

45.8  
377

1

# BRITISH MEDICAL JOURNAL

SATURDAY 5 NOVEMBER 1983

## LEADING ARTICLES

Business management for the NHS?	1321
Searching the literature W F WHIMSTER	1322
Alzheimer's disease: recent advances and future prospects J F W DEAKIN	1323
Regular Review: AIDS in Europe P EBBESEN, R J BIGGAR, M MELBYE	1324

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

Absorption of glucose from urinary conduits in diabetics and non-diabetics K N SRIDHAR, C T SAMUEL, C R J WOODHOUSE	1327
Hyposensitisation to wasp venom in six hours J C VAN DER ZWAN, J FLINTERMAN, I G JANKOWSKI, J A M KERCKHAERT	1329
Renal graft dysfunction during infection with cytomegalovirus: association with IgM lymphocytotoxins and HLA-DR3 and DR7 W M BALDWIN III, F H J CLAAS, A VAN ES, W L WESTEDT, G VAN GEMERT, M R DAHA, L A VAN ES	1332
Comparative trial of rectal indomethacin and cryoanalgesia for control of early postthoracotomy pain D J M KEENAN, K CAVE, L LANGDON, R E LEA	1335
Sex hormones and skin collagen content in postmenopausal women M BRINCAT, C F MONIZ, J W W STUDD, A J DARBY, A MAGOS, D COOPER	1337
Comparison of injection techniques for shoulder pain: results of a double blind, randomised study GARY R HOLLINGWORTH, RICHARD M ELLIS, TIMOTHY S HATTERSLEY	1339
Multiple endocrine neoplasia associated with von Recklinghausen's disease D F R GRIFFITHS, G T WILLIAMS, E D WILLIAMS	1341
Case of ectopic pregnancy after postcoital contraception with ethinyloestradiol-levonorgestrel ALI A KUBBA, JOHN GUILLEBAUD	1343
Superior sagittal sinus thrombosis and essential thrombocythaemia M F MURPHY, C R A CLARKE, R L BREARLEY	1344
Low protein diets in uraemia S E BENNETT, G I RUSSELL, J WALLS	1344
Paget's disease of bone in Ireland F M DETHERIDGE, D J P BARKER, P B GUYER	1345
Perforation of a bronchus due to electrical injury C S BOWLER, I J GORDON	1346
Acne vulgaris and hidradenitis suppurativa as presenting features of acromegaly R J G CHALMERS, R D EAD, M H BECK, P DEWIS, D C ANDERSON	1346
Obscure splenomegaly in the tropics that is not the tropical splenomegaly syndrome KEVIN M DECOCK, S B LUCAS, P H REES, A N HODGEN, R A JUPP, B SLAVIN	1347
Pericardiocentesis in myocarditis: the protective role of the pericardium in severe heart failure ADAM D TIMMIS, KIERAN DALY, MARK MONAGHAN, DAVID E JEWITT	1348
Practice Research: Psychotropic drugs and accidents in a general practice G A C BINNIE	1349
A Difficult Case: Adrian COLIN SMITH	1350
First Five Years in Practice: the 1960s: Hard times SIMON JENKINS	1352
Papers That Have Changed My Practice: No "road to Damascus" effect W MCN STYLES	1354

## MEDICAL PRACTICE

Sudden cardiac death in sport ROBIN J NORTHCOTE, DAVID BALLANTYNE	1357
ABC of Sexually Transmitted Diseases: Urethral discharge: diagnosis MICHAEL W ADLER	1360
Improving medical meetings: III—Diversify the format of conference sessions D E RICHMOND, C J MERCER	1363
Leptospirosis in man, British Isles, 1982 LEPTOSPIROSIS REFERENCE LABORATORY AND COMMUNICABLE DISEASE SURVEILLANCE CENTRE (PHLS)	1365
Paratyphoid fever in England and Wales, 1978-82 PREPARED BY THE PUBLIC HEALTH LABORATORY SERVICE COMMUNICABLE DISEASE SURVEILLANCE CENTRE	1366
The Great Hall of BMA House: plans for the '80s JANE SMITH	1367
Materia Non Medica—Contributions from ERIC SIMS, A-M ROLLIN	1364
Medicine and Books	1370
Personal View DAVID E BRADFORD	1374

CORRESPONDENCE—List of Contents 1375

OBITUARY 1386

## NEWS AND NOTES

Views	1382
Medical News	1383
BMA Notices	1384
One Man's Burden MICHAEL O'DONNELL	1385

## SUPPLEMENT

The Week	1389
Labour's defence of NHS WILLIAM RUSSELL	1390
NHS management inquiry: Griffiths report	1391
From the JCC: Fall in funded consultant posts	1395

## CORRESPONDENCE

<b>Starting medicine: the basic medical sciences course</b> C J Spencer-Jones, BSC ..... 1375	<b>Mineral content of the forearms of babies</b> Frank R Greer, MD, and Richard B Mazess, PHD ..... 1378	<b>Trimming fat or cutting bone?</b> J A Ryan, FRCS ..... 1380
<b>Giving up smoking—are we giving up?</b> J C Catford, MRCP, and others ..... 1375	<b>Effect of daily oral omeprazole on 24 hour intragastric acidity</b> P J Prichard and others ..... 1378	<b>Privatisation of hospital laundry service</b> R J Rowlatt, MRCP ..... 1380
<b>Why don't the British treat more patients with kidney failure?</b> A G Morgan, MD, and R P Burden; Elizabeth Ward, CBE; L H Cope, MRCP, and others ..... 1376	<b>Parathyroid hormone and 25-hydroxyvitamin D concentrations in the elderly</b> G M Berlyne, MD; R S Briggs, MRCP, and others ..... 1379	<b>Points: "The Nation's Health" (R J L Hooper); Trimming fat or cutting bone? (P J E Wilson); Learning medicine: interviews and offers (F E Gerstenberg); Spinal disease presenting as acute abdominal pain (J A Daff); Names for new disciplines (H C Seftel); Compensation and drug trials (Margaret Garden); General surgical workload (M E J Hackett, and B C Sommerlad); Too much heparin (J Holliday); Duchenne muscular dystrophy (S P K Linter) ..... 1381</b>
<b>Acupuncture</b> D L S Paine, MRCP ..... 1377	<b>Standardisation of oral anticoagulant treatment</b> L Poller, FRCPATH ..... 1379	<b>Corrections: Congenital toxoplasmosis (Williams and others); New criteria and classification for diabetes mellitus (Sanderson) ..... 1380</b>
<b>Adjuvant chemotherapy for early breast cancer</b> Ian E Smith, MD; R D Rubens, MD .... 1377	<b>Substitution of Maloprim for dapsone</b> P D Wilson, MRCP, and S Natarajan, MD .. 1379	
<b>Epileptic seizures in general practice</b> M H Burton, BM, and D R R Williams, MB; R H Gosling, FRCPED; J Edeh, MRCPsych ..... 1377	<b>Topical minoxidil in the treatment of alopecia areata</b> Clodagh M King, MRCP, and others; S Lewis-Jones, MRCP, and C F H Vickers, MD 1380	

*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.*

**Starting medicine: the basic medical sciences course**

SIR,—Preclinical education was accurately portrayed by Professor Peter Richards (27 August, p 597). Having recently completed this part of my medical education, however, I feel the need to raise four issues, which were conspicuous by their absence and which may be of some interest to your readers.

Firstly, the number of students on medical courses has risen beyond the point at which schools are able to maintain standards. Impersonality between students and staff may be inevitable, but what about between students themselves? Practical classes are generally very large and a good standard of supervision hard to maintain. Tutorials, ever increasing in size, have, in some cases, been abandoned altogether. Introductions such as closed circuit television do help, but most staff and all students are dissatisfied with a system that encourages schools to take ever increasing numbers of students in order to maintain research facilities.

Secondly, the role of lectures in the curriculum remains controversial, but there is no sign of reform. Course exams are naturally based on lecture material, but with a very variable standard of lecturing this can be justified only if printed lecture notes are made available (at the student's expense). In some way students must have more time made available for study; printed lecture notes would bypass the need for reorganisation of the curriculum by giving students the basic information, with an option of private study.

Thirdly, the quality of preclinical teaching is dependent on making the job attractive enough to talented enough people. Fewer and fewer preclinical departments have qualified medical staff working in them helping to keep pre-clinical courses on the right track. I under-

stand this is largely a question of pay. With the quality of our future doctors at stake the amount of money this entails has to be relatively insignificant. Cannot the pay of preclinical teachers be in some way brought into line with the pay of clinicians, say, according to the amount of time spent teaching preclinical students? Alternatively, can we not teach a subject such as physiology in the hospital, without integrating the whole course?

Fourthly, there are important subjects such as neurobiology and endocrinology that cross departments. Despite individual departments' efforts at cooperation basic misunderstandings

can creep in due to this arrangement. This cooperation might usefully be replaced by symposiums with relevant departments teaching together.

With our current economic climate there is strain at every level in all areas of public service. Both the Health Service and the universities are affected. Medical education is thus doubly under threat, and vigilance is required by those with power lest we be caught with no oil in our lamps.

C J SPENCER-JONES

Bristol BS8 4AN

**Giving up smoking—are we giving up?**

SIR,—The publication of the results of the Australian North Coast "Quit for Life" programme (15 October, p 1125) comes at a very opportune time. This highly commendable programme promoting healthy lifestyles showed that the imaginative use of the media, with and without supporting community programmes, can have an appreciable effect in reducing the prevalence of smoking beyond the short term. Comparable results from similarly styled programmes have recently been reported in southern Australia by the South Australian Health Commission (J Cowley, unpublished observations). In the United States and Finland the value of the planned use of the media in giving up smoking has been known for some time.<sup>1-3</sup>

In Britain, however, with the highest prevalence of smoking related disease in the world, the use of mass media seems to have fallen into disrepute. The results of some initiatives have

not reached the perhaps over ambitious levels expected of them.<sup>4</sup> As a consequence, it seems, the Health Education Council's programmes for 1983-4, which have just been published,<sup>5</sup> de-emphasise mass media initiatives, particularly regarding giving up smoking in the general adult population. The results from New South Wales highlight the importance of the professional marketing of the health message in combination with the parallel development of supportive community programmes. Past British initiatives have tended to be isolated without ongoing support at primary care level. Should not the use of mass media in Britain be reconsidered in the light of the Australian experience?

Broad based programmes directed at encouraging more people to give up smoking which include media, professional, and community action are justifiable on four counts: (a) they work, as shown by Dr Eggar and his