

577

BRITISH MEDICAL JOURNAL

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SATURDAY 19 FEBRUARY 1983

LEADING ARTICLES

| | |
|---|-----|
| Doctors and the drug industry | 579 |
| Excessive sweating of the palms and armpits J A SAVIN | 580 |
| Locking up patients with psychiatric illness GREG WILKINSON | 581 |

| | |
|---|-----|
| Double indemnity in oesophageal carcinoma? R M KIRK | 582 |
| Ampicillin and alternatives A DYAS, R WISE | 583 |
| Writer's cramp P HUDGSON | 585 |
| Crisis in rheumatology manpower JOHN R KIRWAN | 586 |

CLINICAL RESEARCH • PAPERS AND SHORT REPORTS • PRACTICE OBSERVED

| | |
|---|-----|
| Drug treatment of primary hyperparathyroidism: use of clodronate disodium D L DOUGLAS, J A KANIS, A D PATERSON, D J BEARD, E C CAMERON, M E WATSON, S WOODHEAD, J WILLIAMS, R G G RUSSELL | 587 |
| Maturity onset diabetes of the young is not linked to the insulin gene J I BELL, J S WAINSCOT, J M OLD, C CHLOUVERAKIS, H KEEN, R C TURNER, D J WEATHERALL | 590 |
| Transient neonatal hyperthyrotrophinaemia: a serum abnormality due to transplacentally acquired antibody to thyroid stimulating hormone JOHN H LAZARUS, RHYS JOHN, JODY GINSBERG, IEUAN A HUGHES, GERALD SHEWRING, BERNARD REES SMITH, J STUART WOODHEAD, REGINALD HALL | 592 |
| Comparison of four methods of smoking withdrawal in patients with smoking related diseases REPORT BY A SUBCOMMITTEE OF THE RESEARCH COMMITTEE OF THE BRITISH THORACIC SOCIETY | 595 |
| Long term correction of hyperglycaemia and progression of renal failure in insulin dependent diabetes G C VIBERTI, R W BILOUS, D MACKINTOSH, J J BENDING, H KEEN | 598 |
| Successful completed pregnancy in a patient maintained on home parenteral nutrition J C TRESADERN, G F FALCONER, L A TURNBERG, M H IRVING | 602 |
| Successful pregnancy in a renal transplant recipient taking cyclosporin A G J LEWIS, C A R LAMONT, H A LEE, M SLAPAK | 603 |
| Carbon monoxide poisoning in a former mining community C T A JONES, H A F MACKAY | 603 |
| Percutaneous transfemoral lumbar aortography as an outpatient procedure P J SHAW, J F REIDY, M R SALARI | 604 |
| Coxsackie B infection and arthritis N P HURST, A G MARTYNOGA, G NUKI, J R SEWELL, A MITCHELL, G R V HUGHES | 605 |
| Long term consequences of arsenical treatment for multiple sclerosis D A F ROBERTSON, T S LOWBERG | 605 |
| Sodium cromoglycate and verapamil alone and in combination in exercise induced asthma K R EATEL | 606 |
| After Acheson: Constructing a primary care unit: the dream IAN KEY | 607 |
| The GP and the Medical Student: Students from the Royal Free N F ANDRAWIS | 609 |
| Thinking About the Unthinkable: Death of a daughter CYRIL JOSEPHS | 611 |
| The GP and the Specialist: Gynaecology JOHN MCQUEEN | 613 |

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MEDICAL PRACTICE

| | |
|--|----------|
| Scoliosis in the community ROBERT A DICKSON | 615 |
| Letters to a Young Doctor: Applying for jobs PHILIP RHODES | 618 |
| Quality of obstetric care provided for Asian immigrants in Leicestershire MICHAEL CLARKE, DAVID G CLAYTON | 621 |
| Communicable Diseases: Immunisation of adults during an outbreak of diphtheria S R PALMER, A H BALFOUR, A E JEPHCOTT | 624 |
| Lesson of the Week: Recurrent meningitis due to congenital malformation of the inner ear M W M BRIDGER, P D PHELPS | 626 |
| Anticonvulsant drugs and advice about driving after head injury and intracranial surgery BRYAN JENNETT | 627 |
| ABC of Healthy Travel: Immunisation—I ERIC WALKER, GLYN WILLIAMS | 629 |
| Any Questions? | 623, 628 |
| Materia Non Medica—Contribution from R M MACNEILL | 620 |
| Medicine and Books | 632 |
| Medicine and the Media—Contributions from ALEX PATON, JOHN SHEMILT, COLIN CURRIE | 637 |
| Personal View THOMAS C GIBSON | 638 |

PROCUREMENT SECTION CURRENT SERIAL RECORDS

| | |
|---------------------------------|-----|
| CORRESPONDENCE—List of Contents | 639 |
|---------------------------------|-----|

| | |
|----------|-----|
| OBITUARY | 655 |
|----------|-----|

NEWS AND NOTES

| | |
|------------------------------------|-----|
| Views | 650 |
| Parliament | 651 |
| Medical News | 652 |
| BMA Notices | 653 |
| One Man's Burden MICHAEL O'DONNELL | 654 |

SUPPLEMENT

| | |
|---|-----|
| The Week | 658 |
| Griffiths inquiry into NHS Efficiency WILLIAM RUSSELL | 659 |
| GMSC/RCGP joint computing policy group: 1982 report | 660 |
| BMA advisory service for women doctors | 661 |
| Surplus NHS property: DHSS inquiry | 662 |
| New scales for industry medical officers | 662 |
| Increased funds for the Health Service in Wales | 662 |

CORRESPONDENCE

| | | | | | |
|--|-----|---|-----|---|-----|
| "The Rising Tide" M R P Hall, FRCP..... | 639 | Electrically heated garments R S MacWalter, MRCP; B C Leveratt; D Stuart, FRCP..... | 643 | Quinine induced granulomatous hepatitis N S Nirodi, MRCPATH..... | 647 |
| Congenital hip dislocation J C Catford, MFCM..... | 639 | Out of court settlements by defence organisations E Besterman, FRCP; J M Gate, FRCOG..... | 644 | Do it yourself obituaries C E Morris, MRCP..... | 647 |
| Rugby football injuries to the cervical spine G H Cowie, FRCS; E R Hitchcock, FRCS; J Carvell, FRCS, and others..... | 640 | Letters to a young doctor D Cameron, MB, and F Forster, PHD; S Gillam, MB..... | 644 | Itchy red spots A S Amsden, MB..... | 647 |
| Alcohol and advice to the pregnant woman Ruth M Walters, MRCPsych..... | 640 | Becloforte inhaler I W B Grant, FRCPED, and G K Crompton, FRCPED; I M Slessor, MB..... | 644 | One man's burden H M White, MRCP..... | 647 |
| Blue plaques: London houses of medicohistorical interest T D Whittet, PHD; A Sakula, FRCP; E Agius, FRCPATH..... | 641 | New thoughts for the Health Education Council R McCron, MPHIL..... | 645 | Repeated renal failure with captopril R G Fassett, MB, and others..... | 648 |
| Low serum testosterone concentrations in carcinoma of the pancreas K E L McColl, MD; B Greenway, FRCS, and others..... | 641 | Nurses and smoking D R Hay, FRCP..... | 646 | Confirming the diagnosis of mild hypertension C P Petch, FRCP..... | 648 |
| Therapeutic retraction of the foreskin in childhood R J Brereton, FRCS..... | 642 | Clean air charter for airlines P Whidden..... | 646 | Low phosphate arachidonic acid values in diabetic platelets H Sinclair, FRCP..... | 648 |
| Competitive spectacles D P Choyce, FRCS; C Josephs, FRCP; A E Wilson, MRCS; M C Grayson, FRCSED..... | 642 | Lithium induced constructional dyspraxia G P McGovern, FRCPED..... | 646 | Nifedipine in hypertensive emergencies K C McHardy, MRCP, and A W Hutcheon, MRCP..... | 648 |
| Antiemetics and cytotoxic drugs A M Barlow, FRCPATH, and S S Jalihal, MB..... | 643 | Campylobacter enteritis in the community P F Schofield, FRCS, and B K Mandal, FRCP..... | 646 | Consultant only service in a district hospital M J Wolfe, FFARCS, and S J Mather, FFARCS..... | 649 |
| Choosing treatment for metastatic breast cancer L A Price, MD..... | 643 | Release of oxytocin and prolactin in response to suckling K D Salzmann, MRCP; Joanna Raeburn, MRCP..... | 646 | Points Climatic effects of nuclear war (D J Holdstock); Healing diabetic forefoot ulcers (D A Wylie; J H James); Wide ranging historical study (V C Medvei); Dead children from problem families (June Thompson); "The Citadel" (A P Brown); Fear not the ophthalmoscope (C M Kirkness)..... | 649 |
| | | No progress in Bloomsbury F Bavetta, MD, and others..... | 647 | | |

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 Rising Tide"

SIR,—I support the plea against the formation of demonstration centres, areas, or districts made by Professor Tom Arie and Dr David Jolly (29 January, p 325). The fact that one aspect of the service for the care of the elderly is better provided with resources can cause an imbalance which may have many adverse effects on the service as a whole. The less well provided services tend to protect and husband their limited resources, with the result that those working in the better provided section feel that they are carrying the bulk of the service care burden alone and feel resentful. As a result collaboration between services is impeded and the elderly patient/client/person suffers.

Moreover, demonstration models tend to become stereotyped, and while they demonstrate good practice in one set of circumstances that practice may not be applicable to another area or district or even fit in with another service. Consequently, they may actually hinder progress and the provision of overall better standards of care for the elderly, whether this be social, psycho-

geriatric, or geriatric. Indeed, they could even perpetuate bad practices in other services. They can also be expensive and demand more and more of the share of the cake.

The components needed to provide a good service for the care of the elderly are well known and are present in all health districts. What varies is the proportion and amount of resource in each district, as do the human attributes and attitudes of those who work in the statutory, voluntary, and private sectors. To try to make these fit a demonstration model might be quite impossible and attempts to do so would only cause friction and prevent collaboration.

A higher standard of care for the elderly will be achieved only if those in control of services—social, housing, and the various elements of health—collaborate to formulate, with the voluntary and private sectors, policies that integrate and achieve the best use of the resources available and make their own plans for the development of a comprehensive service which meets needs and fits the traditions and customs of their own society.

The new money available might therefore be best spent not only as development awards, as Professor Arie and Dr Jolly

suggest, but also in developing a system of performance review, which would monitor and audit the service provided so that policies can be adjusted and plans modified to meet the changing needs of the elderly and society. Only in this way is there a chance that the whole service provided for the elderly, not just the geriatric or psychogeriatric service, will be sufficiently flexible and appropriate to meet demand.

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Congenital hip dislocation

SIR,—We had anticipated that our paper (27 November, p 1527) would spark off renewed interest in the incidence, screening, and treatment of congenital dislocation of the hip. Perhaps I can reply to some of the epidemiological points raised in the correspondence.

Dr P M Dunn (11 December, p 1737)