

BRITISH MEDICAL JOURNAL

STA/STA

SATURDAY 28 MAY 1983

LEADING ARTICLES

- Spina bifida and anencephaly** IAN LECK 1679
Pregnancy in patients with prosthetic heart valves
CELIA OAKLEY 1680
Epidemiology: a losing cause? MARK MCCARTHY 1682
Update on insulin dependent diabetes J C WOODROW . 1683
Some questions for politicians 1684
Regular Review: Luxusconsumption, brown fat, and human obesity J S GARROW 1684

CLINICAL RESEARCH • PAPERS AND SHORT REPORTS • PRACTICE OBSERVED

- Abnormalities of growth hormone release in response to human pancreatic growth hormone releasing factor (GRF (1-44)) in acromegaly and hypopituitarism** S M WOOD, J L C CH'NG, E F ADAMS, J D WEBSTER, G F JOPLIN, K MASHITER, S R BLOOM 1687
Evidence for a hypothalamic disturbance in cyclical oedema J B YOUNG, A M BROWNJOHN, C CHAPMAN, M R LEE 1691
Serum pancreatic lipase activity in cystic fibrosis D JUNGLEE, A PENKETH, A KATRAK, M E HODSON, J C BATTEN, P DANDONA 1693
Detection of renal allograft rejection by computer IAN M TRIMBLE, MICHAEL WEST, MARTIN S KNAPP, ROY POWNALL, ADRIAN F M SMITH 1695
Successful treatment of herpes labialis with topical acyclovir A PAUL FIDDIAN, JANE M YEO, RONALD STUBBINGS, DONALD DEAN 1699
Changing pattern of alcohol abuse in female acute medical admissions
ROBIN J NORTHCOTE, BRENDAN J MARTIN, HELEN SCULLION, DAVID T REILLY 1702
Captopril induced reversible renal failure: a marker of renal artery stenosis affecting a solitary kidney
J H SILAS, Z KLENKA, S A SOLOMON, J M BONE 1702
Reversible neurological causes of tennis elbow J D MITCHELL, D M REID 1703
Acute central cervical cord injury due to disco dancing J REDMOND, A THOMPSON, M HUTCHINSON 1704
Identification of underprivileged areas BRIAN JARMAN 1705
Overlapping with General Practice: Undertaker LEE CHAPPELL 1710
Occupational Medicine: Adventures in shipping IAN REID ENTWISTLE 1711
Correction: Infant chlamydial pneumonia BRAITHWAITE ET AL 1704

U. S. DEPT. OF AGRICULTURE

NATIONAL AGRICULTURAL LIBRARY

RECEIVED

JUN 14 1983

MEDICAL PRACTICE

- Postmarketing surveillance of the safety of cimetidine: 12 month mortality report**
D G COLIN-JONES, M J S LANGMAN, D H LAWSON, M P VESSEY 1713
ABC of Computing: What is a digital computer? A J ASBURY 1717
Mental Health Act 1983 JOHN R HAMILTON 1720
Letters to a Young Doctor: Postgraduate education in general practice PHILIP RHODES 1725
Aviation Medicine: Function of the special senses in flight I: Vision and spatial orientation RICHARD M HARDING, F JOHN MILLS ... 1728
New Drugs: Antibiotics I: new antibiotics and advances in antibiotic treatment C R PENNINGTON, J CROOKS 1732
Conference Report: Farr sighted TESSA RICHARDS 1736
Any Questions? 1716, 1727, 1731, 1735, 1737
Medicine and Books 1738
Personal View C D SHEE 1742

PROCUREMENT SECTION
CURRENT SERIAL RECORDS

CORRESPONDENCE—List of Contents 1743

OBITUARY 1758

NEWS AND NOTES

- Views** 1753
Election manifestos 1754
Medical News 1755
BMA Notices 1756
One Man's Burden MICHAEL O'DONNELL 1757

SUPPLEMENT

- The Week** 1761
Three political avenues to health WILLIAM RUSSELL 1762
New working group on Scotland's manpower problems 1763
GMSC receives review body award 1764
BMA annual general meeting 1764
Whole time consultants' views on private practice
C K BUSH, A N G CLARK 1765

CORRESPONDENCE

Doctors, science, money, and responsibility A P J Lake, FFARCS..... 1743	Poor prognosis of acute lymphoblastic leukaemia in non-European children P Colonna, MD, and others..... 1747	Fat and cancer K D R Setchell, PHD, and others..... 1750
Aviation medicine C W Burke, FRCP; E H El-Ansary, MD; F J Mills, MB, and R M Harding, MB.... 1743	Carcinoembryonic antigen in detection of asymptomatic disseminated disease in colorectal cancer J M Gilbert, FRCS..... 1747	Primary care in inner cities J Wood, MSC..... 1750
Antidepressant effects of electroconvulsive therapy B O'Shea, MRCPsych, and others; M Fink, MD..... 1744	Effectiveness of pergolide in hyperprolactinaemia A J Isaacs, MRCP..... 1747	Panic disorder P A McCue, MPsyChol..... 1750
Clinical range of neonatal rotavirus gastroenteritis N J C Buxton, MRCPATH; D Carrington, DTM&H, and P Rudd, MRCP..... 1745	Gangrenous caecal volvulus after colonoscopy J Baillie, MRCP; J R Anderson, FRCS, and others..... 1747	Cold weather and testicular torsion P A Driscoll, MB, and others..... 1751
Scoliosis in the community R A Dickson, FRCS..... 1745	Screening for fetal malformations E J Shaxted, MRCOG..... 1748	Serum creatinine concentration and renal function in rheumatic diseases C P Swainson, MB; O Nived, MD, and others..... 1751
Underdiagnosis and undertreatment of asthma in childhood C K Connolly, FRCP; M H Verdier-Taillefer, MSC, and others..... 1745	Low serum C4 concentrations in insulin dependent diabetes mellitus G Uko, MD, and others..... 1748	Location of parathyroid adenomas by thallium-201 and technetium-99m subtraction scanning M O Corcoran, FRCSI, and others..... 1751
Tuberculosis in unvaccinated children, adolescents, and young adults L P Ormerod, MRCP, and N Horsfield, MRCP; P D O Davies, MRCP..... 1746	Lymphomatoid granulomatosis Christine Harrington, MD, and others.... 1749	Competitive spectacles A E Wilson, DOMS..... 1752
	Alpha blockers and converting enzyme inhibitors P K Marriott, FRACP, and M Cohen, FRCS. 1749	Medical Civil Service C J Bolt, MB..... 1752
	New drugs in respiratory disorders R Gabriel, FRCP..... 1749	Forthcoming elections at the Royal College of Surgeons F E Weale, FRCS..... 1752
		Prescribing phenylbutazone J S Staffurth, FRCP..... 1752

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.

Doctors, science, money, and responsibility

SIR,—I sympathise with the views of Mr K Norcross (29 January, p 391) and echo his call for the very careful long term assessment of new techniques to establish their true worth before introduction into everyday clinical practice.

The pressures on the junior doctor to produce a "piece of research" are already enormous and will no doubt be increased following the article by Professor Philip Rhodes (23 April, p 1341), in the final paragraph of which he presents a Utopian and, I believe, unrealistic view. Good research is, I am sure, "advanced education for the doer," but not all research is valuable because of the reasons for which it is done and by whom. The sheer number of medical journals ensures that with perseverance almost anything can achieve the authority of the printed word, often in a number of different guises. This in turn reduces the standing and credibility of the journal and eventually the other articles it contains.

Increasingly "expensive medical techniques" (5 February, p 417) are adopted without careful assessment because, firstly, the momentum generated by academic departments can be very great and, secondly, perhaps in some measure due to current selection procedures, the up and coming doctor of today wants more than everyday clinical practice—he must embrace, too, the new technological innovation for his fulfilment. The National Health Service as a whole is not a research institute; the priority is the provision of a

"best buy" service of comprehensive care for all the population. The service is efficient and value for money and whether we as clinicians like it or not operates within cash limits. Doctors generate the costs of the service¹ and must not use clinical freedom as a licence to squander resources. Every clinical decision must be responsibly evaluated in respect of cost and benefit not only to the patient but to society as a whole. As Professor D N Baron points out (16 April, p 1229), it is necessary for us to audit our work at least within departments. Our colleagues in the United States have a head start on us²; perhaps we lag behind because of our single tier consultant structure. We must all do our best to turn our hopes for the service into reality (2 April, p 1079).

What can we do? Every encouragement should be given to the doctor in training, but the pressure to produce a piece of research to ensure advancement must be removed. Let capable investigators in good centres concentrate on producing considered research and improve the overall standards of publications. Let the innovation be evaluated long term in a controlled way so that real benefits are apparent and any added expense of its introduction into routine practice can be seen to be justified. Only a handful of potentially life saving innovations are so important that they must be introduced at once. Above all, it is probably inevitable that a measure of control over expenditure will need to be introduced if we use clinical freedom as an excuse to ignore the

costs of the service we provide. My plea is for doctors to exert a measure of control over themselves by acting responsibly and be seen to be doing so if necessary by the introduction of doctors with executive powers. We must not bury our head in the sand and leave ourselves open to government control. At the moment we have a choice.

A P J LAKE

Department of Anaesthesia,
Hope Hospital,
Salford M6 8HD

¹ Akehurst RL. Doctors as spenders. *Hospital Update* 1983;9:507-12.

² Relman AS. Technology costs and evaluation. *N Engl J Med* 1979;301:1444-5.

Aviation medicine

SIR,—Dr F J Mills and Dr R M Harding (23 April, p 1340) state that "patients with air in the cranium may not fly in commercial aircraft." I would like to know if this is a rule made by the airlines or whether the authors have some specific evidence?

Some years ago I had to bring a patient with meningitis and a spontaneous air encephalogram, all due to cerebrospinal fluid rhinorrhoea, back from Portugal on a commercial flight. Once the meningitis had been cleared sufficiently to provide full consciousness and the patient's temperature had fallen it became necessary to close the cerebrospinal fluid fistula, which, for various reasons, could not be done in Portugal.