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SATURDAY 17 NOVEMBER 1984

LEADING ARTICLES

Tuberculosis in hospital doctors FRED A FESTENSTEIN	1327
Lymphocytes are rhythmic: is this important? MARTIN S KNAPP, ROY POWNALL	1328
Drug interactions and β blockers LINDA BEELEY	1330
Administrator dominated or management efficient NHS?	1331

CLINICAL RESEARCH • PAPERS AND SHORT REPORTS • PRACTICE OBSERVED

Pure red cell aplasia and thymoma associated with high levels of the suppressor/cytotoxic T lymphocyte subset J P MILNES, B P GOORNEY, T B WALLINGTON	1333
A sensitive immunoradiometric assay for serum thyroid stimulating hormone: a replacement for the thyrotrophin releasing hormone test? J SETH, H A KELLETT, G CALDWELL, V M SWEETING, G J BECKETT, S M GOW, A D TOFT	1334
Selective effect of low protein diets in chronic renal diseases A M EL NAHAS, A MASTERS-THOMAS, S A BRADY, K FARRINGTON, V WILKINSON, A J W HILSON, Z VARGHESE, J F MOORHEAD	1337
Regional variations in British alcohol morbidity rates: a myth uncovered? I: Clinical surveys RICHARD W LATCHAM, NORMAN KREITMAN, MARTIN A PLANT, ALEX CRAWFORD	1341
Regional variations in British alcohol morbidity rates: a myth uncovered? II: Population surveys ALEX CRAWFORD, MARTIN A PLANT, NORMAN KREITMAN, RICHARD W LATCHAM	1343
Reliability of cardiocography in predicting baby's condition at birth P CURZEN, J S BEKIR, D G McLINTOCK, M PATEL	1345
Generalised epileptic fits in renal transplant recipients given cyclosporin A DILIP SHAH, P B RYLAND, M E ROGERSON, M BEWICK, V PARSONS	1347
Sucking wound of the knee: not gas gangrene MICHAEL SALEH, STEVEN R BOLLEN	1348
Patterns of ovarian cyst hospital discharge rates in England and Wales, 1962-79 C L WESTHOFF, V BERAL	1348
Amputation for pseudotumour in acquired haemophilia NICHOLAS J TREBLE, NIGEL J HENDERSON, HASMUKH DASANI	1349
Weight gain after cholecystectomy P W J HOUGHTON, L A DONALDSON, L R JENKINSON, M K H CRUMPLIN	1350
Corrections: Algorithm for modified alkaline diuresis GORDON ET AL; Accumulation of midazolam BYATT ET AL	1350
Defibrillators in general practice C CLYDE, A KERR, A VARGHESE, C WILSON	1351
Papers That Have Changed My Practice: Researching drug treatment CEDRICK R MARTYS	1353

MEDICAL PRACTICE

For Debate: The changing pattern of infectious disease KAINE IKWUEKE	1355
Letter from New Zealand: Religious fundamentalism in medical school JULES OLDER	1359
ABC of Poisoning: Miscellaneous drugs MARY BOLAND, GLYN VOLANS	1361
Medical Education: Audit of admission to medical school: III—Applicants' perceptions and proposals for change I C McMANUS, P RICHARDS	1365
Hospital Building in the NHS: Policy II: reduced expectations JANE SMITH	1368
Clinical Algorithms: Short stature PETER SMAIL	1371
Can we have safer cigarettes? TESSA RICHARDS	1374
Any Questions?	1358, 1367
Medicine and Books	1375
Personal View	1377

NEWS AND NOTES

Views	1385
Medicolegal	
Doctor sues BBC and two other doctors for libel	
CLARE DYER	1386
Crown immunity protects service surgeons	1387
Mental disorder and prison	1387
Medical News	1388
BMA Notices	1389

CORRESPONDENCE—List of Contents	1378
--	------

OBITUARY	1390
-----------------------	------

SUPPLEMENT

The Week	1392
Fluoridation out, prescribing curbs in WILLIAM RUSSELL	1393
District general managers: who will they be? DAVID ALLEN	1394

CORRESPONDENCE

The Steve Biko case: appeal for funds for court action against South African Medical and Dental Council Sir Raymond Hoffenberg, MD, FRCP.....	1378	Ablative radioiodine therapy for hyperthyroidism P Wahlberg, MD.....	1381	Nasopharyngeal tubes D J Matthew, FRCP, and others.....	1383
A persistent vegetative state D A J Tyrrell, FRCP, FRS.....	1378	Impact of a foreign body in the palate B E Glenville, FRCS, and M Ghilchik, FRCS	1381	Non-specificity of surfactant deficiency in neonatal respiratory disorders P A Jenkins, FIMLS, and others.....	1383
Medical problems with breath testing of drunk drivers V Marks, DM; J A Gatt.....	1379	Haemoglobin A_{1c} concentrations in men and women with diabetes R B Jones, MSc, and others.....	1381	Cryptosporidiosis A S Wyllie, AIMLS.....	1383
Do emergency tests help in the management of acute medical admissions? G N Fuller, MB; R Trehan Jones, LMSSA; Barbara J Boucher, FRCP, and J P Monson, MD; G Sandler, FRCP.....	1379	Replacement of surfactant in hyaline membrane disease R C Cottrell, PhD, and Klara Miller, PhD	1381	"BNFs" for the Third World R D S Fawdry, MRCOG.....	1384
Aeromonas spp in diarrhoea E H Price, MRCPATH, and others.....	1380	Sensitisation to human insulin J S Kristensen and others.....	1382	How to beautify your old hospital A Bamji, MRCP.....	1384
Failure of long term luteinising hormone releasing hormone to suppress testosterone Nacia Faure, MD.....	1380	Oral gold for rheumatoid arthritis J M Gumpel, FRCP.....	1382	Points Time to push aside the diagnosis of infantile colic (R Illingworth; D M Syme); Too many doctors—or too few? (J R Hangartner); Haemoglobinopathies and glycosylated haemoglobin estimation (R J I Bain); Greenham Common (A Davis); How old is old? (G D Pirrie); Metabolic effects of bicarbonate in diabetic ketoacidosis (J M Leigh).....	1384
		Glycosylated haemoglobin in carriers of β thalassaemia trait G Saitta, MD, and others.....	1382		
		Spectinomycin as initial treatment for gonorrhoea D D Coelho, MRCP, and others.....	1383		

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.

The Steve Biko case: appeal for funds for court action against South African Medical and Dental Council

SIR,—In 1977 the black South African leader, Stephen Biko, died after being assaulted while he was detained in a South African prison. From evidence that subsequently emerged it became clear that two medical officers (Drs Tucker and Lang) who attended Biko before his death failed to provide proper medical care. In open court they admitted that the interests of the patient had been subordinated to those of the security police. Many doctors in South Africa protested about their unprofessional behaviour and urged the South African Medical and Dental Council to hold an open inquiry into the matter. This the council has consistently refused to do.

Three well known South African doctors (Professors Frances Ames, Trefor Jenkins, and Phillip Tobias) have now instituted proceedings against the South African Medical and Dental Council alleging that it has failed to carry out its statutory duty by not holding such an inquiry and attempting even now to make it do so. The matter will be heard in the Supreme Court in South Africa in late November. The three doctors are faced with the prospect of substantial legal costs, perhaps upwards of £20 000, especially if the verdict goes against them. Efforts to raise the money through the medical profession in South Africa have met with little success. I write in the hope that colleagues will contribute to the fund that has been established to meet these legal costs.

This Supreme Court action has more important implications. Drs Tucker and Lang still function as district surgeons (the equivalent of police medical officers) and featured

recently in a further trial of 11 Africans that took place in Grahamstown.

Despite the publicity given to the Biko case, many more detainees have died in prison since 1977 under circumstances which can euphemistically be described as "suspicious." Doctors throughout the world must deplore the position and wish to see a proper inquiry into the behaviour of Drs Tucker and Lang. A victory for Professors Ames, Jenkins, and

Tobias might help to change the situation for South African detainees. Donations may be sent to: Ames/Jenkins/Tobias a/c, Plusplan 007201052, Standard Bank of South Africa Ltd, PO Box 17085, Hillbrow 2038, South Africa.

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A persistent vegetative state

SIR,—I read with great interest Professor A G M Campbell's leading article (20 October, p 1022), but I want to point out that similar and difficult dilemmas can arise in adult medicine. I think of a middle aged patient treated vigorously and apparently effectively for bacterial meningitis. In the end he recovered, bodily well and strong, breathing without artificial aids, and swallowing what was placed in his mouth but apparently without cortical activity, making only reflex responses.

We discussed the matter with the staff and the relatives and we waited, as Professor Campbell recommends, in case unexpected recovery took place or we observed signs of more than vegetative life. In the end we concluded that there was no sign that this body contained any sign of the person whose life we had tried to save. However, we felt we could do nothing actively to stop the vegetative existence. We could not handle the body in a way that might cause discomfort; there might

be some traces of sentient life that we had failed to detect. We accept the fact that though it might be illogical we all felt towards the body in some ways as we had felt towards the patient when he had come in, yet it would be unreasonable to maintain the body in such a way that it would block a bed and use a great deal of nursing time for the foreseeable future, and the hospital had difficulty in providing care for acute medical cases. We therefore decided to provide water, but no food, until the end came.

We tried to combine skill, humanity, and proper ethical regard for human life, but I have never been totally satisfied that we chose the right course, and I think the problems of adults in the "vegetative state" should be discussed as well, for I am sure we are not alone.

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