

746.8
577

BRITISH MEDICAL JOURNAL

STA/STA

SATURDAY 8 JANUARY 1983

LEADING ARTICLES

Oncogenes and human cancer MIRANDA ROBERTSON	81	"Cancer Surveys" D J P BARKER	83
Maternal deaths in England and Wales 1976-8 J K RUSSELL	82	Patients who lose weight BARBARA A BANNISTER, C W H HAVARD	84

CLINICAL RESEARCH • PAPERS AND SHORT REPORTS • PRACTICE OBSERVED

HLA-DRw6 and renal allograft rejection G F J HENDRIKS, G M TH SCHREUDER, F H J CLAAS, J D'AMARO, G G PERSIJN, B COHEN, J J VAN ROOD	85
Clinical aspects of delta infection T MOESTRUP, B G HANSSON, A WIDELL, E NORDENFELT	87
Raynaud's phenomenon and thermal entrainment: an objective test K LAFFERTY, J C DE TRAFFORD, V C ROBERTS, L T COTTON	90
Low serum testosterone concentrations in patients with carcinoma of the pancreas BRIAN GREENWAY, M J IQBAL, P J JOHNSON, ROGER WILLIAMS	93
Changes in clinical features of coeliac disease in adults in Edinburgh and the Lothians 1960-79 RICHARD F A LOGAN, GEORGE TUCKER, EDITH A RIFKIND, ROBERT C HEADING, ANNE FERGUSON	95
Proximal gastric vagotomy versus long-term maintenance treatment with cimetidine for chronic duodenal ulcer: a prospective randomised trial M W L GEAR	98
Hypnotic accumulation and hangover in elderly inpatients: a controlled double-blind study of temazepam and nitrazepam PETER J COOK, ANTHONY HUGGETT, RUTH GRAHAM-POLE, IMOGEN T SAVAGE, IAN M JAMES	100
Linear decline in serum alkaline phosphatase activity during treatment of renal osteodystrophy ERIC J WILL, MARTIN S KNAPP, DAMIEN MCGIVERN	103
Albendazole in hydatid disease D L MORRIS, P W DYKES, B DICKSON, S E MARRINER, J A BOGAN, F G O BURROWS	103
Streptococcus pyogenes as probable cause of dysentery M RAHMAN	104
Severe hypophosphataemia in T-cell lymphoblastic lymphoma P COLMAN, B G FIRKIN, M B VAN DER WEYDEN	105
Fertility after stopping use of intrauterine contraceptive device M P VESSEY, M LAWLESS, K MCPHERSON, D YEATES	106
Practice Research: Blood pressure recording by general practitioners in north-east Scotland L D RITCHIE, ANN M CURRIE	107
Shortlisting Trainees: Two north London schemes compared MARIE R CAMPKIN	110
The GP and the Medical Student: The background CONRAD HARRIS	111
Thinking about the Unthinkable: Assault FRANK WELLS	113

MEDICAL PRACTICE

Dead children from problem families in north-east Wiltshire J E OLIVER	115
Audits of antibiotic prescribing in a Bristol hospital P J SWINDELL, D S REEVES, D W BULLOCK, A J DAVIES, C E SPENCE	118
ABC of Brain Stem Death: Prognostic significance of a dead brain stem CHRISTOPHER PALLIS	123
A viewdata system for poisons information A T PROUDFOOT, W S M DAVIDSON	125
Letters to a Young Doctor: More about general practice PHILIP RHODES	127
Letter from Chicago: In black and pathless woods GEORGE DUNEA	129
Any Questions?	117, 122, 130
Medicine and Books	131
Personal View COLIN JOHNSON	136

U. S. DEPT. OF AGRICULTURE
NATIONAL AGRICULTURAL LIBRARY
RECEIVED
FEB 18 1983

CORRESPONDENCE—List of Contents	141
--	-----

NEWS AND NOTES

Views	151
Parliament—Abortion law remains unchanged	152
Medical New Year Honours	152
Medicolegal—The "liquid cosh" libel	153
Medical News	153
BMA Notices	154
One Man's Burden MICHAEL O'DONNELL	155

OBITUARY	137
---------------------------	-----

SUPPLEMENT

Annual representative meeting, Dundee, 27 to 30 June 1983	156
Association Notices	158
Health care financing in Australia PETER C ARNOLD	159
GMC's Professional Conduct Committee	160
NHS reorganisation: BMA division boundaries	161

CORRESPONDENCE

The GP and the specialist: obstetrics M J V Bull, FRCGP.....	141	Adverse reaction to ipratropium bromide C K Connolly, FRCP.....	145	BCG vaccination scars: an avoidable problem? W A M Cutting, FRCPED.....	148
An absence of alcohol policy D Cameron, MRCPsych, and others; B D Hore, FRCPSych; D H Marjot, FRCPSych...	141	Repeated renal failure with use of captopril in a cystinotic renal allograft recipient J C Mason, MRCP, and P J Hilton, FRCP; J F De Plaen, MD, and others.....	145	Cimetidine and gastric cancer J Ware, FRCS, and J Baxter, FRACS; D G Colin-Jones, FRCP, and others.....	149
Microscopic colitis associated with gall stones I Hamilton, MRCP, and A T R Axon, FRCP..	142	Pop diets for weight reduction J Yudkin, FRCP.....	146	Reporting cases to the General Medical Council H W Ashworth, FRCGP.....	149
Lumbar puncture in spontaneous subarachnoid haemorrhage P J Teddy, FRCS, and others; G P Duffy, FRCP.....	143	Diuretic associated hypomagnesaemia J N Barnes, MRCP, and others.....	146	Hours of work of junior hospital doctors A J Wilkinson, FRCS.....	149
Hazards of lumbar puncture R Mecke, FRCRCSI; W F Casey, FRCRCSI; A G Thompson, FRCS.....	143	Spina bifida and vitamins J P Bound, FRCP.....	147	General practitioners and private practice J S S Stewart, FRCS.....	149
Histopathology services for developing countries S R Smith, FRCS.....	144	Diuresis or urinary alkalisation for salicylate poisoning? I J Gordon, MB; L F Prescott, FRCP, and others.....	147	Points Failure of Queen Anne to produce an heir to the throne (I S L Loudon); Aids information centre in Glasgow (Anne T Donnelly); Are you making the most of "Index Medicus"? (J Cameron); Hypersensitivity after a sea urchin sting (H E Kane); Howling babies during aircraft descent (T M Gibson); Rastafarianism and the vegans syndrome (A Long); Management of traumatic intracranial haematoma (J J Jones); Measles and Indians (R P Robertson); Efficacy of electrostatic precipitators and air ionisation devices (D A Reilly).....	150
Decrease in γ-glutamyltransferase activity in early amniotic fluid in fetal trisomy 18 syndrome Marie T Mulcahy, MD, and Matthew Dick, PHD.....	144	Breast prostheses and seat belts M J Minton, MRCP.....	147		
Support after perinatal death: a study of support and counselling after perinatal bereavement D P Davies, FRCP; S Bourne, FRCPSych, and E Lewis, FRCPSych.....	144	Haemolytic uraemic syndrome: therapeutic effect of plasma infusion C B Brown, MRCP; R Misiani, MD, and others.....	147		
		Sensitivity to tartrazine B Bedford, MB, and S Wade-West, MB.....	148		

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. Letters critical of a paper may be sent to the authors of the paper so that their reply may appear in the same issue.

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.

The GP and the specialist: obstetrics

SIR,—Obstetricians are frequently enjoining general practitioners (11 December, p 1711) to refer (often completely normal) obstetric patients to them "early." Why should this be, and how soon is "early"? The optimum time for the first consultation at the hospital is at 16 weeks. By this time the fundus should be palpable abdominally, and further vaginal examination will be unnecessary. If gestational dating is in question an ultrasound scan will be at its most reliable, and the usual battery of blood tests can include the α -fetoprotein screen, thereby avoiding yet another venepuncture. Only in exceptional cases—for example, recurrent abortion—is a specialist opinion advantageous before 16 weeks, and patients could be saved considerable inconvenience if most booking appointments were scheduled for this time.

Secondly, should routine (blood) screening tests always be left until the hospital appointment? There is some advantage (in primigravidae at least) in determining rubella and rhesus states as early as possible. Ideally, of course, this should have been done before pregnancy but if a woman suffers some febrile illness or rash in the first trimester it will at least be reassuring to know that she is

immune to rubella or, if she aborts, whether anti-D globulin need be administered.

Thirdly, should cervical cytology be undertaken in early pregnancy in women not previously screened? Subsequent miscarriage might easily be misinterpreted by the patient. Surely the best time for routine cytology is at the postnatal examination or the family planning clinic.

Fourthly, how often should "shared care" patients return to the specialist clinic? Unless there is a problem is it really necessary for women to go back more than once (for example, at 34-36 weeks) so the consultant can confirm the presentation and reassure himself that there is no occult pre-eclampsia or growth retardation? Trust and flexibility are of the essence where maternity care is shared between general practitioners and specialists and general practitioners are as well able as junior hospital medical staff to accept a tight regimen for antenatal care. If a specialist is not satisfied with their performance in his locality he should take steps, through postgraduate medical educational programmes, to update them.

Finally, interchange of information between general practitioners and specialists undertaking shared care is of paramount importance. Formal dictated letters are time wasting and subject to delay. The national cooperation card is satisfactory if properly completed, but

important investigative results (for example, blood group, haemoglobin, rubella state, scan reports, etc) are often omitted. But why not let women carry their own hospital obstetric record folders? This would give medical attendants in either routine or emergency situations instant access to the most complete and up to date information available. Furthermore, obstetric records can be designed in such a way as to present a check list of necessary procedures through the whole time scale of the pregnancy, and the risk of omission would thereby be much diminished. In areas where such schemes have been tried there seems to be no great disadvantage and much benefit.

M J V BULL

East Oxford Health Centre,
Oxford OX4 1XD

An absence of alcohol policy

SIR,—As consultants working in alcohol abuse we welcome your excellent leading article (11 December, p 1680). You correctly identified some of the major factors in preventing the