

# BRITISH MEDICAL JOURNAL

SATURDAY 14 JANUARY 1984

## LEADING ARTICLES

Radioactive waste and its disposal	R H MOLE	91
Institutional malnutrition	A E BENDER	92
Not... achalasia	JOHN R BENNETT	93
The heart in the Guillain-Barré syndrome	CELIA M OAKLEY	94
Correction: Assessment of pituitary function	HOCKADAY	94

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

Influence of prophylactic photochemotherapy on incidence of relapse of psoriasis cleared initially with dithranol	JANET M MARKS, C M LAWRENCE, M CORBETT, P COBURN, S PARKER, SAM SHUSTER	95
Diabetic hypertriglyceridaemia and related 5' flanking polymorphism of the human insulin gene	N I JOWETT, L G WILLIAMS, G A HITMAN, D J GALTON	96
Pigmentation and skin reaction to sun as risk factors for cutaneous melanoma: Western Canada Melanoma Study	J M ELWOOD, R P GALLAGHER, G B HILL, J J SPINELLI, J C G PEARSON, W THRELFALL	99
Pregnancy after cytotoxic chemotherapy for gestational trophoblastic tumours	GORDON J S RUSTIN, MARGARET BOOTH, JOAN DENT, SANDRA SALT, FRANCES RUSTIN, KENNETH D BAGSHAW	103
"Third drug" trial: comparative study of antihypertensive agents added to treatment when blood pressure remains uncontrolled by a beta blocker plus thiazide diuretic	D MCAREAVEY, L E RAMSEY, L LATHAM, A D McLAREN, A R LORIMER, J L REID, J I S ROBERTSON, M P ROBERTSON, R J WEIR	106
Widespread bone infarction complicating meningococcal septicaemia and disseminated intravascular coagulation	JOHN S DUNCAN, LAWRENCE E RAMSAY	111
An abnormal collagen $\alpha$ chain containing cysteine in autosomal dominant osteogenesis imperfecta	A C NICHOLLS, F M POPE, D CRAIG	112
Detection of subclinical abortion by assay of pregnancy specific $\beta_1$ glycoprotein	A G AHMED, A KLOPPER	113
Unreviewed Reports		114
Is there a need for a national association of course organisers?	J BAHRAMI	115
Interesting GPs of the Past: A "Taylor made" practice	STEVEN WILLIAMS	116
Characteristics of patients aged over 75 not seen during one year in general practice	E IDRIS WILLIAMS	119
Value of ultrasonic measurement of spinal canal diameter in general practice	J N DRINKALL, R W PORTER, C S HIBBERT, C EVANS	121

## MEDICAL PRACTICE

For Debate: A question of confidence		
An editor's view	STEPHEN LOCK	123
How it strikes a historian	IRVINE LOUDON	125
Care of the elderly in the Netherlands	TONY SMITH	127
The State of the Prisons: The physical health of prisoners	RICHARD SMITH	129
Lesson of the Week: Sternoclavicular joint infection as a cause of chest pain	P W SEVIOUR, P A DIEPPE	133
Letter from Chicago: Burning up the files	GEORGE DUNEA	134
ABC of Sexually Transmitted Diseases: Acquired immune deficiency syndrome	IAN WELLER	136
Any Questions		142
Medicine and Books		138
Medicine and the Media—Contributions from	DAPHNE GLOAG, AVERIL STEDEFORD	142
Personal View	CELIA BURRAGE	143

CORRESPONDENCE—List of Contents	144
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OBITUARY	156
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## NEWS AND NOTES

Views	153
Parliament	154
Medical News	154
BMA Notices	154
One Man's Burden	
MICHAEL O'DONNELL	155

## SUPPLEMENT

The Week	160
From the council: Support for properly run deputising services; BMA to withdraw from WMA; Griffiths inquiry	161
Annual representative meeting, Manchester, 2 to 5 July	163
Griffiths inquiry: BMA writes to minister	165
Trade Union Bill: effect on BMA	166

# CORRESPONDENCE

<b>Rubella immunisation: whose baby?</b> S Griffiths, MB, and K A M Grant, MFCM; Joan Gray, FFCM; S E Blair, MRCP..... 144	<b>Role of radiation in aetiology of Down's syndrome</b> A P Brown, MRCP..... 147	<b>Individual contributions to multiauthor papers</b> A D Farr, PHD; M Kopelman, MRCPsych; M J Gardner, PHD..... 150
<b>Effect of nicotine chewing gum as an adjunct to general practitioners' advice against smoking</b> Ann Cartwright, PHD; G Fowler, FRCP; M A H Russell, FRCPsych, and J Stapleton, MSC..... 145	<b>Stillbirth rates in the area around Windscale, 1949-81</b> T Sorahan, PHD, and J A H Waterhouse, PHD 148	<b>Use of tetracyclines in children</b> C Gilks, MRCP..... 151
<b>Inhaling and lung cancer</b> G Cumming, FRCP..... 145	<b>Antibiotic resistance in <i>Serratia marcescens</i></b> D S Tompkins, MRCPATH, and others; D A Lewis, MRCPATH, and others; Susan Hudson, MB, and R Freeman, MRCPATH... 148	<b>Asthma associated with N-acetylcysteine infusion and paracetamol poisoning</b> L F Prescott, FRCPed, and J A J H Critchley, MRCP; S W-C Ho, MRCP, and L J Beilin, FRCP..... 151
<b>Effect of stopping smoking after unstable angina and myocardial infarction</b> P R J Burch, PHD; L E Daly, PHD, and others..... 146	<b>Mental Health Act and the code of practice</b> Lydia Sinclair..... 149	<b>Presentation and incidence of Hirschsprung's disease</b> J K H Wales, MRCP..... 151
<b>An unusual cluster of babies with Down's syndrome</b> Felicity Reynolds, FFARCS; R D Wiggins, MSC; W H James, PHD; Patricia M E Sheehan, MB, and Irene B Hillary, MD.... 146	<b>Mental Health Act: definition of severe mental impairment and mental impairment and its implications</b> T H Singh, MRCPsych..... 149	<b>Points: "Ceremonial Occasions—a Guide" (D J Kenny); Self poisoning with quinine (Sarah Parker); Leber's disease (J Wilson); Acute blinding sinusitis (J A S Carruth); Rectal indomethacin for control of post-operative pain (P G Reasbeck and Jane Reasbeck); Protracted survival in patients with Down's syndrome (J Jancar); Assessment of proteinuria (B H McCracken); Definition of scurvy (P J E Wilson)..... 152</b>
	<b>Psychological state and angina in patients with normal coronary arteries</b> D G Model, MRCP, and A Wahba, MB; A M Dart, MRCP, and others..... 150	

*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.*

## Rubella immunisation: whose baby?

SIR,—Dr David A Andrewes (10 December, p 1769) is correct when he states that a well organised and highly motivated general practice based primary health care team can reduce the number of patients at risk of contracting rubella to nil within a practice. There are, however, several reasons why it would be unrealistic for health authorities with responsibility for the whole resident population to rely on this approach.

In inner city districts the population is highly mobile with a substantial proportion of residents unregistered, particularly the young and fit, who need to consult a general practitioner less often. Use of practice age-sex registers to offer screening and immunisation to all sexually active women is not possible. In our district most practices do not have age-sex registers, and the Family Practitioner Committee's records are not on a computer and are therefore not a ready source of practice denominator data. A recent study in this district, carried out as part of the cardiovascular screening programme, showed that in one practice half of a random sample of those aged 35-64 on the age-sex register were not living at the address recorded. This must give rise to anxiety about accuracy for what we know to be a more mobile group in the population.

Although some GPs do organise their own rubella programmes, many rely on the community health services not only to screen for rubella but also to provide family planning

and preconceptual advice. About 60% of family planning services to residents are carried out by the district health authority as opposed to the family practitioner service.

Any development of an effective strategy to achieve the aim of eradication of congenital rubella syndrome should therefore be based on cooperation and coordination between the health authority and general practitioners. To guarantee 100% uptake by schoolgirls, not only must individual GPs take responsibility for their patients but health authorities must take responsibility for the non-attenders and the unregistered as identified from school notes.

In Hackney the school health services coordinate the rubella immunisation programme. A study carried out in cooperation with the Spastics Society last year raised uptake rates in the district by 13%—from 72% to 85%—merely by making a few simple administrative changes. Using the findings in the study of the reasons for non-response, we are optimistic that 95% uptake rates will be reached this year. Like Dr Andrewes, our staff are enthusiastic and committed.

For women of childbearing age the health authority should be able to coordinate the results of screening carried out in the district at antenatal, gynaecological, sexually transmitted diseases, and family planning clinics, either offering immunisation or referring to GPs for immunisation wherever appropriate. This cooperative approach will be more cost

effective than the institution of a raised fee as advocated by Dr Andrewes.

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SIR,—I should like to raise several points with regard to the article by Dr David A Andrewes.

Firstly, before the practice assumed responsibility for rubella immunisation had the district health authority no policy for routine immunisation of girls in schools? Some agreement between the authority and the practice must have been undertaken, unless the practice members also act as school doctors to all the children in the school, which is not usual within a school health service.

Secondly, before 1981 the recommended ages for rubella immunisation were 11 to 14 years, and many health authorities' programmes at that time were orientated towards the upper end of that age group, hence a low uptake would occur before the age of 12, diluting the average uptake over the four year period quoted.

From 1981, in a new town similar to that of Telford, the Milton Keynes District Health Authority introduced routine rubella immunisation of all girls between their 10th and 11th birthdays. This includes all schools, maintained or non-maintained, and the programme is carried out by a senior clinical