

BRITISH MEDICAL JOURNAL

SATURDAY 24 MARCH 1984

LEADING ARTICLES

Postmarketing surveillance of adverse reactions to drugs	MICHAEL D RAWLINS	879
Hypertension in general practice: what is to be done?	JOHN COOPE	880
Natural or unnatural foods?	D A T SOUTHGATE	881

CLINICAL RESEARCH • PAPERS AND SHORT REPORTS • PRACTICE OBSERVED

The who and why of pain: analysis by social class	ALEX G LARSON, DONALD MARCER	883
Split renal function after captopril in unilateral renal artery stenosis	G J WENTING, H L TAN-TJIONG, F H M DERKX, J H B DE BRUYN, A J MAN IN 'T VELD, M A D H SCHALEKAMP	886
Respiratory impairment induced by smoking in children in secondary schools	LEWIS ADAMS, DAVID LONSDALE, MARGARET ROBINSON, ROGER RAWBONE, ABRAHAM GUZ	891
Comparison of regimens of treatment with sodium stibogluconate in kala-azar	C P THAKUR, MAHENDRA KUMAR, SATIS KUMAR SINGH, DILIP SHARMA, UMA SHANKER PRASAD, RAMA SHRAY PRASAD SINGH, P S DHAWAN, VIJAY ACHARI	895
Intracranial tumour in an infant presenting as iron deficiency anaemia	R JOOMA, D N GRANT	898
Localised visceral immunocytoma associated with serological findings suggesting systemic lupus erythematosus	S DUX, S PITLIK, J B ROSENFELD, J PICK, M BEN-BASSAT	898
Does ethamsylate increase the incidence of venous thrombosis?	G J LEWIS	899
In utero resuscitation after cardiac arrest in a fetus	K H NICOLAIDES, C H RODECK	900
Dicyclomine: worrying symptoms associated with its use in some small babies	JEFF WILLIAMS, ROB WATKIN-JONES	901
Clostridium welchii infection after amniocentesis	R E FRAY, T P DAVIS, E A BROWN	901
Diagnosis of encephalitozoonosis in man by serological tests	N R BERGQUIST, G STINTZING, L SMEDMAN, T WALLER, T ANDERSSON	902
Detection and management of hypertension in general practices in north west London	KARIM H KURJI, ANDREW P HAINES	903
Quality of care in managing hypertension by case finding in north west London	GERALD MICHAEL	906
Minimum Standards for Training: Top 10 points for trainers	DENIS DURNIO	909

MEDICAL PRACTICE

Postmarketing surveillance: practical experience with ketotifen	WILLIAM P MACLAY, DAVID CROWDER, STEPHEN SPIRO, PAUL TURNER	911
Survey of patient information booklets	P J M SLOAN	915
Mathematics in Medicine: Statistical ritual in clinical journals: is there a cure?—II	DONALD MAINLAND	920
Letter from Chicago: Consultants and consultoids	GEORGE DUNEA	923
The State of the Prisons: Medical care in the Dutch penal system	RICHARD SMITH	925
Any Questions		914, 919, 922, 924
Medicine and Books		928
Personal View	JOHN BAILLIE	932

CORRESPONDENCE—List of Contents	933
---------------------------------	-----

OBITUARY	944
----------	-----

NEWS AND NOTES

Views	940
Medical News	941
BMA Notices	942
One Man's Burden	MICHAEL O'DONNELL 943

SUPPLEMENT PROCUREMENT SECTION CURRENT SERIAL RECORDS

The Week	947
Mrs Short gives Griffiths short shrift	WILLIAM RUSSELL 948
From the HJSC: Juniors criticise hours of work circular	949
From the GMSC: Cautious optimism on deputising discussions	951
Minister's statement on deputising discussions	952
Parliamentary committee reports on Griffiths management inquiry	954

CORRESPONDENCE

Failures of communication in the NHS C E Lennox, MB..... 933	Caucasian or Europid? W A Mackey, FRCS; M Reilly, FRCS..... 936	Problems of an immigrant part time doctor Maureen Ellis, MRCPsych; A R M Abou Rayya, MB..... 938
Boxers' brains J M S Pearce, FRCP..... 933	Cardiac arrest following naloxone L Barret, MD, and others..... 936	Unusual dislocations associated with epileptic fits Heather Beckett, BDS; R J Brown, FRCS.... 938
Where's the block? P G F Nixon, FRCP; R Scott, MRCP..... 934	Autoantibodies against human insulin W G Reeves, FRCP; T J Wilkin, MD..... 936	Choosing a practice R MacG Aitken, and others..... 939
Assessment of a general practitioner accident service A Bristow, FFARCS..... 934	Repetitive publication K C Harvey, MRCP; N Goldstuck..... 937	Points: Guide wire manipulation of Crosby jejunal biopsy capsule under fluoroscopic control (D H Shmerling; A C B Wicks and J Dean); Post traumatic pain syndromes (D R Hughes); Influence of prophylactic photochemotherapy on incidence of relapse of psoriasis cleared initially with dithranol (P C M van de Kerkhof); Toxocariasis in the British Isles 1982-3 (Glenys Griffiths and others); Patient information leaflets (Helen Martins); Activity after myocardial infarction (A W Gardner); In praise of the Basuto pony (I Kennedy)..... 939
Paramedics in the United Kingdom? I W R Anderson, FRCS, and J C Adams, FRCS; P Baskett, FFARCS..... 934	A better deal for overseas doctors R H Girdwood, FRCPE..... 937	
Effects of two antihistamine drugs on actual driving performance A F Cohen, MD, and J Posner, MRCP..... 935	Methimazole and generation of oxygen radicals by monocytes: potential role in immunosuppression A J Williams, MRCP..... 937	
Disgruntlement with the CSM R K Allday, MB; R Coladangelo, MRCP.... 935	Section 63 funds B Scaife, MB; D W Hide, FRCPE; P Catlin, MB; M G F Crowe, FRCGP; M Hall, FRCGP 937	
Fetal distress and the condition of newborn infants J M Gate, FRCOG..... 935		

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.

Failures of communication in the NHS

SIR,—I am on the whole a defender of the NHS, but I have always felt that one of its major deficiencies is in communication. This has been emphasised to an extraordinary degree by a recent episode involving a close relative of mine.

The patient, an intelligent, previously healthy 64 year old man, collapsed at work and on arrival at the local casualty department of a teaching hospital in one of Scotland's larger cities had signs of a transient hemiparesis and carotid artery stenosis. Recovery was rapid, and admission was not needed.

Arrangements were made for an "early" neurosurgical outpatient appointment, and some three weeks later a letter advising an admission date was received. There had been no previous verbal or written indication of pending admission. The patient dutifully presented himself and during a few days in hospital underwent an arteriogram which confirmed a carotid artery stenosis. Operation was recommended, but further investigation was thought advisable first to exclude other pathology. The patient was discharged and advised he would receive "within the week" word of an outpatient appointment at another hospital for this to be arranged.

Three weeks later he was not surprised to receive notification of admission to the other

hospital. He was by now realising that doctors had difficulty differentiating "out" from "in." He telephoned the second hospital to confirm that admission and was asked to arrive by 9 am to see the consultant on his ward round.

By 4 pm on the appointed day a bed in the ward was finally found, but no consultant had appeared in the preceding seven hours. At this point it became clear that nobody had any idea why the patient was being admitted as no notes or word had filtered through from the first hospital. Twenty four hours and three identical interviews with doctors later the threat of a repeat arteriogram prompted some counterattack from the patient, who had not found the earlier one a pleasant experience. The doctors clearly did not believe he had already had one, or if they did there was the usual complete mistrust of any investigations done elsewhere. The arteriogram was fended off, and the usual battery of computed tomogram, isotope scan, and whatever other latest investigatory toy was available was undertaken. Three days after admission, the patient was told by a consultant that operation was indeed indicated and arrangements would shortly be made for readmission to the first hospital. The following day, however, another con-

sultant told him that he had been entered into a "trial," that all his case data had been fed into a computer, and that he would not after all be having an operation. At no point was "informed consent" sought. Reeling somewhat from the investigatory assaults but more from the difficulty of deciding whether he felt more like a pawn or a guinea pig, our patient took another two weeks before feeling able to return to work. His unnecessarily prolonged absence (nearly three months in all) may affect his pension rights, and he has precisely nothing to show for it except for a reduced opinion of doctors and the service we offer. Needless to say, some three weeks after discharge his general practitioner has received no communication whatsoever from either hospital. Will we, and those responsible for administrative communication, never learn?

CHRISTOPHER E LENNOX

Ninewells Hospital,
Dundee DD1 9SY

Boxers' brains

SIR,—The BMA's board of science and education is to be congratulated on its recent report (17 March, p 876). My experience