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## LEADING ARTICLES

Fetal monitoring during labour	ROBERT S SAWERS	1649
Changing attitudes to exercise induced asthma	ST HOLGATE	1650
Antibiotic resistance in <i>Serratia marcescens</i>	J DOUGLAS SLEIGH	1651
Medicine's Booker	TESSA RICHARDS	1653
Regular Review: Amiodarone: the experience of the past decade	WILLIAM J MCKENNA, EDWARD ROWLAND, DENNIS M KRIKLER	1654
Correction: The lipoproteins	LEWIS	1653

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

Development of cutaneous gangrene during continuous peripheral infusion of vasopressin	J R ANDERSON, G W JOHNSTON	1657
Vertebral osteomyelitis due to coccobacilli of the HB group	MARK FARRINGTON, SUSANNAH J EYKYN, MARK WALKER, R E WARREN	1658
Reversal of insulin resistance in type I diabetes after treatment with continuous subcutaneous insulin infusion	IBE LAGER, PETER LÖNNROTH, HENNING VON SCHENCK, ULF SMITH	1661
Correction: Role of hepatic arterial embolisation	MATON ET AL	1664
Patterns of urine flow and electrolyte excretion in healthy elderly people	J L KIRKLAND, MICHAEL LYE, D W LEVY, A K BANERJEE	1665
Intranasal treatment with luteinising hormone releasing hormone agonist in women with endometriosis	R W SHAW, H M FRASER, H BOYLE	1667
Acne and anticonvulsants	R GREENWOOD, P B C FENWICK, W J CUNLIFFE	1669
Presentation and incidence of Hirschsprung's disease	J D ORR, W G SCOBIE	1671
Intestinal perforation associated with osmotic slow release indomethacin capsules	T K DAY	1671
Convulsions after self poisoning with zimeldine	B J CHAPMAN, A T PROUDFOOT, S DAWLING	1672
Anaphylactic reactions to ketoconazole	C P H VAN DIJKE, F R VEERMAN, H CH HAVERKAMP	1673
De novo minor status epilepticus of late onset presenting as stupor	D E BATEMAN, J C O'GRADY, C J WILLEY, B P LONGLEY, D D BARWICK	1673
Proctocolitis induced by salicylate and associated with asthma and recurrent nasal polyps	D J PEARSON, N A STONES, S J BENTLEY, HELEN REID	1675
Moulded baby syndrome and unilateral "tight" hips	CHRISTOPHER GOOD, GEOFFREY WALKER	1675
Reversible cholestatic jaundice and hyperamylasaemia associated with captopril treatment	ARI ZIMRAN, ABRAHAM S ABRAHAM, CHAIM HERSHKO	1676
Entry to general practice training	JAMES ROBERTS, JAMES FREEMAN	1677
Do trainees see patients with chronic illness?	JOHN C HASLER	1679
MRCGP Examination: Do you think, at your age, it is right?	RAYMOND E GOODMAN	1682
Minimum Standards for Training: Do standards improve patient care?	J J C CORMACK	1683

## MEDICAL PRACTICE

### Christmas Books

The Keynes Press: a new venture			
Reading Pickles	CHRISTOPHER BOOTH	1685	
The man who made sense	SELWYN TAYLOR	1686	
Gallery of colourful personalities	EOIN O'BRIEN	1687	
Remembrance of disease lifelong: Marcel Proust and medicine	L E BÖTTIGER	1689	
Advances in progress	DOUGLAS BLACK	1692	
Slightly foxed	RUTH HOLLAND	1693	
Learning to remember	S BENDER	1694	
Amateur, Nobel, scientists	ROBERT TATTERSALL	1695	
Source of a dubious "dictum"	DOUGLAS JOHNSON	1696	
Resolving the conflict between art and science	GERALD STERN	1697	
The pen and the bottle	RICHARD SMITH	1697	
Lifting the skirts of science	T J HAMBLIN	1699	
Lesson of the Week: Loss of sight after self poisoning with quinine	STEPHEN B MURRAY, JEFFREY L JAY	1700	
Infection with netilmicin resistant <i>Serratia marcescens</i> in a special care baby unit			
	D A LEWIS, P M HAWKEY, J A WATTS, D C E SPELLER, R J PRIMAVESI, P J FLEMING, T L PITT	1701	
The State of the Prisons: Crisis upon crisis	RICHARD SMITH	1705	
ABC of Sexually Transmitted Diseases: Complications of common genital infections and infections in other sites	MICHAEL W ADLER	1709	
Medicine and the Media—Contributions from GODFREY FOWLER, PAMELA TAYLOR		1713	
Personal View	H A F DUDLEY	1714	

CORRESPONDENCE—List of Contents ..... 1715

OBITUARY ..... 1726

## NEWS AND NOTES

Views	1728
Parliament—Bill for the disabled lost	1729
Medical News	1729
One Man's Burden	MICHAEL O'DONNELL 1732

## SUPPLEMENT

The Week	1733
Launching the great welfare debate	WILLIAM RUSSELL 1734
General practice: selection of trainees	1735
Bill to make FPCs independent and end opticians' monopoly	1736

## CORRESPONDENCE

<b>The disappearing stammer?</b> I Loudon, DM.....	1715	<b>Exercise tests</b> C C Harling, AFOM.....	1719	<b>Business management for the NHS?</b> R Law, FRCP; R D G Creery, FRCP....	1723
<b>AIDS in Europe</b> J Green, PHD, D Miller, MA.....	1715	<b>Screening for alcoholism in aircrew</b> S B Rosalki, FRCPATH; F J Mills, MB, and R M Harding, MB.....	1719	<b>Assessing and allocating beds in acute medicine in east London</b> B J Boucher, FRCP.....	1723
<b>T cell ratios in AIDS</b> A J Pinching, MRCP.....	1716	<b>Standards for reporting adverse drug reactions</b> G C Berneker, MD, and others.....	1720	<b>Disseminating information on divisions and committees</b> M Goldman, MB.....	1724
<b>Bird fancier's disease</b> W St C Symmers, MD.....	1716	<b>Value of x ray examinations of the cervical spine</b> D J Bracey, FRCS.....	1720	<b>Manpower imbalance in oral surgery</b> M J Carroll, FDS, RCS.....	1724
<b>Sham wearing of seat belts</b> W D T Moody-Jones, FRCS.....	1716	<b>Laboratory and radiological investigations in general practice</b> A J White, MB; Karen A Mills, BSc, P M Reilly, MRCP.....	1720	<b>Securing preregistration posts</b> Sir Henry Yellowlees, FRCM.....	1724
<b>Intermittent cyclophosphamide in refractory rheumatoid arthritis</b> R Madhok, MB, and H Capell, MRCP; K Hørslev-Petersen, MD, and others.....	1716	<b>Seasonal trends in childhood asthma</b> J S A Ashley, FFCM.....	1721	<b>Points</b> McIlroy: in memoriam (B O'Shea, and A McGennis); Mental Health Act Commission and the code of practice (L L Burton).....	1724
<b>Postviral neurological syndromes</b> A V M Hughson, MRCPsych; P O Behan, FRCP.....	1717	<b>Sulphasalazine in rheumatoid arthritis</b> C S Good, FRCS; T Pullar, MRCP, and others	1721	<b>Risks of dying from bypass surgery</b> (R Carlen); Style in medical journals (N Howard-Jones); Control and prevention of tuberculosis (E Freeman); Labial lesions in small girls (S E Barnes); Lymphatic leakage after subclavian puncture (D Gwilt); Substitution of Maloprim for dapsone (F Sendall); Twelfth rib syndrome (J C D Wells); Unsolicited mail (T Chapman; D A Spencer); General practice orthopaedic referrals (P W R Petrie); Causes and management of anal irritation (Mary Starkey).....	1725
<b>Migraine, headache, and survival in women</b> Ellen C G Grant, MB.....	1718	<b>Leukaemia and radiation</b> R H Lawson, MRCPsych.....	1722	<b>Correction: Epileptic seizures (Edeh).....</b>	1725
<b>The end of clinical freedom</b> J M Mungavin, MB.....	1718	<b>Arteriovenous haemofiltration</b> A C T Leung, MB, and others.....	1722		
<b>Road blindness</b> J Blake, FRCS.....	1718	<b>Prevalence of hepatitis B among staff in a mental subnormality hospital</b> I S Symington, FRCP, and others.....	1722		
<b>Luteinising hormone releasing hormone agonist in women with endometriosis</b> D W Pring, MRCOG, and others.....	1718	<b>Control and prevention of tuberculosis</b> S J Jachuck, MRCP, and C L Bound, SRN	1722		
<b>IgM antibody against hepatitis B core antigen</b> G E D Urquhart, FRCPATH, and R A Dunkerley, FILMS.....	1719				

*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 disappearing stammer?**

SIR,—During casual conversation with a colleague the subject of stammering came up. It seemed to us that stammering among schoolchildren is much less common today than it was in our own schooldays in the 'thirties. Other inquiries, equally casual, seem to confirm this impression. Is it known if this is true? If it is, it is surely a matter of some interest. Is it a triumph of speech therapy? Or, more probably, a change of some kind, such as the way children are brought up at home and at school? Or is it possible that nervous children now express their nervous-

ness in other ways, based on the observed behaviour of their peers; is stammering now out of fashion?

Perhaps school medical officers or child psychiatrists or others of long experience can provide an answer. Disorders that have disappeared, or are diminishing, are just as interesting to the medical historian as those that are increasing are to the practising clinician.

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(though the number of cases may rise dramatically in the near future). If homosexual men could be encouraged to modify their sexual behaviour the progress of the disease in this population may well be effectively retarded or even halted in the United Kingdom. We believe that it is imperative, especially in view of the possibly long course of the disease, that action should be taken as soon as possible to inform homosexual men of the risk.

Advice may be provided through many outlets. It would seem realistic to provide all relevant hospital departments, general practice surgeries, and community nursing and health care offices with the appropriate information concerning diagnostic and behavioural indicators for persons at risk, together with suggestions for reducing the likelihood of contracting the syndrome.

The manner in which the information is given is likely to prove quite important, at least in view of experience from past health education programmes on other topics. Firstly, it is important not to overdramatise the problem. If health information provokes excessive anxiety the evidence is that the recipient is likely to avoid the information rather than to avoid the behaviour it is hoped to reduce. Advice given should emphasise the

**AIDS in Europe**

SIR,—There is increasing concern in the United Kingdom about the possibility of an epidemic of acquired immune deficiency syndrome (AIDS). Although the cause and effective treatment of the syndrome remain obscure, however, this does not mean that nothing can be done to reduce the spread of the syndrome.<sup>1</sup>

The risk of contracting AIDS for the individual homosexual man seems to be clearly

linked to sexual behaviour.<sup>2</sup> Men most at risk tend to have had multiple partners, especially from areas where the syndrome is common—for instance, the west coast of America. There is also some suggestion that sexual practices which expose the man to faeces may increase the risk. Accordingly, there is scope for a determined effort at preventive health education for homosexual men while there are still relatively few cases in the United Kingdom