

# BRITISH MEDICAL JOURNAL

STA/STA

SATURDAY 11 FEBRUARY 1984

## LEADING ARTICLES

Hypercholesterolaemia and coronary heart disease: an answer	M F OLIVER	423
Smoking in pregnancy	BEULAH R BEWLEY	424
Analogues of gonadotrophin releasing hormone	JONATHAN WAXMAN	426
Patient information leaflets	V W M DRURY	427
Goats' milk for infants and children	L S TAITZ, B L ARMITAGE	428
Towards a medical eugenics?	MIRANDA ROBERTSON	429

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

Lethal osteogenesis imperfecta congenita and a 300 base pair gene deletion for an $\alpha 1(I)$ -like collagen	F M POPE, K S E CHEAH, A C NICHOLLS, A B PRICE, F G GROSVELD	431
Chronic headache: the role of deformity of the nasal septum	N KOCH-HENRIKSEN, N GAMMELGAARD, T HVIDEGAARD, P STOKSTED	434
Psychogenic facial pain: presentation and treatment	CHARLOTTE FEINMANN, MALCOLM HARRIS, ROBERT CAWLEY	436
Meningococcal septicaemia treated with combined plasmapheresis and leucapheresis or with blood exchange	BJARNE BJORVATN, LARS BJERTNAES, HANS OLAV FADNES, TROND FLAEGSTAD, TORE JARL GUTTEBERG, BJØRN-ERIK KRISTIANSEN, JAN PAPE, OLE PETTER REKVIG, BJARNE ØSTERUD, LEIF AANDERUD	439
Late referral for maintenance dialysis	P J RATCLIFFE, R E PHILLIPS, D O OLIVER	441
Treatment of the restless legs syndrome with carbamazepine: a double blind study	WENCHE TELSTAD, ØYVIND SØRENSEN, STIG LARSEN, PER ERIK LILLEVOLD, PER STENSRUD, ROLF NYBERG-HANSEN	444
Traumatic brain stem haematoma without prolonged loss of consciousness	R A SHAKIR, R A KHAN	446
Severe bronchoconstriction after inhalation of budesonide	D V MCGIVERN, J T MACFARLANE	447
Legs that swell and ache: volume changes during the day in healthy young adults	L HANDS, J COLLIN	447
Lung abscess and reactive arthritis: rare complications of leptospirosis	R J D WINTER, A RICHARDSON, M J LEHNER, B I HOFFBRAND	448
Pyrexia of undetermined origin, diarrhoea, and primary cerebral lymphoma associated with acquired immunodeficiency	C R SHIACH, A D BURT, C G ISLES, S G BALL	449
Risk of giving intravenous aminophylline to acutely ill patients receiving maintenance treatment with theophylline	M FELICITY STEWART, JOYCE BARCLAY, RAY WARBURTON	450
No longer a "cottage industry"	W G IRWIN	451
In case of emergency dial 15: report from Rouen	J M GUEST	453
Possible method of identifying spotter practices in a health board in Northern Ireland	WILLIAM W M MCCONNELL, VINOD K TOHANI	455
Need for primary health care: an objective indicator	ALEX SCOTT-SAMUEL	457

## MEDICAL PRACTICE

Obstruction of the fetal urinary tract: a role for surgical intervention in utero?	I R MCFADYEN	459
Names for mycobacteria	CHRISTOPHER H COLLINS, MALCOLM D YATES, JOHN M GRANGE	463
Lesson of the Week: Intracranial infection due to <i>Mycobacterium bovis</i> in Hodgkin's disease	P D HEATH, J W GRANT	465
Communicable Diseases: Disease associated with milk and dairy products: 1982	PUBLIC HEALTH LABORATORY SERVICE COMMUNICABLE DISEASE SURVEILLANCE CENTRE	466
ABC of Sexually Transmitted Diseases: Syphilis: clinical features	MICHAEL W ADLER	468
The State of the Prisons: Grendon, the Barlinnie Special Unit, and the Wormwood Scrubs Annex: experiments in penology	RICHARD SMITH	472
Any Questions		464, 475
Materia Non Medica—Contribution from CAROL COOPER		467
Medicine and Books		476
What's new in the new editions?	CLIFFORD HAWKINS	479
Personal View	DOROTHY POLLARD	481

CORRESPONDENCE—List of Contents	482
---------------------------------	-----

OBITUARY	494
----------	-----

## NEWS AND NOTES

Views	490
Parliament	491
Medical News	491
BMA Notices	492
One Man's Burden	MICHAEL O'DONNELL 493

## SUPPLEMENT

The Week	498
Data protection: doctors and ministers disagree	WILLIAM RUSSELL 499
From the CCHMS: Consultants oppose Griffiths's management concept	500
Griffiths and doctors—some reflections	ALAN BUSSEY 502
Junior hospital doctors' posts: remaining one in two rotas	SARAH STEWART-BROWN 503
Letter to Prime Minister: HJSC's "anger and alarm" over NHS cuts	505

# CORRESPONDENCE

<b>The state of the prisons</b> R M Towey, FFARCS; Eileen M Bell, MRCPsych; Gillian Duncan, MB . . . . .	<b>Adrenocortical suppression in multiply injured patients: a complication of etomidate treatment</b> H D Chee, MD, and others; R W Logan, FRCPATH, and Josephine I McKee, MRCPATH . . . . .	<b>Institutional malnutrition</b> A Burns, MRCP . . . . .
<b>Identification of thyroxine tablets</b> R Hall, FRCP, and others . . . . .	<b>Ethical dilemmas of brain failure in the elderly</b> G S Robertson, FFARCS; P H Millard, FRCP; J Kellett, FRCPsych . . . . .	<b>Arthritis in Roman Britain</b> Juliet Rogers, MB, and P Dieppe, MRCP . . . . .
<b>The heart in the Guillain-Barré syndrome</b> I W B Grant, FRCP, and G K Crompton, FRCPED; I F M Graham, FFARCS . . . . .	<b>Standardisation of oral anticoagulant treatment</b> A M H P van den Besselaar, PHD, and others . . . . .	<b>Oxygen as a driving gas for nebulisers: safe or dangerous?</b> S J Austin, MB, and C Chan, MRCP . . . . .
<b>The nursing process</b> H A Cameron, MRCP, and C M Cameron, SRN; H Connor, MRCP; A D Isaacs, FRCPsych; Mary Armitage, MRCP; P G McGrath, FRCPsych . . . . .	<b>Infection with netilmicin resistant <i>Serratia marcescens</i></b> M W Casewell, MRCPATH, and Philomena Ronan, BSC . . . . .	<b>Development of a strategy for higher education</b> I M Richardson, FRCPED; B H Taylor, BSC(ECON) . . . . .
<b>Fetal monitoring during labour</b> R S Sawers, MRCOG . . . . .	<b>Impact of audit on preventive measures</b> R G H Bethel, MRCP . . . . .	<b>No man is an island</b> J Callander, MRCP . . . . .
<b>Rational treatment of asthma</b> P W Ind, MRCP . . . . .	<b>Screening for asymptomatic bowel cancer in general practice</b> N C Armitage, FRCS, and J D Hardcastle, MCHIR . . . . .	<b>Points</b> Effects of perforated appendicitis in girls on subsequent fertility (W G Mills); Eld(er)ology (G Smelt); Not . . . achalasia (F W Wright); Potentiation of oral anti-coagulants by ketoconazole (T K Daneshmend); Calcium antagonists in hypertension (J J Jones); Kawasaki syndrome (M B McEvoy and S M Hall); BMA sponsored candidates for GMC election (R G Watson) . . . . .
<b>Addiction to aerosol treatment</b> I M Slessor . . . . .		

*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 state of the prisons

SIR,—Dr Richard Smith's series of articles on the state of the prisons highlights a topic of genuine concern for the medical profession. Following an act of civil disobedience as part of the Christian Peace Movement and my subsequent refusal to cooperate with a binding order to keep the "peace" I had occasion to experience at first hand, as a prisoner, conditions in Pentonville Prison for seven days. The lack of adequate hygiene exposes prisoners to potential medical risk as well as transgressing basic humane standards.

As a civil prisoner I had the right to wear my own clothes but once that right is taken association with other prisoners is more restricted and no change of clothes or pyjamas is allowed. I was offered one shower on the first night and another on the morning of release. Despite frequent requests I was unable to obtain a shower or bath during the five whole days of my imprisonment. This is merely a symptom of the gross lack of facilities and overcrowding in prisons and not due to any lack of correct behaviour on the part of the prison officers, who did their best in difficult conditions.

I was totally confined to my cell from 4 pm until 8 am the next day. A pot for urine is provided, and at 8 am the slopping out procedure is carried out. Although I was alone, most prisoners share two to a cell which is about six paces by three. The pots for urine to my knowledge were never cleaned. The room in which the slopping out procedure is carried out is a little larger than a cell and contains a sluice, a flush toilet, a washbasin, a urinal, and a hot and a cold water tap. The cold water tap is the water supply for the prisoners in that area. The hot water tap is

generally the place for washing the plastic plates and mugs of the prisoners. The water runs directly into a drain in the floor, there is no sink, and washing detergent is not provided. Prisoners therefore often washed their plates and mugs by simply passing them through this stream of hot water a few times while at the same time and in close proximity urine was being slopped out, the urinal was being used, as was the toilet, which was separated from this area only by a door about five foot in height. There were often queues to use all amenities in this confined space. The handbasin was never used as there was no soap or towel there to wash one's hands and the basin itself was often dirty. The collecting of clean water and the washing of plates and mugs are therefore carried out in an area of potential cross infection and in an atmosphere smelling of faeces and urine. Plates were sometimes washed in an adjoining room where there was hot water and a sink but it was left to the prison officers' discretion as to whether this room was opened or not. Although it is obvious that many prisoners are from sections of the community that suffer major social deprivations, the prisoners often viewed their conditions in prison as outside normal human standards of our society.

Major improvements in hygiene could be made without enormous financial investment if a policy was instituted to separate the facilities for washing plates and collecting water from the sluice and toilets and to improve handwashing facilities. Prison doctors themselves have raised doubts about basic hygiene in prisons,<sup>1</sup> and the need for research on this topic is very pressing (14 January, p 129).<sup>2</sup>

It seems a small request that basic primary health care should be implemented in our prisons; this would also go some little way towards making conditions for prisoners more humane.

R M TOWEY

London SW4

<sup>1</sup> Anonymous. Curb on jail protest doctor. *The Times* 1983 Nov 7:2.

SIR,—Dr Richard Smith's article on organisation of prison medical services (17 December, p 1867) makes clear the problems of that service, but I must take issue with his compromise solution. A prison medical service run as part of the NHS, provided that it were seen to be such, would certainly be much less suspect to outsiders, but to organise it centrally and to run it along with the special hospitals would, I believe, do nothing for either service.

Image is vitally important, but a change of names and paymaster does not automatically change an image. Special hospitals are at present run by the Department of Health and Social Security and consequently are a part of the NHS but they are not in the mainstream of the NHS. Their image is, I suspect, little different from what it would be if they were under the management of the Home Office. Outsiders often appear to believe that special hospitals do come under the Home Office; this is understandable in view of the type of patient that they are known to contain.

The problems of doctors in special hospitals are in some ways similar to those in the prison medical service. They too tend to be isolated from their NHS colleagues and they too, by