

448.8  
B77

# BRITISH MEDICAL JOURNAL

U.S. DEPT. OF AGRICULTURE  
NATIONAL AGRICULTURAL LIBRARY  
RECEIVED  
OCT 5 1984  
PROCUREMENT SECTION  
CURRENT SERIAL RECORDS

SATURDAY 22 SEPTEMBER 1984

## LEADING ARTICLES

Does moderate drinking cause mental impairment?	IAN ROBERTSON	711
Congenital cytomegalovirus infection: a dilemma	MORAG C TIMBURY	712
Diabetes care: Whose responsibility?	PHILIP HOME, SIMON WALFORD	713
Costs of teaching hospitals	ROBERT J MAXWELL	714
Delayed deterioration of consciousness after trivial head injury in childhood	DEREK A BRUCE	715

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

Intragastric bacterial activity and nitrosation before, during, and after treatment with omeprazole	B K SHARMA, I A SANTANA, E C WOOD, R P WALT, M PEREIRA, P NOONE, P L R SMITH, C L WALTERS, R E POUNDER	717
Vasodepressor carotid sinus syncope	TIMOTHY RENTMEESTER, JONATHAN VAN ZILE, MARY VAN HAL, DONALD LEVENE	720
Home births in England and Wales, 1979: perinatal mortality according to intended place of delivery	RONA CAMPBELL, ISOBEL MACDONALD DAVIES, ALISON MACFARLANE, VALERIE BERAL	721
Normal erythrocyte sedimentation rate in the elderly	R A GRIFFITHS, W R GOOD, N P WATSON, H F O'DONNELL, P J FELL, J M SHAKESPEARE	724
Metabolic control of diabetes in general practice clinics: comparison with a hospital clinic	B M SINGH, M R HOLLAND, P A THORN	726
Randomised controlled trial of routine hospital clinic care versus routine general practice care for type II diabetics	T M HAYES, J HARRIES	728
Kingella kingae septicaemia with a clinical presentation resembling disseminated gonococcal infection	D C SHANSON, B G GAZZARD	730
Agranulocytosis caused by spironolactone	B H CH STRICKER, T T OEI	731
Relation between use of tampons and urogenital carriage of group B streptococci	KAREN KVIST CHRISTENSEN, ANNA-KARIN DYKES, POUL CHRISTENSEN	731
Type A behaviour and heart disease prevalent in men in the Caerphilly study	J E J GALLACHER, J W G YARNELL, P C ELWOOD, KARIN M PHILLIPS	732
Haemoglobin A <sub>1c</sub> concentrations in men and women with diabetes	M H STICKLAND, R C PATON, J K WALES	733
Unreviewed Reports		734
Influence of patient characteristics on test ordering in general practice	ROBERT M HARTLEY, JOHN R CHARLTON, CONRAD M HARRIS, BRIAN JARMAN	735

## MEDICAL PRACTICE

Symptoms and signs: physical disease or illness behaviour?	GORDON WADDELL, MARTIN BIRCHER, DAVID FINLAYSON, CHRIS J MAIN	739
ABC of Poisoning: Emergency drugs: agents used in the treatment of poisoning	TIM MEREDITH, JANE CAISLEY, GLYN VOLANS	742
Appropriate Technology: Orthopaedic aids at low cost	KODE RUYTER, OTTO LELIEVELD	749
Clinical Algorithms: Generalised pruritus	ROBERT H CHAMPION	751
Letter from Sydney: The doctors' strike: the saga continues	PETER CARNOLD	754
Any Questions?		741, 756
Medicine and Books		757
Personal View	KEITH REDHEAD	760

CORRESPONDENCE—List of Contents	761
---------------------------------	-----

OBITUARY	772
----------	-----

## NEWS AND NOTES

Views	770
Medical News	771
BMA Notices	771

## SUPPLEMENT

The Week	774
Discounting arrangements: GMSC chairman writes to all dispensing doctors	775
Planning health care in Scotland	E M MCGIRR 776
Further developments in psychogeriatrics in Britain	J WATTIS, T ARIE 778

## CORRESPONDENCE

<b>Management of chronic urinary retention</b> S K Morcos, FRCS; J R Barker, FRCS..... 761	<b>BMA's withdrawal from World Medical Association</b> André Wynen, MD..... 765	<b>Risks of intrauterine contraceptive devices</b> Helen L D Duguid, FRCPATH, and others.. 767
<b>"I have a bone stuck in my throat"</b> P J Bradley, FRCS, and A Narula FRCS; M D M Hadley, FRCR; G Evison, FRCR; S S M Hussain, MB; K Pearman, FRCS; N Kirkham, MRCPATH, and Ruth English, MRCP..... 761	<b>Computer assisted management of warfarin treatment</b> J Anderson, MRCP..... 765	<b>Dose of aminophylline given intravenously in casualty</b> R Feinmann, MRCP, and others..... 767
<b>Rationing health care</b> W Bennett, MD..... 762	<b>Diabetic autonomic neuropathy and iritis: an association suggesting an immunological cause</b> W N Taylor, MB..... 766	<b>Autoantibodies in lupus and its variants</b> L C Roberts, MD..... 768
<b>Time to abolish cremation fees</b> J M Dunlop, FFCM; N Higson, BM; M C Bateson, MRCP; D G Wilson, FRCGP; S B Lucas, MRCPATH, and others..... 763	<b>Snoring and its treatment</b> V G Tirlapur, MB..... 766	<b>Deputising services</b> G W Taylor, FRCGP; W B Ross, FRCSED, and J G Moss, FRCSED..... 768
<b>End of static decade for coronary disease?</b> J Le Fanu, MRCP..... 764	<b>Urinary tract infection in children</b> Helen L A Houston, MRCGP..... 766	<b>Double first in Wales</b> J C Catford, MFCM, and R Parish, BSC; G Fowler, FRCGP..... 768
<b>AIDS: an old disease from Africa?</b> R Colebunders, MD, and others..... 765	<b>Graves' disease and atrial fibrillation</b> J S Staffurth, FRCGP..... 766	<b>Difficult choice of treatment for poorly controlled maturity onset diabetes: tablets or insulin?</b> J I Mann, DM, and others..... 769
	<b>Use of biotensiometer to measure vibration thresholds</b> J Mehlsen, MD..... 767	<b>Possible crisis in radiology departments</b> R M Jordan, FCR..... 769
	<b>Doctors and the Third World</b> J Bion, FFARCS..... 767	

*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.*

**Management of chronic urinary retention**

SIR,—Professor J P Mitchell in his regular review on chronic urinary retention pointed out the difficulties which may be encountered in establishing the diagnosis of low pressure chronic retention clinically (1 September, p 515). He recommended the use of intravenous urography—provided that the blood urea concentration is below 30 mmol/l (180 mg/100 ml)—to show the state of the upper urinary tract and confirm the distension of the bladder. The role of ultrasound scanning was not mentioned. It is an accurate, quick, safe, and cheap technique to demonstrate a distended urinary bladder and assess any dilatation of the upper urinary tract. The technique is available in most hospitals. I hope that Professor Mitchell would agree that ultrasound scanning should be the initial investigation in this condition in preference to intravenous urography, which may have certain complications.

S K MORCOS

Department of Radiology,  
Northern General Hospital,  
Sheffield S5 7AU

SIR,—I agree with Professor J P Mitchell's statements on the management of both acute and chronic retention of urine. I do not, however, agree with him on the inevitability of haematuria. Most patients who attend with acute on chronic retention have been restricting their fluid intake to avoid distending the bladder further, and this restriction has often taken place over days, if not weeks, resulting in a considerable amount of dehydration. They often arrive late in the day and

the relief of the catheter is such that they probably sleep well for the first time in weeks, thus compounding their dehydration and low urinary output. Over the past two years it has been my practice to set up an intravenous drip before inserting the catheter, thus ensuring a fluid load and therefore a good diuresis at the time that the bladder is decompressed. This expedient has reduced our incidence of haematuria considerably and has also increased the rate at which the blood urea reverts to normal levels.

JOHN R BARKER

North Devon District Hospital,  
Barnstaple,  
Devon EX31 4JB

**"I have a bone stuck in my throat"**

SIR,—It is sad that foreign bodies impacted in the pharynx are still being diagnosed only after a fatal outcome despite patients presenting early for medical advice (18 August, p 424). We think that several comments must be made if the correct lessons are to be drawn from the events described by Drs N Kirkham and Ruth English in their lesson of the week. People who think that they have an impacted foreign body in their throat may present to many different departments including general practice, accident and emergency, surgical, paediatric, thoracic, medical, and otolaryngology. Both these patients were seen and treated by the staff of the accident and emergency department only, but despite the history, excessive reliance was placed on radiography.

Chevalier Jackson has summarised the chief factors in overlooking the diagnosis of foreign body ingested or aspirated.<sup>1</sup> These are: failure to consider the possibility; failure to elicit the history; absence of the history; scepticism of the possibility of a foreign body; apathetic attitude of the practitioner; symptomless interval; multiplicity of foreign bodies; awaiting spontaneous expulsion; symptoms explained by other medical condition; lack of emphasis (medical teaching); and character of the foreign body.

Unfortunately, there is no absolute diagnostic sign of a foreign body in the oesophagus/pharynx. Nevertheless, certain symptoms call for diagnostic rigid endoscopy to be performed—odynophagia, feeling of something in the throat, and drooling. Even with good radiology and indirect laryngoscopy it may not be possible to exclude an impacted foreign body. The only sure test is endoscopy, and thus competent medical advice should always be obtained when a patient presents with the symptom of "something in the throat." The patient's symptoms and the skill of the otolaryngologists should not be ignored.

P J BRADLEY  
A NARULA

Otolaryngology Department,  
University Hospital,  
Nottingham NG7 2UH

<sup>1</sup> Jackson C, Jackson CL. *Diseases of the air and food passages of foreign body origin*. London: W B Saunders, 1936.

SIR,—Drs N Kirkham and Ruth English correctly emphasise the importance of a good