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LEADING ARTICLES

Antibiotic guidelines	J D WILLIAMS	343	Double suicide	ALAN NORTON	346
Supraventricular tachycardias	DAVID E WARD	344	Referral of chronic arthritics	M ANNE CHAMBERLAIN	347
Microvascular free tissue transfer	BARRY JONES	345	Local formularies and good patient care	PAUL TURNER	348

CLINICAL RESEARCH • PAPERS AND SHORT REPORTS • PRACTICE OBSERVED

Autoantibodies against human insulin	TERENCE J WILKIN, SARAH NICHOLSON	349
Peritonitis prevented in continuous ambulatory peritoneal dialysis by using the Hong Kong connection	RUSSELL D CLARK	353
Prognosis after myocardial infarction: results of 15 year follow up	MARGARET A MERRILEES, P JOHN SCOTT, ROBIN M NORRIS	356
Measurement of serum amyloid A protein concentrations as test of renal allograft rejection in patients with initially non-functioning grafts	C P J MAURY, A-M TEPPU, J AHONEN, E VON WILLEBRAND	360
Should patients with inflammatory bowel disease smoke?	GREG HOLDSTOCK, D SAVAGE, M HARMAN, RALPH WRIGHT	362
Liver damage from verapamil	P GUARASCIO, C D'AMATO, P SETTE, A CONTE, G VISCO	362
Cardiac arrest after reversal of effects of opiates with naloxone	FRANCIS M CUSS, C BERNARD COLAÇO, J H BARON	363
Treatment with captopril for peripheral ischaemia induced by ergotamine	ARI ZIMRAN, BOAZ OFEK, CHAIM HERSHKO	364
Multiple spontaneous ruptures of tendons in renal transplant recipient	ANTHONY BRADLOW, JOHN F THOMPSON, PETER J MORRIS, NEIL A WATSON	364
Fractures on chest radiographs as indicators of alcoholism in patients with liver disease	RICHARD D JOHNSON, SUSANNA DAVIDSON, JOHN B SAUNDERS, ROGER WILLIAMS	365
Postperinatal mortality among infants discharged from special care units	JACKIE YARDLEY, MICHAEL P WAILOO, MARTIN HARMAN	366
Incidence of cardiac arrhythmias in patients taking slow release salbutamol and slow release terbutaline for asthma	A H AL-HILLAWI, R HAYWARD, N M JOHNSON	367
Unreviewed Reports		368
Effect of health visitors working with elderly patients in general practice: a randomised controlled trial	NORMAN J VETTER, DEE A JONES, CHRISTINA R VICTOR	369

MEDICAL PRACTICE

South east Peru

I: Planning and medical care of expedition team	R ADLEY, L ARROW, W M GOULD, D C LANGLEY, H F PILE, A M PROSSER, C E S C WHITE, D N WOOD	373
II: Delivery of primary medical care by hovercraft along the Apurimac river	L ARROW, W M GOULD, D C LANGLEY, H F PILE, A M PROSSER, C E S C WHITE, D N WOOD	376
Medical History: Robert Koch and the cholera vibrio: a centenary	NORMAN HOWARD-JONES	379
USSR Letter: Mother care for children in hospital	MICHAEL RYAN	381
ABC of Sexually Transmitted Diseases: Genital skin and other conditions	MICHAEL W ADLER	383
The State of the Prisons: The mental health of prisoners: II—The fate of the mentally abnormal in prison	RICHARD SMITH	386
Lesson of the Week: Asthma presenting as cor pulmonale	P A CORRIS, G J GIBSON	389
Reading for Pleasure: Make full use of your local library	ROBERT CUTLER	391
Any Questions		375, 378, 392
Materia Non Medica—Contribution from ROBERT CUTLER		388
Medicine and Books		393
Personal View	DAVID BARR	397

CORRESPONDENCE—List of Contents	398
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OBITUARY	412
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NEWS AND NOTES

Parliament	409
Medical News	409
BMA Notices	410
One Man's Burden	MICHAEL O'DONNELL 411

SUPPLEMENT

The Week	416
Welcome truce over deputising	WILLIAM RUSSELL 417
From the JCC: Consultant expansion exercise may flounder, warns chairman	418
Clinical freedom, efficiency, and the Griffiths report	ANNE LUDBROOK, G H MOONEY 420
Quality of out of hours care: RCGP calls for working party	421
Correction: From the GMSC	422

CORRESPONDENCE

A question of confidence

Sir Christopher Booth, FRCP; H J C J L'Etang, BM; W B Ober, MD; H H Pilling, MB; Sir James Howie, FRCP; P Benson, MB; J B Lyons, FRCPI..... 398

Injuries of the spine sustained in rugby

R D Walker, MRCP; J Thurston, MRCP; A Porter, MD..... 400

Assessment of pituitary function

S P Calloway, MRCPsych..... 400

Variable intrathoracic airways

obstruction masquerading as asthma
T Higenbottam, MD..... 401

Surgical oncology

I C M Paterson, FRCP; R D Rosin, FRCS.. 401

Deputising services

R Benson, MRCP; M G Barley, MB; D L Williams, FRCP; J Dalglish, MB; M G F Crowe, FRCP; B D Morgan Williams, MRCP; K J Bolden, FRCP; F G Ince, MB; H R Guly, MRCP..... 402

Post-transfusion hepatitis after cardiac surgery

D M Arenson, MD, and others; O James, FRCP, and J Collins, MRCP..... 403

Withdrawal of fluorescein strips

R J H Smith, FRCS; J P Griffin, MRCP.... 404

Screening for hypertension in general practice with an automatic machine

H Gordon, MRCP; W P Stephens, MD, and others..... 404

Impaired elimination of metronidazole in decompensated chronic liver disease

T K Daneshmend, MRCP, and C J C Roberts, MD..... 405

Chronic otitis media with effusion (glue ear) and adenotonsillectomy

N Black, MB; G Browning, FRCSed; A R Maw, FRCS..... 405

Activity after myocardial infarction

J A S Davis, MRCP..... 406

Dihydrocodeine overdose treated with naloxone infusion

J A Vale, MD, and B M Buckley, MRCP; S G Parker, MRCP, and D G Thomas, MB 406

Griffiths inquiry: a personal perspective

P V Scott, FFARCS..... 406

Points Paracetamol overdose as a cause of non-A non-B hepatitis (J Bradley, and others; Rosemary A Barnes and D V Hamilton); The consultant's role in NHS management (H E Thomas); Sialagogues for patients with sicca syndrome (G R Seward); Angina with normal coronary arteries (F D Salama); Continuous ambulatory peritoneal dialysis in patients aged over 60 (R Gabriel); Phenytoin intoxication during treatment with parenteral miconazole (B Bourgoin, and others) 407
Open letter to the new CMO (G Taylor); Acute central cervical cord injury due to disco dancing (L J Endtz, and others); Treatment of acute stroke (R J Jarrett); A simple system for references and reprints (D J Cunningham); Prednisolone as an appetite stimulant in patients with cancer (W J A Hall-Turner); Accidental poisoning in childhood (G Halasz); Genital warts and molluscum contagiosum (M A Waugh); Urban Marks (M H Brooks); Trade Union Bill: effect on BMA (J M Cundy)..... 408

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.

A question of confidence

SIR,—The heavy handed way in which the editor of the *BMJ* has been hauled over the coals for publishing clinical data relating to the late General Wingate is a classic example of following the letter of the law and not its spirit.

Everything that the GMC has said on the subject of professional confidence in the latest edition of its blue pamphlet on professional conduct and discipline is entirely reasonable and correct, provided that the rules there laid down are interpreted with common sense. It is surely not common sense to censure the editor of the *BMJ* for publishing material which goes some way towards establishing that General Wingate's depression and attempted suicide in Cairo over 40 years ago were due to cerebral malaria, which, if true, is a historical fact of great importance, correcting misconceptions about that brilliant individual. As both Dr Lock and Dr Loudon have so cogently argued, there must clearly be occasions, admittedly rare, when the interests of history outweigh those of confidentiality. The Wingate episode is surely one of these. The registrar of the GMC seems to imply in his letter to the editor that the information disclosed might be regarded as particularly valuable only by "specialists in military or medical history." History, however, does not belong to specialists: it is part of the soul of a nation, and the views of the public are at least as important on this issue as those

of historians or of the guardians of the conscience of the medical profession.

For the historian, not enough has yet been said. The uncorroborated testimony of a single individual so long after the event is scarcely the most reliable historical source, but the brief account published by the *BMJ* must have brought joy to Wingate's family, who will have been delighted. So too will be all those who, like myself, fought as combatants in Burma and who remember the miraculous restoration of morale achieved among British and Indian troops serving there by the hard won success of this remarkable man and his courageous Chindits.

So long as the GMC interprets its role with good sense, I see no particular need to argue for alterations in the advice it offers in the blue pamphlet. A possible time limit after which all could be revealed would not, I fancy, greatly appeal either to the majority of doctors or to their patients. It is, of course, easy to argue that the rules should be changed in the light of the cases instanced by both the editor and Dr Loudon. If the late heroic Colonel H had died in the arms of a medical officer and not in those of his comrades in arms, I suppose that the strict and unthinking interpretation of the GMC's rules would mean that the doctor could not have told anyone that he had been shot. But that is surely an extreme interpretation of the GMC's advice, as well as being a potential distortion

of history. So too is its action over the Wingate affair.

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SIR,—I agree with Dr Stephen Lock (14 January, p 123) that discussion must start with Lord Moran's *Churchill: the Struggle for Survival* if only to emphasise that there was little new either in his disclosures made in 1966 or, incidentally, in the Cabinet documents recently released after 30 years. In 1965 Sir George Mallaby, a senior civil servant, described Churchill's behaviour in Cabinet after his stroke in June 1953. Early in 1966, before publication of Moran's book, Kenneth Young, a political historian, also discussed this illness and a similar episode in 1949.

There are three reasons why those on the Medical Register should be allowed some discretion about disclosure of medical details to reputable historians. Considered action by members of a learned and humanitarian profession serves the interests of their patients, their personal reputation as doctors, and, not to be forgotten, a wider public interest.

As Dr Lock states, a precise medical diagnosis can, as with Lord Northcliffe and General Wingate, correct unfounded rumours and assumptions. The doctor's own reputation