

BRITISH MEDICAL JOURNAL

STA/STA

148.8
377

SATURDAY 28 JANUARY 1984

LEADING ARTICLES

Opioid peptides	JOHN W THOMPSON	259
Drugs and insomnia	JOHN MARKS, ANTHONY N NICHOLSON	261
Kawasaki syndrome	JOHN PRICE	262
Hyperventilation as a cause of panic attacks	G A HIBBERT	263
Regular Review: Bone scintigraphy in benign bone disease	JAMES H McKILLOP, IGNAC FOGELMAN	264
Correction: Chest pain in patients	BRANDON	266

U. S. DEPT. OF AGRICULTURE
NATIONAL AGRICULTURAL LIBRARY

RECEIVED

FEB 3 1984

PROCUREMENT SECTION

CLINICAL RESEARCH • PAPERS AND SHORT REPORTS • PRACTICE OBSERVED

Avascular necrosis of bone caused by combination chemotherapy without corticosteroids	PETER G HARPER, COLIN TRASK, ROBERT L SOUHAM	267
Erythrocyte choline concentrations and cluster headache	J DE BELLEROCHE, G E COOK, I DAS, R JOSEPH, I TRESIDDER, S ROUSE, R PETTY, F CLIFFORD ROSE	268
Multiplication of hepatitis B virus in fulminant hepatitis B	C BRECHOT, J BERNUAU, V THIERS, F DUBOIS, A GOUDEAU, B RUEFF, P TIOLLAIS, J-P BENHAMOU	270
Oxygen as a driving gas for nebulisers: safe or dangerous?	K A GUNAWARDENA, B PATEL, I A CAMPBELL, J B MACDONALD, A P SMITH	272
Risk of breast cancer in women with history of benign disease of the breast	M MAUREEN ROBERTS, VERA JONES, R A ELTON, R W FORTT, S WILLIAMS, I H GRAVELLE	275
Infection after abdominal surgery: five year prospective study	Z H KRUKOWSKI, M P M STEWART, H M ALSAYER, N A MATHESON	278
Effects of two antihistamine drugs on actual driving performance	TIM BETTS, DIANA MARKMAN, SUSAN DEBENHAM, DEBORAH MORTIBOY, THERESA McKEVITT	281
Fat content and fatty acid composition of pooled banked milk	L SMITH, A HARKES, S W D'SOUZA	283
Effect of digoxin and vitamin E in preventing cardiac damage caused by doxorubicin in acute myeloid leukaemia	J A WHITTAKER, S A D AL-ISMAIL	283
Danger of dead space in U100 insulin syringes	G H HALL, C J THOMPSON, A PALMER	284
Can amiodarone induce hyperglycaemia and hypertriglyceridaemia?	ALESSANDRO POLITI, GIANLUIGI POGGIO, ANGELO MARGIOTTA	285
Prediction of postoperative urinary tract infection in men undergoing cardiac surgery by preoperative measurement of urine flow	F K GOULD, R FREEMAN	286
Guide wire manipulation of Crosby jejunal biopsy capsule under fluoroscopic control	ROBERT L LAW	286
Self poisoning with enalapril	B WAEGER, J NUSSBERGER, H R BRUNNER	287
Prognostic importance of hyperglycaemia induced by stress after acute myocardial infarction	A LAKHDAR, P STROMBERG, S G McALPINE	288
Computers in the Surgery: The patient's view	MICHAEL PRINGLE, SALLY ROBINS, GEORGE BROWN	289
Beyond the Surgery: Quadrathlon	COLIN SMITH	291
A Difficult Case: Disengagement from medical care	PETER D CAMPION, JAMES D E KNOX	293
First Five Years in Practice: Finding resources and space to work	JOHN ROBSON	295

MEDICAL PRACTICE

For Debate: Medical research output 1973-81: a romp around the United Kingdom research centres	RICHARD WAKEFORD, ROBIN ADAMS	297
Staphylococcus aureus bacteraemia: 400 episodes in St Thomas's Hospital	W R GRANSDEN, SUSANNAH J EYKYN, IAN PHILLIPS	300
Smoking, tobacco promotion, and the voluntary agreements	HOWARD T COX	303
Communicable Diseases: Food poisoning and salmonella surveillance in England and Wales: 1982	PUBLIC HEALTH LABORATORY SERVICE COMMUNICABLE DISEASE SURVEILLANCE CENTRE	306
The State of the Prisons: The mental health of prisoners: I—How many mentally abnormal prisoners?	RICHARD SMITH	308
ABC of Sexually Transmitted Diseases: Genital Infestations	MICHAEL W ADLER	311
Lesson of the Week: Hyperthyroidism and acute bronchial asthma	W J F FITZPATRICK, P S FOREMAN, E J B PORTER, A G BECKETT	314
Reading for Pleasure: "Cancer Ward" and modern medicine	L E BÖTTIGER	315
Any Questions		305, 316
Medicine and Books		317
Personal View	GEORGE DAY	321

CORRESPONDENCE—List of Contents	322
---------------------------------	-----

OBITUARY	332
----------	-----

NEWS AND NOTES

Medical News	330
BMA Notices	330
One Man's Burden	MICHAEL O'DONNELL 331

SUPPLEMENT

The Week	335
BMA explains its reservations on Griffiths	WILLIAM RUSSELL 336
From the GMSC: Deputising circular strongly criticised; negotiators authorised to seek proposals acceptable to profession	337
Who cares about cardiology?	MICHAEL JOY 339
From the CCCMCH: Disappointment at Griffiths report	341
BMA notice: BMA sponsored candidates for 1984 GMC election	342

CORRESPONDENCE

Dangers of transporting sick children by air

A Raffles, MRCP, and Barbara Stewart, BA . 322

Payments to doctors and the responsibilities of ethics committees

A L Diamond, LL.M., and Sir Kenneth Robinson, PC; Jennifer Cousins 322

Convoid: for anyone who is speech impaired?

T Steiner, MB, and others; F Wolff 323

Head injuries in adults

K T Evans, FRCP, and others; G T Watts, FRCS 323

Professionals' attitude to childbirth

Hilary Cashman, PHD 324

Did the Mad Hatter have mercury poisoning?

T M L Price, FRCP; R Lightwood, FRCP; S H Goodacre, MB 324

Long term domiciliary oxygen treatment

I W B Grant, FRCP 325

Medical defence societies

P G T Ford, MRCP; R A Haward, FFCM, and G J R Richardson, MRCPsych 325

Ultrasonic diagnosis of portal hypertension

M Cottone, MD, and others 326

A better deal for overseas doctors

S F Al Damluji, FRCP; M C K Chan, FRACP 326

Entry to general practice training

T Sweeney, MB, and others; J Roberts, FRCP 326

Hypertension and wellbeing

P Pacy, MRCP, and P Dodson, MRCP 327

Amiodarone: the experience of the past decade

Y Abramovici, MD, and others 327

Drugs or oxygen for hypoxic cor pulmonale?

N K Burki, MRCP; P Howard, FRCP 328

Prevalence of chlorpropamide alcohol flushing

P G Wiles, MRCP, and others; S Ng Tang Fui, MRCP, and others 328

Securing preregistration posts

R Hall, FRCS, and others 329

Development of a strategy for higher education

J P Payne, FFARCS 329

Correction: Junior doctors' hours of work

(Bristow) 329

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.

Dangers of transporting sick children by air

SIR,—Squadron leader Richard Harding and Dr F John Mills warn in their book *Aviation Medicine*¹ that patients who are transported by air may become acutely ill when subjected to the different physiological conditions of flight. Yet specialised medical expertise is not available in some countries, and critically ill children may need to be urgently transferred by air. Our hospital, Hillingdon Hospital, is close to London's Heathrow Airport, and we describe two children whose medical condition deteriorated as a direct result of flying.

A 10 month old Indian girl was born with cyanosis, and investigation showed that she had severe pulmonary stenosis with systemic pressures in the right ventricle and a right to left shunt at atrial level. She had no further treatment until she deteriorated with increasing cyanosis and heart failure. She was then transferred with only a nurse escort on a scheduled flight. Some five hours before arrival in London she became deeply cyanosed with laboured respiration, and she was given 100% unhumidified oxygen by face mask by a doctor who was a passenger. She continued to London and was transferred by ambulance to this hospital.

On arrival she was grossly cyanosed, plethoric, and had gasping respirations at a rate of 12 a minute. Cardiovascular examination showed a single second sound and a soft systolic ejection murmur in the pulmonary area. Blood pressure was unrecordable. A severe hypoxic episode was diagnosed. Resuscitation included intubation and manual ventilation. An initial intramuscular injection of morphine was given followed by intravenous morphine, propranolol, sodium bicarbonate, plasma, and an infusion of noradrenaline. A blood gas estimation showed a pH of 7.0, an oxygen pressure of 4 kPa (30 mm Hg), a carbon dioxide pressure of 6 kPa (45 mm Hg), a bicarbonate concentration of 16 mmol(mEq)/l, and a base deficit of -8 mmol(mEq). With treatment her cardiac output improved and she became more awake. She was transferred to the cardiothoracic

centre where she underwent open valvotomy and has since done very well.

An 11 year old boy sustained a subdural haematoma after a road accident in which his parents were killed. After prolonged intubation and unsuccessful attempts at extubation a tracheostomy was performed. He was transferred to Britain unescorted on a scheduled flight for tracheal reconstruction. During the flight he developed increasing respiratory obstruction, and unhumidified 100% oxygen was given by a doctor passenger on the flight. He was transferred urgently to this hospital, where on arrival he was distressed and cyanosed, and had appreciable intercostal recession. He had a thick mucous plug obstructing the tracheostomy tube. After lavage he recovered.

We present these two cases to highlight avoidable factors. In the first case the child was already hypoxaemic and polycythaemic with an appreciably reduced pulmonary blood flow, and yet she was exposed to a low ambient inspired oxygen due to the cabin pressure being maintained at a pressure equivalent to that at about 1800-2400 m. The reduced oxygen pressure leads to a fall in alveolar oxygen and tissue hypoxia and a consequent fall in pulmonary blood flow due to acidosis. The low relative humidity, which decreases as the flight progresses, results in increased evaporative water loss and subsequent dehydration and makes worse the polycythaemia.

In the second case the dehydration combined with inadequate tracheostomy care led to increased mucous plug formation and so obstruction. Treatment with humidified oxygen would have ameliorated the condition of both children, but the first case required a higher than normal alveolar oxygen pressure, which was unavailable on the flight.

Two further children with congenital heart disease who deteriorated on planes, one of whom died at the airport, have been seen by

our unit within the last year. The deterioration and death could possibly have been avoided. We suggest that if a child with a low arterial oxygen pressure must fly a suitable face mask to deliver humidified oxygen must be provided and extra fluids must be given, as recommended by the Commission on Emergency Medical Services.² Furthermore, we think cardiothoracic referral centres and airlines should give specific guidance for their patients.

Our thanks to Dr S M Tucker and Dr P Jaffe for allowing us to report children under their care.

ANDREW RAFFLES
BARBARA STEWART

Hillingdon Hospital,
Uxbridge,
Middx UB8 3NN

¹ Harding RM, Mills FJ. *Aviation medicine*. London: BMA, 1983.

² Commission on Emergency Medical Services. Medical aspects of travel. *JAMA* 1982;247:1007-11.

Payments to doctors and the responsibilities of ethics committees

SIR,—We are the two lay—that is, non-medical—members of an ethics committee that had, some time earlier, unanimously come to the same conclusion as the General Medical Council on the need to disclose to ethics committees payments to doctors from pharmaceutical companies.¹ We were therefore surprised to read the letter from Dr John G Ball and Dr Eric S Snell (17 December, p 1884).

We are deeply disturbed that both the General Medical Services Committee and the Association of the British Pharmaceutical Industry, by rejecting the GMC recommenda-