIR DOUGLAS BLACK ..... 1227

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

- Comparison of whole-blood eosinophil counts in extrinsic asthmatics with acute and chronic asthma** A R LUKSZA, D K JONES ..... 1229  
**Fibronectin in fulminant hepatic failure**  
J GONZALEZ-CALVIN, M F SCULLY, Y SANGER, J FOK, V V KAKKAR, R D HUGHES, A E S GIMSON, ROGER WILLIAMS ..... 1231
- Intensive attention improves glycaemic control in insulin-dependent diabetes without further advantage from home blood glucose monitoring: results of a controlled trial**  
R WORTH, P D HOME, D G JOHNSTON, J ANDERSON, LINDA ASHWORTH, JACQUELINE M BURRIN, D APPLETON, C BINDER, K G M M ALBERTI .... 1233
- Congenital syphilis as an unusual cause of abnormal cardiocotogram** WENDY D SAVAGE, FRANCES READER ..... 1240
- Benoxaprofen: effect on cutaneous lesions in psoriasis** B R ALLEN, S M LITTLEWOOD ..... 1241
- Muscle cramps during treatment with nifedipine** SHLOMO KEIDAR, CHEN BINENBOIM, AVRAHAM PALANT ..... 1241
- Postexertional hypotension: a valuable physical sign** B I HOFFBRAND ..... 1242
- Nutritional rickets in Rastafarian children** P S WARD, J P DRAKEFORD, J MILTON, J A JAMES ..... 1242
- Cholestatic jaundice in fascioliasis treated with niclofolan** R RESHEF, A S F LOK, S SHERLOCK ..... 1243
- Chronic Q fever endocarditis causing massive splenomegaly and hypersplenism** W J C SPRING, J HAMPSON ..... 1244
- Correction: Residual amblyopia** HOPKISSON ET AL ..... 1244
- Drug monitoring in general practice** D C G SKEGG ..... 1245
- The GP and the Specialist: Ophthalmology** M J GILKES ..... 1247

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## MEDICAL PRACTICE

- How to take a history of head or facial pain** J N BLAU ..... 1249
- Death from asthma in two regions of England** BRITISH THORACIC ASSOCIATION ..... 1251
- Arthroscopic surgery of the knee** D J DANDY, P F O'CARROLL ..... 1256
- Conference Report: Steaming up windows and refereeing medical papers** RICHARD SMITH ..... 1259
- Letter from Chicago: On Oak Street Beach** GEORGE DUNEA ..... 1261
- Essentials of Health Economics: Part III—Developing health care policies** G H MOONEY, M F DRUMMOND ..... 1263
- Letters to a Young Doctor: Finishing up the preregistration year** PHILIP RHODES ..... 1264
- Lesson of the Week: Facial palsy with severe hypertension due to renal tumour**  
SATISH KUMAR, CHRISTOPHER G WINEARLS, DAVID L OWEN ..... 1266
- Any Questions?** ..... 1255, 1265
- Materia Non Medica—Contributions from JIM THORNTON, JOHN HENDERSON** ..... 1258
- Medicine and Books** ..... 1267
- Personal View** LAURENCE F LEVY ..... 1271

NOV 16 1982

PROCUREMENT SECTION

CURRENT SERIAL RECORDS

## CORRESPONDENCE—List of Contents ..... 1272

## OBITUARY ..... 1280

## NEWS AND NOTES

- Views** ..... 1282
- Medical News** ..... 1283
- BMA Notices** ..... 1284

## SUPPLEMENT

- The Week** ..... 1285
- A week of hectoring the NHS** WILLIAM RUSSELL ..... 1286
- From the JCC: Manpower proposals carried a stage further** ..... 1287
- Medical Academic Staff Committee** ..... 1289
- From the GMSC: Health Service dispute** ..... 1290
- Review Body: BMA/OME statement** ..... 1292
- Occupational health service for NHS staff** ..... 1292
- Ophthalmic Group Committee** ..... 1292

# CORRESPONDENCE

<b>Enough is enough</b> K Clarke, MP.....	1272	<b>Breech: vaginal delivery or caesarean section?</b> G J Amiel, FRCOG; J Selwyn Crawford, FFARCS; J K Russell, FRCOG.....	1275	<b>Drug interaction with coumarin derivative anticoagulants</b> I H Stockley, PHD.....	1278
<b>Monetarism and health</b> J A Black, MFCM.....	1272	<b>Are you making the most of "Index Medicus"?</b> S P Pope, FFARCS.....	1276	<b>ABC of Diabetes: treatment</b> M St G Wheeley, MB.....	1278
<b>Medical unemployment</b> Josephine A Jones, MB.....	1273	<b>Ultrasound measurement of the spinal canal in spinal stenosis</b> Stephen Legg, PHD; R W Porter, FRCS... ..	1276	<b>ABC of Diabetes: pregnancy</b> G R Jones, MRCP, and others.....	1278
<b>Postmenopausal osteoporosis</b> J M Aitken, FRCP; Jean K Coope, MRCP; J A Muir Gray, MD, and A Young, MRCP; J C Stevenson, MRCP, and M I Whitehead, MRCP.....	1273	<b>Essentials of health economics</b> J F Pereira; P V Scott, FFARCS.....	1277	<b>Fractures on the chest radiograph in detection of alcoholic liver disease</b> R F Harvey, MD.....	1279
<b>Student elective in Papua New Guinea</b> E Sarah Green, MB.....	1274	<b>Deaths and anaesthesia</b> P G Lawler, FFARCS.....	1277	<b>Weight and mortality in the Whitehall Study</b> M L Burr, MD.....	1279
<b>Terbutaline aerosol given through pear spacer in acute severe asthma</b> J L Díez Jarilla, MD, and others; R N Boyes, PHD.....	1274	<b>Smallpox vaccination</b> C E D Taylor, FRCPATH.....	1278	<b>Laboratory dispute in Fife</b> R C Curran, FRCPATH, and M G Rinsler, FRCPATH.....	1279
<b>Does low dietary intake of linoleic acid predispose to myocardial infarction?</b> A Keys, MB; L A Soloff, MD, and H Schwartz, MD.....	1275	<b>Medical communication: the old and the new</b> D R Cargill, BM.....	1278	<b>Use of operating theatres</b> R Hole, FRCS.....	1279
				<b>Children and disaster</b> S Britten, MRCPsych.....	1279

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*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.*

## Enough is enough

SIR,—Over the past few weeks your columns have voiced the increasing concern of the medical profession about the impact of industrial action by the health unions on the care and treatment of patients. This is only right. Less than fair is the suggestion—for example, in the leading article "Enough is enough" (11 September, p 669)—that the failure to resolve the dispute can be put down to inflexibility on the part of Government as well as the unions.

The Government have revised the pay offers to Health Service staff three times since the first announcement of a pay factor of 4% for the public sector as a whole. The first improvement provided a differential in favour of nurses and certain other groups of staff. Then after the settlements of around 6% to civil servants and teachers after arbitration, and to doctors and dentists and the armed Forces after the Review Body reports, the Government offered increases averaging 6% to 7½%. Finally, in a further attempt to break the deadlock last month we made proposals for a two-year settlement to pave the way for the introduction of new arrangements for the determination of Health Service pay by 1 April 1984.

The Royal College of Nursing and other bodies representing professional staff responded to our invitation to talk about these proposals. In contrast, the Health Service unions affiliated to the TUC have refused even to meet ministers to discuss them, even though the proposals were carefully prepared after close consultation with the chairman and secretary of the Health Services Committee.

Instead, they decided to continue with industrial action in support of pay increases of 12% and other improvements, making a total claim of 20%. While the Government have moved three times to find a resolution of this dispute they have refused to budge from this claim.

The responsibility for continuing industrial action and consequent risks to patients rests firmly on the trade unions. We made it clear right at the outset of this dispute that industrial action in the Health Service is bound to hurt patients. We want to settle the dispute, discuss better arrangements for determining pay, and

take forward our initiatives to improve the management of the resources available to the National Health Service. The way forward is for the unions to call off their action and to respond to the proposals put to them. All those concerned with the impact of their action on patients should urge the unions to accept that this is the honourable course.

KENNETH CLARKE  
Minister for Health

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Social Security,  
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## Monetarism and health

SIR,—I was delighted to see your leading article on "Monetarism and health" (2 October, p 914) and to see that we are to have 12 articles on the "Essentials of health economics." But can we afford to wait so long before we achieve economic sophistication?

We have been repeatedly told by ministers that spending on the Health Service has been increased by this Government; this is true but is misleading since expenditure has not kept pace with costs and we all know that serious cuts in essential services are occurring all over the country. The Prime Minister said: "The National Health Services is safe with us"; in fact the NHS is rapidly becoming unsafe for the care of patients, and the horrifying exercise drawn up by the regional medical officer of the Oxford Regional Health Authority shows how close we are to disaster.

Governments of both colours have attempted to persuade us that the NHS is not a political issue. This is nonsense: Virchow was right when he said: "Medicine is a social science, and politics is nothing but medicine on a large scale." Politics concerns itself with the allocation of national resources, and I believe that there is now sufficient public and professional concern about the future of the Health Service to make the question of improved funding into an important electoral issue.

The immediate problem, however, is that although the dismantling of the NHS is not (or is no longer?) intended, other methods of downgrading it are still under discussion. Insurance funding is being considered in spite of the fact that other countries with this system have administrative costs (more