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LEADING ARTICLES

- Why measure cholesterol after myocardial infarction, and when? M F OLIVER 1641
Aseptic rituals unmasked SYDNEY SELWYN 1642
Slow release theophyllines and chronic bronchitis G M COCHRANE 1643

CLINICAL RESEARCH • PAPERS AND SHORT REPORTS • PRACTICE OBSERVED

- Relevance of increased serum thyroxine concentrations associated with normal serum triiodothyronine values in hypothyroid patients receiving thyroxine: a case for "tissue thyrotoxicosis" P E JENNINGS, B P O'MALLEY, K E GRIFFIN, B NORTHOVER, F D ROSENTHAL 1645
Successful plasma exchange in type 1 leprosy reversal reaction F LUCHT, G RIFLE, H PORTIER, J M CHALOPIN, J BONHOMME 1647
Plasma theophylline concentrations, six minute walking distances, and breathlessness in patients with chronic airflow obstruction W V EVANS 1649
How soon after myocardial infarction should plasma lipid values be assessed? R E J KYDER, T M HAYES, I P MULLIGAN, J C KINGSWOOD, S WILLIAMS, D R OWENS 1651
Fast neutron treatment as an alternative to radical surgery for malignant tumours of the facial area MARY CATTERALL, P R BLAKE, R P RAMPLING 1653
Postmortem diagnosis of familial hypercholesterolaemia S LEADBEATTER, D STANSBIE 1656
Miscibility of human and bovine ultralente insulin with soluble insulin I MÜHLHAUSER, C BROERMANN, M TSOTSALAS, M BERGER 1656
What are safe levels of alcohol consumption? PETER ANDERSON, ANNE CREMONA, PAUL WALLACE 1657
Hyponatraemia associated with trimethoprim and a diuretic R EASTELL, C J EDMONDS 1658
Abnormalities of cardiac conduction in diabetics R L BLANDFORD, A C BURDEN 1659
Nasal obstruction in healthy neonates T A H MUGLISTON, D B MITCHELL 1659
Serologically proved intrauterine infection with parvovirus P D KNOTT, G A C WELPLY, M J ANDERSON 1660
Sources of error in recording the blood pressure of patients with hypertension in general practice H R PATTERSON 1661

MEDICAL PRACTICE

- Helen House—a hospice for children: analysis of the first year S R BURNE, FRANCES DOMINICA, J D BAUM 1665
On the state of the public ill health: premature mortality in the United Kingdom and Europe JOHN C CATFORD, SHERRY FORD 1668
Appropriate Technology:
Mental health care in the district hospital H G EGDELL 1671
Writing it down PAUL SNELL 1674
Hospital Building in the NHS: How hospitals are built JANE SMITH 1679
Lesson of the Week: Perianal abscess: "Have I excluded leukaemia?" DAVID N SLATER 1682
Medicolegal: Dr Gee defends his treatment CLARE DYER 1683
Medical journals in the Third World: problems and possibilities RICHARD SMITH 1684
Any Questions? 1678, 1685
Medicine and Books 1686
Personal View E M GLASER 1689

CORRESPONDENCE—List of Contents 1690

OBITUARY 1701

NEWS AND NOTES

Views 1699
Medical News 1700
BMA Notices 1700

SUPPLEMENT

The Week 1704
Private members' medical Bills WILLIAM RUSSELL 1705
Pathology laboratories, management, and the future: fact or fantasy? A glimpse into a crystal ball G W PENNINGTON 1706
GMC's professional conduct committee 1708
Fees agreed by BMA 1708

CORRESPONDENCE

Consensus development conference: coronary artery bypass surgery P Ford, AHA; Celia M Oakley, FRCP; A M Johnson, MRCGP.....	1690	J A Barrett, MRCP; D V Skinner, FRCS; J M Thomas, FRCS; P D Evans; J Danher, MB, and others.....	1694	Demise of "World Medicine" P V Scott, FFARCS.....	1697
Doctors, drugs, and the DHSS A J Rose, MB; A J Merry, MRCGP; Lesley A M Wills, MRCP; J Hampson, MPS, and others.....	1691	Tuberculosis in hospital doctors N R Grist, FRCPATH, and J A N Emslie, MD	1695	Points Children in a persistent vegetative state (D W D Clarke); Failure of the cervical cytology screening programme (H C McLaren); Measles immunisation (A G M Campbell); Plasma lipids and insulin in gall stone disease (Rosaleen Devery and G H Tomkin).....	1697
Factors in mortality from coronary and cerebral thrombosis in winter J Pemberton, MD.....	1693	Scandinavian model for eliminating measles, mumps, and rubella P T C Jones.....	1695	A thing of beauty? (Victoria Owen-Smith); End of static decade for coronary disease? (Joan Richardson); Clawing back income (T D Richards); Lymphocytes are rhythmic: is this important? (F Sandor); Long term follow up of untreated primary hyperparathyroidism (R A Fiskien); Diarrhoea, dehydration, and drugs (M S Schweiger); Menopause (Jean Coope); Drug interactions and β blockers (G G De Bono and C M Kaye); Deaths related to smoking (J A Roberts).....	1698
Need for antibiotic prophylaxis during hair electrolysis? T K Daneshmend, MRCP.....	1693	Mixed appointment systems R J Galloway, MRCGP.....	1696		
Help for the child who is sexually abused A Bentovim, FRCPsych; C N Barry, MRCGP	1693	C Reactive protein concentrations during long distance running B McConkey, FRCP.....	1696		
Mental Health Act S Bute; T H Singh, MRCPSYCH.....	1694	Anaphylactic reaction to aprotinin M J McMahon, FRCS, and A T R Axon, FRCP; M Keynes, FRCS.....	1696		
Oblique rib views after blunt chest trauma: an unnecessary routine? J P Sloan, FRCS, and A F Dove, MRCGP;		Low protein diets in chronic renal disease A J Williams, MRCP, and others.....	1696		
		Greenham Common W M Kirkendall, MD.....	1697		

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.

Consensus development conference: coronary artery bypass surgery

SIR,—I was invited to attend this conference (1 December, p 1527) and I must express my disappointment concerning its organisation, conduct, and outcome.

Four questions were preset for the panel. We were not told who set the questions, nor how they were decided on. These questions presented the basis for the series of experts presenting their papers. While the questions may have been relevant, they were not set against the fundamental question, which should have been: What impact will this surgical technique have on the general state of coronary health of the people of this country?

I suspect that it would not have been difficult to have found an expert to show that, as with tuberculosis, the contribution of individual (and in the case of coronary artery bypass surgery only symptomatic) treatment is negligible to combating this major cause of suffering; and that coronary artery bypass surgery should in fact be seen in the context of a far more important programme aimed at the prevention of the causes of such disease.

The press notice issued by the King's Fund stated that the panel's consensus statement

was, on the third day, presented to the audience for further comment. In fact the audience was actively discouraged from making comment—we were simply invited to make observations on points of fact. No discussion was entered into, except when it was a simple matter for the chairman or a panel member to put a questioner down.

The consensus statement appears to me to be a document produced as a result of a well orchestrated "public" meeting which had the sole purpose of strengthening the political justification for an increase in the number of operations performed. It took no account of wider and more fundamental issues—such as reducing the causes of heart disease and recognising the place of coronary artery bypass surgery as a highly sophisticated symptomatic treatment which has brought dramatic relief from suffering for a privileged few.

I am still not sure what development meant in this context. Was it a conference to develop a consensus view or was it a conference to produce a statement concerning the development of coronary artery bypass surgery?

This was, Sir, an opportunity missed and a

sad reflection on those who, in the eyes of the public, should have wider issues in their minds.

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SIR,—A mere letter can never undo the harm which is done by the authoritative voice of a leader and mis-leaders will continue to mis-lead.

Happily the consensus report on coronary artery bypass grafting got it right, but the *BMJ* has given coronary artery bypass grafting a hard time recently. First of all the conference was to an extent pre-empted by the premature release of Professor J R Hampton's contribution (3 November, p 1166). Then the deputy editor himself minimises the subject by faint ridicule in the title of his leading article. As if it had not been enough to invite a well known therapeutic nihilist to give his views in the conference, Dr Tony Smith's leading article dwells on some unpublished neurological observations which have not yet been submitted to peer review and are quite at variance with most people's experience.