

BRITISH MEDICAL JOURNAL

STA/STA

SATURDAY 10 MARCH 1984

LEADING ARTICLES

Genital wart virus infections: nuisance or potentially lethal?	ALBERT SINGER, PATRICK G WALKER, DENNIS J McCANCE	735
Where's the block?	A F RICKARDS	737
Death in the street	TONY SMITH	738
Prophylaxis in haemophilus meningitis	H P LAMBERT	739
Difficult diagnoses in back pain	MALCOLM I V JAYSON	740
Regular Review: Early diagnosis and treatment of steroid induced avascular necrosis of bone	JOHN E NIXON	741

CLINICAL RESEARCH • PAPERS AND SHORT REPORTS • PRACTICE OBSERVED

Effect of aspirin in "aspirin sensitive" patients	S I ASAD, D M KEMENY, L J F YOULTEN, A W FRANKLAND, M H LESSOF	745
Clinicopathological observations on metastasis in man studied in patients treated with peritoneovenous shunts	D TARIN, J E PRICE, M G W KETTLEWELL, R G SOUTER, A C R VASS, B CROSSLEY	749
Smoking and ulcerative colitis	RICHARD F A LOGAN, MARGARET EDMOND, KEVIN W SOMERVILLE, MICHAEL J S LANGMAN	751
Reduced serum free thyroxine concentration in postmenopausal women receiving oestrogen treatment	HOSSAM I ABDALLA, DAVID M HART, GRAHAM H BEASTALL	754
Food hypersensitivity made life threatening by ingestion of aspirin	ANDREW J CANT, PENNY GIBSON, MARK DANCY	755
Effect of seat belt legislation on injuries in road traffic accidents in Nottingham	GEOFFREY PYE, ERIC A WATERS	756
Quality control of home monitoring of blood glucose concentrations	G PETRANYI, MARIA PETRANYI, I N SCOBIE, P H SÖNKSEN, R CRANE, J ROBERTS, I S MENZIES	757
Detachment of crash helmets during motorcycle accidents	P G RICHARDS	758
Role of anaerobes in cerebral abscesses of sinus origin	ANDREW GRACE, ADRIAN DRAKE-LEE	758
Hypermagnesaemia and hypophosphataemia after ingestion of magnesium sulphate	P GARCIA-WEBB, C BHAGAT, T OH, G HART, W THOMPSON	759
Unreviewed reports		760
Vocational Training: Choosing a practice	BRIAN BEAUMONT, MALCOLM McCOUBRIE	761
Training for general practice: clinical behaviour in trainers and trainees	D J G BAIN	762

MEDICAL PRACTICE

The British National Food Survey as a major epidemiological resource	BRIAN J DERRY, DAVID H BUSS	765
Necessary safeguards when prescribing opioid drugs to addicts: experience of drug dependence clinics in London	P H CONNELL, M MITCHESON	767
Personal Paper: Kiellands forceps delivery	SHEILA SHEERIN	769
Lesson of the Week: Leprosy masked by steroids	J S PRENDIVILLE, J J CREAM, F CLIFFORD ROSE, J T SCOTT, D F WOODROW, M F R WATERS	770
USSR Letter: Doctors and the Russian birth rate	MICHAEL RYAN	772
ABC of Sexually Transmitted Diseases: Methods of control	MICHAEL W ADLER	774
My Student Elective: Applied child nutrition in the Himalayas of Ladakh	C VICKERY	778
The State of the Prisons: Prison doctors: ethics, invisibility, and quality	RICHARD SMITH	781
Communicable Diseases: Drug resistance in Shigella dysenteriae, S flexneri, and S boydii in England and Wales: increasing incidence of resistance to trimethoprim	R J GROSS, E J THRELFALL, L R WARD, B ROWE	784
Any Questions?	U.S. DEPT. OF AGRICULTURE	783, 786
Materia Non Medica—Contributions from IRIS I J M GIBSON, SIMON BARLEY	NATIONAL AGRICULTURAL LIBRARY	780
Medicine and Books	RECOMMEND	787
Personal View	S A RICE-EDWARDS	791

CORRESPONDENCE—List of Contents	792
---------------------------------	-----

NEWS AND NOTES

Views	801
Medicolegal—Consent to treatment; the medical standard reaffirmed	802
Medical News	803
BMA Notices	803
One Man's Burden	MICHAEL O'DONNELL 804

OBITUARY	798
----------	-----

SUPPLEMENT

The Week	805
NHS managers, deputising, FPCs, and early retirement	806
Minister reports progress on Griffiths	807
Community medicine negotiations	807
NHS violence: facts sought	808

CORRESPONDENCE

Section 63 funds R Grundy, MRCP.	792	Topical minoxidil in the treatment of alopecia areata J M Maitland, MB, and others.	794	A question of confidence L J Bruce-Chwatt, FRCP.	796
Senile dementia and nutrition D M Shaw, FRCPsych, and others.	792	Normal energy intake in undernourished patients with Crohn's disease M Jourdan, FRCS; Laura A Jones, SRD, and others.	794	Reversal of insulin resistance in type I diabetes after treatment with continuous subcutaneous insulin infusion J C Pickup, BM, and others.	796
Prognostic importance of hyperglycaemia induced by stress after myocardial infarction D P Mikhailidis, MB, and others; R W Logan, FRCPATH; A Lakhdar, MRCP, and others.	793	Neutropenia due to β lactamine antibodies M F Murphy, MRCP, and others.	795	Bone scintigraphy in benign bone disease M Helliwell, MRCP, and others.	797
Proctocolitis induced by salicylate D Rutherford, MRCP, and others.	794	Oxygen as a driving gas for nebulisers: safe or dangerous? J W Hadfield, MRCP.	795	Health minister attacks juniors' evidence on effects of cuts A G Freeman, FRCP.	797
		Can we still recommend meditation? R A Chalmers, MRCP; P Fenwick, MRCPsych.	795		

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.

Section 63 funds

SIR,—The third government reduction in funding for section 63 activities (25 February, p 656) will have considerable impact on postgraduate medical education for GPs, particularly those in geographically isolated areas like Cornwall.

The 1% reduction in section 63 monies allocated to postgraduate centres and the loss of zero rating were serious restrictions but could be managed locally by clinical tutors and course organisers without causing serious disruption in projected programmes. The imposition of a 100 mile limit on travel to courses and a reduction in subsistence and overnight allowances will have a major impact on proposed educational activities.

Two examples of these effects will highlight the problems. Firstly, a GP living in Penzance will be able to attend courses at only two centres, Truro and Plymouth: all other centres are beyond the 100 mile limit. It is unlikely

that those two centres will provide a wide enough range of choice to satisfy all his educational needs. Secondly, a refresher course at Truro in May has 40 places for GPs: 33 of those places are allocated to GPs who live beyond the 100 mile limit. The opportunities for GPs from widely divergent backgrounds and practices to meet and exchange ideas have been removed at a stroke.

If limits need to be drawn these sort of circumstances should have been considered jointly by those concerned with postgraduate medical education and the Department of Health and Social Security. It provides yet another example of this government's misguided economic policy at work. Consensus is being replaced by edict.

R GRUNDY

Cornwall Postgraduate Medical Centre,
Royal Cornwall Hospital (Treliske),
Truro, Cornwall

Senile dementia and nutrition

SIR,—Professor A E Bender has drawn attention to the nutritional effects of large scale catering in hospitals and other institutions. The problem may be still wider in old people. Cases of dementia due to folic acid deficiency have been reported in the elderly.¹ Confusion associated with thiamine deficiency occurs in the community (J Puxty, personal communication), and after surgery in elderly patients with fractures.² Appreciably lower concentrations of tryptophan, the precursor of brain serotonin, have been found in the plasma of patients with senile dementia when compared with those in age matched controls,³ and there is evidence that diet controls the entry of tryptophan into the brain and consequently synthesis of serotonin.⁴

These interrelated variables were investigated in 29 patients suffering from senile dementia (mean age 78 years) and 35 healthy

volunteers (mean age 74 years) after their mean daily dietary intake was estimated from the weighed input of food over three days.

One third of the control group was receiving less than the recommended daily allowance⁵ for ascorbic acid, thiamine, riboflavin, and pyridoxine, and the proportion of patients with senile dementia with low intakes of these vitamins was even higher. Most patients in both groups received less than the recommended allowance for vitamin D and folic acid. These intakes were only partly reflected in blood concentrations, but a large proportion of the patients had lower than normal blood concentrations of ascorbic acid, thiamine, and folate (table). A higher proportion of patients had vitamin deficiency when compared with controls, and the associated fasting concentrations of tryptophan were lower, as reported previously in patients with senile dementia.

This difference could not be explained in terms of the observed changes in plasma concentrations of non-esterified free fatty acids, albumin, insulin, or nicotinamide (as measured by the ratio of n-methylnicotinamide to creatinine in urine, and giving an indicant of the kynurenine shunt). Intakes of nicotinic acid were above recommended amounts and there was no significant difference between the two groups in the amount of tryptophan ingested.

Plasma concentrations of vitamins and tryptophan in patients with senile dementia and in controls

Vitamin	Patients (n = 29)	Controls (n = 35)	p Value
Percentage of patients with values below normal range:			
Ascorbic acid	57	23	<0.01*
Thiamine	36	55	NS
Folic acid	23	3	<0.02*
Total tryptophan (μ mol/l, mean (SD)):			
Men†	49.7 (14.9)	63.6 (11.1)	<0.05‡
Women§	48.9 (9.0)	59.5 (5.5)	<0.001‡

* χ^2 test.

†Nine patients, 16 controls.

‡t test.

§Twenty patients, 19 controls.

In a pilot study of 10 patients with senile dementia and 10 age matched controls vitamin supplements (one tablet Orovite and one tablet Pregnavite Forte; Bencard) taken daily for two months increased the blood concentrations of ascorbic acid and the B vitamins named above in both groups and removed the differences between patients and controls. The fasting concentrations of tryptophan remained unchanged over the two months. The clinical condition of some of these patients improved.

Old people in part III accommodation showed similar deficiencies in nutrition to those reported here (unpublished observations). The findings are not only relevant to the general wellbeing of elderly individuals but also raise the question of whether such defects