

# BRITISH MEDICAL JOURNAL

STA/STA

SATURDAY 19 MAY 1984

## LEADING ARTICLES

- Private rest homes: answers needed COLIN GODBER ..... 1473  
Drugs and porphyria I A MAGNUS ..... 1474  
Can we assess the effects of acupuncture? GEORGE T LEWTH ..... 1475  
Letters to the editor RICHARD SMITH ..... 1476  
Cytomegalovirus infections in renal transplant recipients T O NUNAN, J E BANATVALA ..... 1477

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

- Detection by monoclonal antibody of carbohydrate antigen CA 50 in serum of patients with carcinoma J HOLMGREN, L LINDHOLM, B PERSSON, T LAGERGÅRD, O NILSSON, L SVENNERHOLM, C-M RUDENSTAM, B UNSGAARD, F YNGVASON, S PETTERSSON, A F KILLANDER ..... 1479  
Hyperadrenergic syndrome in severe tetanus: extreme rise in catecholamines responsive to labetalol G M DOMENIGHETTI, G SAVARY, H STRICKER ..... 1483  
Serum fructosamine concentrations in patients with type II (non-insulin-dependent) diabetes mellitus during changes in management JOHN R BAKER, ROGER N JOHNSON, DAVID J SCOTT ..... 1484  
Central venous concentrations of immunoreactive prostaglandins E, F, and 6-keto-prostaglandin F<sub>1</sub> in eclampsia J MOODLEY, R J NORMAN, K REDDI ..... 1487  
Long term prognosis after occlusion of middle cerebral artery T SACQUEGNA, P DE CAROLIS, A ANDREOLI, R FERRARA, P LIMONI, C TESTA, E LUGARESI ..... 1490  
Respiratory viruses and sudden infant death ALAN L WILLIAMS, ERIC C UREN, LESLEY BRETHERTON ..... 1491  
Outcome of pregnancies associated with raised serum and normal amniotic fluid  $\alpha$  fetoprotein concentrations J EVANS, I M STOKES ..... 1494  
Analgesia in acute pancreatitis: comparison of buprenorphine and pethidine S L BLAMEY, I G FINLAY, D C CARTER, C W IMRIE ..... 1494  
Human T cell leukaemia virus associated lymphoproliferative disease: report of two cases in Nigeria C K OLADIPUPO WILLIAMS, G O ALABI, T A JUNAID, C SAXINGER, R C GALLO, D W BLAYNEY, W A BLATTNER, M F GREAVES ..... 1495  
Terfenadine in exercise induced asthma K R PATEL ..... 1496  
Treatment of severe poisoning with slow release theophylline ANTON N LAGGNER, GERHARD KAIK, KURT LENZ, WILFRED DRUML, GUNTHER KLEINBERGER ..... 1497  
Unreviewed Reports ..... 1498  
Correction: Glycaemic control in diabetic nephropathy BENDING ET AL ..... 1489  
Controlled trial of three different antismoking interventions in general practice KONRAD JAMROZIK, MARTIN VESSEY, GODFREY FOWLER, NICHOLAS WALD, GILLIAN PARKER, HELEN VAN VUNAKIS ..... 1499  
Rethinking Established Dogma: Trivia, triage, and treatment JAMES D E KNOX ..... 1504  
Correction: A "Taylor made" practice WILLIAMS ..... 1506

U. S. DEPT. OF AGRICULTURE  
NATIONAL AGRICULTURAL LIBRARY  
RECEIVED

MAY 29 1984

PROCUREMENT SECTION  
CURRENT SERIAL RECORDS

## MEDICAL PRACTICE

- Medical Education: An important opportunity: An open letter to the General Medical Council ..... 1507  
ABC of Asthma: Precipitating factors JOHN REES ..... 1512  
Old age in the sun TONY SMITH ..... 1515  
Private rest homes in the care of the elderly KEITH ANDREWS ..... 1518  
Appropriate Technology: A plain man's guide to maintenance PAUL LAWRANCE ..... 1521  
Clinical Algorithms: Loss of vision MICHAEL JAMIESON ..... 1523  
Lesson of the Week: Necrobacillosis: a forgotten disease JOHN MOORE-GILLON, TAK H LEE, SUSANNAH J EYKYN, IAN PHILLIPS ..... 1526  
Any Questions? ..... 1511, 1520  
Medicine and Books ..... 1528  
Medicine and the Media—Contributions from PETER TYRER, NICK BLACK, STELLA LOWRY ..... 1531  
Personal View JOHN A BLACK ..... 1532

CORRESPONDENCE—List of Contents ..... 1533

OBITUARY ..... 1544

## NEWS AND NOTES

- Views ..... 1541  
Medical News ..... 1542  
BMA Notices ..... 1542  
One Man's Burden MICHAEL O'DONNELL ..... 1543

## SUPPLEMENT

- The Week ..... 1545  
A score of MPs debate Griffiths WILLIAM RUSSELL ..... 1546  
From the CCHMS: CMO addresses committee ..... 1547  
Clinical budgeting and costing—friend or foe? R STEELE ..... 1549  
Collaboration between FPCs and DHAs ..... 1551  
Private practice in NHS ..... 1552

## CORRESPONDENCE

<b>Smoking and ulcerative colitis</b> D R Perera, MD, and others.....	1533	<b>Tremor</b> L J Findley, MRCP, and Lynn Cleaves, BSC.....	1536	<b>Conservative management of pregnancy in diabetic women</b> J M Stronge, FRCOG, and M I Drury, MD.....	1539
<b>Treatment of end stage renal disease</b> A Nicholls, MRCP, and T Feest, MRCP.....	1533	<b>British cosmetic regulations inadequate</b> Catherine Ridley, MB, and others.....	1537	<b>Cash limits and other matters</b> P V Scott, FFARCS.....	1539
<b>Benzodiazepines on trial</b> D E Price, MRCP, and others.....	1534	<b>The use of a conical spacer after laryngectomy</b> P A Webber, FRCS, and A R Brown, MB..	1537	<b>Points</b> Gastroenteritis in infancy (A Walsh; M E Ellis, and B K Mandal); When the bowels turn to water (G Joly Dixon; B McNicholl); Motorcycle safety (G Wilson; H Savage-Jones); Patient information booklets (H J N Bethell; M S Bolton); Public transport saves lives (L S Taitz); Carcinoid tumour secreting dopa (A Dalglish); Diagnosis of inhaled foreign bodies (I H Kerr, and J R C Lincoln); Syncope (J Spencer); Gastroenterology services in Trent (J D Collinge); The "just in case" syndrome (J A M Wright); Visual hallucinations in children receiving decongestants (M A Stokes).....	1539
<b>Prescription charges bring hardship</b> J T Hart, FRCGP.....	1534	<b>Haemoptysis during sexual intercourse</b> T K Daneshmend, MRCP.....	1537		
<b>Poor management of unconscious rugby player watched by millions</b> D A D Macleod, FRCS.....	1534	<b>Haematemesis and ectopic pregnancy</b> E J Thomas, MRCOG.....	1537		
<b>Quality control of home monitoring of blood glucose concentrations</b> P H Winocour, MRCP, and G A McKinnon, BSC; W N Trounson, MRCP, and others; J Anderson, MRCP, and Eva Kohner, FRCP	1535	<b>Scoring system to improve cost effectiveness of open access endoscopy</b> S Huck, MB, and others.....	1538		
<b>Guidelines for initial management after head injury</b> J Pilpel, BM; B Jennett, FRCS.....	1536	<b>Syncope and mitral valve prolapse in the army</b> P Lynch, MRCP, and N Ineson, MRCP....	1538		
<b>Policies on prevention</b> D P St George, MB.....	1536	<b>Treatment of prolactinomas with megavoltage radiotherapy</b> G Teasdale, FRCSed, and others.....	1538		

*We may shorten letters to the editor unless the authors specifically state that we may not. This is so that we can offer our readers as wide a selection of letters as possible. We receive so many letters each week that we have to omit some of them. Letters must 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.*

## Smoking and ulcerative colitis

SIR,—Dr Richard F A Logan and others (10 March, p 751) suggest that smoking directly or indirectly confers protection against ulcerative colitis. As a result of earlier reports<sup>1-3</sup> we undertook a preliminary uncontrolled study of nicotine chewing gum in 11 patients with ulcerative colitis.

All were adults, and nine of the 11 had never smoked cigarettes. The two others had not smoked for at least five years. Diagnosis was established by sigmoidoscopy and rectal biopsy or barium enema, or both. None had clinical, histological, or roentgenographic features suggestive of acute infectious diarrhoea or chronic Crohn's colitis. All had active disease and were taking drugs (steroids or sulphasalazine, or both) at the time of the trial.

The nicotine gum was given for eight weeks (2 mg gum once daily progressing over seven days to 4 mg gum five times a day and continuing for seven more weeks). Two patients had a decrease in stools from six a day to two a day, and one had cessation of bleeding. A third patient felt better, but stool frequency was unchanged. None of the three showed improvement in sigmoidoscopic appearance. Three patients could not tolerate the nicotine chewing gum and discontinued it within a week due to nausea, light headedness, or palpitations. The five other patients finished eight weeks of treatment without any evidence of improvement. Four were bothered by nausea or other side effects (palpitations, dizziness, or bad taste).

Although our trial was uncontrolled, nicotine chewing gum did not lead to objective improvement in most patients, and side effects were considerable among these non-smokers with ulcerative colitis.

The treatment period was only eight weeks, and it may be that longer treatment is necessary to effect substantial improvement. Nevertheless, this experience provides little encouragement to the proposition that nicotine gum is helpful in ulcerative colitis.

DAVID R PERERA  
CHARLES M JANEWAY  
ANDY FELD  
J THOMAS YLVISAKER  
LANIE BELIC

Group Health Cooperative of Puget Sound,  
Seattle, Washington 98112

HERSHEL JACK

Boston Collaborative Drug Surveillance Program  
Waltham, Massachusetts 02154

<sup>1</sup> Harries AD, Baird J, Rhodes J. Non-smoking, a feature of ulcerative colitis. *Br Med J* 1982;284:706.

<sup>2</sup> Roberts CJ, Diggle R. Non-smoking: a feature of ulcerative colitis. *Br Med J* 1982;285:440.

<sup>3</sup> Jack H, Walker AM. Cigarette smoking and ulcerative colitis. *N Engl J Med* 1983;308:261-2.

## Treatment of end stage renal disease

SIR,—Dr Mark McCarthy's vigorous attack on expenditure for dialysis and renal transplantation (28 April, p 1306) demands com-

ment. His argument is based on the false premise that the only way to improve the "less glamorous" areas of health care is to divert money from activities such as treatment of end stage renal failure. His reasoning would be persuasive if it were not based on half truths and misconceptions. Let us re-examine some of the points in his letter.

(1) It is true that Britain's poor record for treatment of renal failure compared with the rest of Europe is largely in poor provision of treatment for those over 55 (14 April, p 1119), but to quote American data<sup>1,2</sup> on the relatively poor quality of life of elderly patients as a reason for not treating such patients is misleading. In an unselected series of patients over 60 treated by continuous ambulatory peritoneal dialysis in Britain rehabilitation was excellent.<sup>3</sup> Is Dr McCarthy also arguing against treating people with widespread malignancy or severe cerebrovascular accidents, who also have a poor quality of life?

(2) Does Dr McCarthy wish to participate in a controlled trial of the benefits of dialysis? If he develops irreversible renal disease we will happily offer him a choice between dialysis and conservative treatment—unless he is over 55, when he will presumably refuse any treatment.

(3) We are sceptical about the claim that home dialysis can be extended to all patients. There will always be patients unsuitable for home dialysis on the grounds of poor vascular access, cardiovascular instability, limited intellect, or poor housing and other social factors.

(4) What are the pressures to spend more on treatment of end stage renal disease? The condition is fatal if untreated, and dead patients exert little pressure. The pressure comes from renal