

B77

STATISTA

BRITISH MEDICAL JOURNAL

SATURDAY 9 JULY 1983

LEADING ARTICLES

The necropsy and cot death	J L EMERY	77	Cytotoxic drugs for non-neoplastic disease		
Food, drink, and gout	J T SCOTT	78		J M A WHITEHOUSE	79

CLINICAL RESEARCH • PAPERS AND SHORT REPORTS • PRACTICE OBSERVED

Protective effect of vitamin E (DL-alpha-tocopherol) against intraventricular haemorrhage in premature babies	MALCOLM L CHISWICK, MARY JOHNSON, CYNTHIA WOODHALL, MAUREEN GOWLAND, JACQUELINE DAVIES, NANCY TONER, DOUGLAS G SIMS	81			
Immunological reason for chronic ill health after infectious mononucleosis	T J HAMBLIN, J HUSSAIN, A N AKBAR, Y C TANG, J L SMITH, D B JONES				
Factors predictive of attendance at clinic and blood pressure control in hypertensive patients	P DEGOULET, J MENARD, H-A VU, J-L GOLMARD, C DEVRIES, G CHATELLIER, P-F PLOUIN				
Neonatal neutropenia due to maternal autoantibodies against neutrophils	E F VAN LEEUWEN, J J ROORD, G C DE GAST, C VANDER PLAS-VAN DALEN				
Nephrotic syndrome after treatment with psoralens and ultraviolet A	L T K LAM THUON MINE, P F WILLIAMS, J L ANDERTON, D THOMSON				
Early non-radiological recognition of misplacement of central venous catheter	J D B MILLER, J BROOM				
Sulphasalazine hepatotoxicity after 15 years' successful treatment for ulcerative colitis	T W J LENNARD, J R FARNDON				
Interesting GPs of the Past: Arthur Randell Jackson: 1877-1944	V TONGE	97			
The GP and the Medical Student: Students from Oxford	A DUNNILL	98			

MEDICAL PRACTICE

Compliance of patients and physicians: experience and lessons from tuberculosis—II	WALLACE FOX	101
ABC of Computing: General practice: hardware and software	M R SALKIND	106
New Drugs: Anticancer chemotherapy	PETER DAVEY, G R TUDHOPE	110
Letter from France: No red roses for doctors' ladies	PETER BAXTER	113
Aviation Medicine: Is the crew fit to fly? I: Licensing requirements for aircrew	RICHARD M HARDING, F JOHN MILLS	114
Lesson of the Week: Spinal disease presenting as acute abdominal pain: report of two cases	R JOOMA, M J TORRENS, R J VEERAPEN, H B GRIFFITH	117
Communicable Diseases: Plague	PREPARED BY THE PUBLIC HEALTH LABORATORY SERVICE COMMUNICABLE DISEASE SURVEILLANCE CENTRE	118
Conference Report: Art and the NHS	TESSA RICHARDS	120
Any Questions?		105, 119
Medicine and Books		121
Personal View	M S B VAILE	125

CORRESPONDENCE—List of Contents	126
---------------------------------	-----

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

NEWS AND NOTES	
Views	135
Medical News	136
BMA Notices	136

SUPPLEMENT

The Week in Dundee	139
Message from HRH the Prince of Wales	155
From the ARM: BMA "strong supporter" of NHS concept, says council chairman	156
Optimistic view of the NHS: 1983 presidential address	157

CORRESPONDENCE

Prescription of controlled drugs to addicts

A B Robertson; E Stungo, MRCPSYCH; Pamela Aylett, MRCPSYCH; G Milner, FRCPsych; D Beckett, MRCPSYCH..... 126

ABC of computing

D S Fairweather, MB, and R M Flinn, MB 128

R-eye's syndrome

N Khan, MD..... 128

Skull deformities caused by prenatal growth constraint

D P Davies, FRCP, and others..... 128

Neuroleptic malignant syndrome

C G Clough, MRCP; A N Singh, DPM; A E Cameron, MB, and J M Borthwick, MB... 128

Student elective in Papua New Guinea

H McA Foster, FRCS..... 129

Ethnic minority women and congenital rubella

C S Peckham, FFCM, and others; Fiona Sim, MB..... 129

Identification of underprivileged areas

A Scott-Samuel, MFCM; J R H Charlton; B Jarman, MRCGP..... 130

Chlamydia trachomatis and lower urinary tract symptoms among women

G E Forster, MRCOG, and P E Munday, MRCOG..... 131

Cold weather and testicular torsion

R B Shukla, FRCSI..... 131

Fatal marrow aplasia associated with non-A non-B hepatitis

D O Ho-Yen..... 131

Statistical guidelines for contributors to medical journals

L Corea, MD, and others; D G Altman, BSC, and others; M J R Healy..... 132

Beta blockers and flat dose response to thiazide in hypertension

L E Ramsay, MRCP; N D Markandu, SRN, and G A MacGregor, FRCP..... 132

An open letter to the General Medical Services Committee

G W Taylor, MRCGP; M Townend, MB..... 133

Pressurised aerosol with conical spacer is an effective alternative to nebuliser in chronic stable asthma

L S Hill, MRCP; J F O'Reilly, MRCP, and others..... 134

Pregnancy in patients with prosthetic heart valves

G Robbins, MRCP, and P B A Kernoff, MD... 134

GP anaesthetists

A J Watson, MB, and C B Everett, MB..... 134

Plight of the course organiser

J Bahrami, MRCGP..... 134

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.

Prescription of controlled drugs to addicts

SIR,—I would like to comment on the article on drug addicts and the proposal that only clinics be allowed to prescribe and treat them. I am a journalist and an addict; I have been able to hold down my job and live a reasonably normal life, thanks to the help of a private doctor who has been letting me reduce my intake of injectable and oral methadone at a rate which I can cope with. Naturally I pay for this, but I do not consider that I am being sold a batch of drugs every visit. Doctors must charge fees, or how else are they to live?

As for the National Health Service clinics, I would be quite happy to attend if they were any good. I went to one for a few months, and it was dreadful. I was prescribed a totally inadequate amount of oral methadone and told to reduce to zero over six months. I picked up the drug from a chemist each day. I also had to attend a weekly meeting where we were "psychoanalysed" by a social worker and psychologist. These "experts" were two girls many years younger than I, yet they insisted that our "problems" were the same as those of all other addicts: "Mummy didn't love you, daddy was a drunkard," and so on. They were both arrogant and patronising.

Lateness was a cardinal sin. When a patient complained that she had to take her child to school or had trouble getting time off work there was little sympathy; the meeting was all important. The idea that having a job might be an essential part of rehabilitation did not seem to occur to those in charge. Eventually I was thrown out, allegedly for having traces of amphetamine in a urine sample, but since I do not use that drug it must have been a mix up (or an excuse to get rid of a patient who would not play the game).

I am sure that there are many respectable people in my situation who owe a lot to the help and encouragement of a private doctor. Unless the clinics get better (and Stimson and Oppenheimer's recent book on treatment in the United Kingdom holds out scant hope of that)¹ the private sector will remain a necessary part of the drug scene. The critics of private doctors would do well to heed the words of the American expert seen on the recent *ITV World In Action* story on heroin addiction. He was talking about his country, where clinics control all treatment; the inadequacy of the clinics' work nurtures the growth of the black market: "Don't do what we did. Don't turn a problem into a disaster."

A B ROBERTSON

London NW3

¹ Stimson GV, Oppenheimer E. *Heroin addiction: treatment and control in Britain*. London: Tavistock Publications, 1982.

SIR,—In your leading article on doctors for drug addicts (11 June, p 1844) you state that drug clinics set up in the 1960s seem to have faded into decline and are used by only 4000 of the estimated 20 000 opioid addicts in Britain. Dr T Bewley and Dr A H Ghodse (11 June, p 1877) plead for an extension of the present licensing system to include all controlled drugs in an endeavour to stem the irresponsible overprescribing by certain general practitioners, which is often financially motivated.

I was the honorary secretary of the Society for the Study of Addiction from 1958 until

1964. During that period the number of known addicts to hard drugs increased to over 500. We appreciated at the time that additional measures should be introduced to contain the rising incidence of drug addiction, but nothing was achieved because it was said that we had no problem in Britain. Now that the estimated number of addicts exceeds 20 000 it is surely essential to take further steps in an effort to control the menace.

Accordingly, I propose that the prescribing or supply of controlled drugs should be restricted in the first place to hospitals or special clinics, where an assessment of a patient's drug requirement could be readily ascertained. If treatment was available and acceptable all well and good, but failing that the patient would be provided with a document bearing his photograph and description and stating the dose of drug required to relieve symptoms of deprivation, the duration of relief, and the date on which a further supply could legally be obtained from a general practitioner. The patient's document would be date stamped, and it would constitute an offence if any payment was offered or accepted. The practitioner would claim a statutory fee from the Department of Health and Social Security on a prescribed form, which would state the name of the patient, his drug requirement, and the amount supplied on the particular occasion. This would enable the DHSS to maintain a register of patients and prescribing practitioners, thereby relieving the dangerous drugs department of the Home Office of that responsibility.

If an addict lost or failed to produce his drug document it would be mandatory for the practitioner to refer him back to hospital or