

# BRITISH MEDICAL JOURNAL

STA/STA

SATURDAY 23 MARCH 1985

U. S. DEPT. OF AGRICULTURE

NATIONAL AGRICULTURAL LIBRARY

RECEIVED

APR 05 1985

## LEADING ARTICLES

Prostatic carcinoma	DAVID KIRK	875
Chronic hepatitis in the 1980s	JOHN HEGARTY, ROGER WILLIAMS	877
Third generation cephalosporins	I M GOULD, R WISE	878
Doctors, drugs, and government		880

CURRENT SERIAL RECORDS

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

Immunocytochemical staining of breast carcinoma with the monoclonal antibody NCRC 11: a new prognostic indicator	I O ELLIS, C P HINTON, J MAGNAY, C W ELSTON, A ROBINS, A A R SOWAINATI, R W BLAMEY, R W BALDWIN, B FERRY	881
Variation in natural killer activity in peripheral blood during the menstrual cycle	A N SULKE, D B JONES, P J WOOD	884
Somatostatin and the dumping syndrome	R G LONG, T E ADRIAN, S R BLOOM	886
High dose cisplatin compared with high dose cyclophosphamide in the management of advanced epithelial ovarian cancer (FIGO stages III and IV): report from the North Thames Cooperative Group	HANNAH E LAMBERT, ROGER J BERRY	889
The Tromsø heart study: coffee consumption and serum lipid concentrations in men with hypercholesterolaemia: a randomised intervention study	OLAV HELGE FØRDE, SYNØVE FØNNBØ KNUTSEN, EGIL ARNESEN, DAG STEINAR THELLE	893
Rapid development and progression of proliferative retinopathy after strict diabetic control	P DANDONA, J P BOLGER, F BOAG, V FONESCA, J D ABRAMS	895
Peripheral neuropathy during treatment with almitrine	F CHEDRU, R NODZENSKI, J F DUNAND, G AMARENCO, R GHNASSIA, C CIAUDO-LACROIX, G SAID	896
Acute renal failure after eating raw fish gall bladder	D W S CHAN, C K YEUNG, M K CHAN	897
Respiratory arrest after solvent abuse	S L CRONK, D E H BARKLEY, M F FARRELL	897
Pregnancy after chemotherapy induced ovarian failure	S M SHALET, C A VAUGHAN WILLIAMS, E WHITEHEAD	898
Correction: Blood group as a prognostic indicator	HOLDSWORTH ET AL	898
Screening Rastafarian children for nutritional rickets	J A JAMES, CAROL CLARK, P S WARD	899
General practitioner obstetrics in the Northern region in 1983	G N MARSH, H A CASHMAN, I T RUSSELL	901
Reflections on Practice: Reconstruction of general practice: the way forward	F HONIGSBAUM	904

## MEDICAL PRACTICE

Sequelae and support after termination of pregnancy for fetal malformation	J LLOYD, K M LAURENCE	907
Plastic and Reconstructive Surgery: microvascular surgery	D M DAVIES	910
Needs and Opportunities in Rehabilitation: Rehabilitation after head injury: 2—Behaviour and emotional problems, long term needs, and the requirements for services	DAPHNE GLOAG	913
Clinical Algorithm: Suspected thyrotoxicosis	A S M KHIR	916
From the PHLS: Virus meningitis and encephalitis 1978-82		921
Paediatrics Among Ethnic Minorities: Families from the Mediterranean and Aegean	JOHN BLACK	923
Any Questions?		922, 925
Medicine and Books		926
Medicine and the Media—Contributions from GREG WILKINSON, JOHN COLLEE		929
Personal View	JULES OLDER	930

CORRESPONDENCE—List of Contents	931
---------------------------------	-----

OBITUARY	938
----------	-----

## NEWS AND NOTES

Views	940
Medical News	941

## SUPPLEMENT

<b>The Week</b> .....	<b>943</b>
<b>Slow progress on Short report on medical education</b>	
<b>WILLIAM RUSSELL</b> .....	<b>944</b>
<b>"Hamstrung by their own enthusiasm": a cautionary tale from</b>	
<b>Milton Keynes</b> <b>NEIL WATSON</b> .....	<b>945</b>
<b>Limited list: BMA and ministers discuss appeal scheme</b> .....	<b>947</b>
<b>HJSC to give evidence on Short report</b> .....	<b>948</b>
<b>BMA Notices: Dispatch of annual report of council</b> .....	<b>948</b>

## CORRESPONDENCE

<b>Informed consent from the mentally ill</b> R L Palmer, FRCPsych..... 931	<b>The need for sexual assault centres in the UK</b> Raine Roberts, FRCGP..... 934	<b>Can preliminary screening of dyspeptic patients allow more effective use of investigational techniques?</b> F T de Dombal, FRCS, and others..... 936
<b>Limited list</b> J H Baron, FRCP; B W Cromie, FRCP; N W Imlah, FRCPsych, and others; A Bamji, MRCP..... 931	<b>Pneumococcal bacteraemia</b> L E Smart, FIMLS, and others; L Gruer, MRCP..... 935	<b>Lectins: a role in sarcoidosis?</b> C P Mustchin, MD..... 936
<b>AIDS: the African connection</b> P Jones, FRCP..... 932	<b>A Bill that should be stopped</b> J E Cordle, MB; D A McHardy, MRCP, and S Alexander, MB..... 935	<b>Hydrofluoric acid burns</b> R C Goodfellow, MB..... 937
<b>Peptic ulcer and piroxicam</b> W H W Inman, FFCM, and N S B Rawson, MSC..... 932	<b>Increasing the uptake of rubella vaccination</b> J Taranger, MD..... 936	<b>Why do patients with lupus nephritis die?</b> A C T Leung, MRCP, and M B Jones, FRCP..... 937
<b>Threat to the PHLs</b> R H Parry, FRCP; W S Parker, DPH..... 933	<b>Measles matters</b> D Gill, FRCPi..... 936	<b>Pharmacists not petulant</b> P Paul, MIPR..... 937
<b>Platelets and coronary disease</b> T W Meade, FRCP; J R Hampton, FRCP; A Matrai and E Ernst, MD..... 933		<b>Taking money from brewers</b> N R Watson, MA..... 937

*Because we receive many more letters than we have room to publish we may shorten those that we do publish to allow readers as wide a selection as possible. In particular, when we receive several letters on the same topic we reserve the right to abridge individual letters. Our usual policy is to reserve our correspondence columns for letters commenting on issues discussed recently (within six weeks) in the BMJ.*

*Letters critical of a paper may be sent to the authors of the paper so that their reply may appear in the same issue. We may also forward letters that we decide not to publish to the authors of the paper on which they comment.*

*Letters should not exceed 400 words and should be typed double spaced and signed by all authors, who should include their main degree.*

**Informed consent from the mentally ill**

SIR,—In recent weeks there have been a number of television documentaries showing aspects of the lives and difficulties of psychiatric patients. I am referring in particular to the *Horizon* film on Friern Hospital and the *Forty Minutes* documentary on the dilemmas of community care. Both these programmes and others have used "fly on the wall" techniques to portray the characteristics and lives of their subjects in a vivid and often moving fashion. They have undoubtedly been good television and have covered important issues. However, they made me feel uneasy because of the questions about confidentiality and consent which they raise. Doubtless the people being filmed have in some sense agreed to appear, but was their agreement full, informed, and valid? The *Horizon* programme showed an elderly deluded woman who believed that she had six talking babies inside her. We were told that she discharged herself from hospital a few days after the interview shown and was not seen again. The *Forty Minutes* programme eavesdropped on the intimate conversation of a couple of ex-patients and then showed the man forlornly tearing up his trousers in his upset at being rejected. Earlier we had seen a man receive his early morning tea in his underpants. Did the first woman consent while she was still so deluded? Was the conversation of the couple really for public consumption, and was the indignity of the trouser tearing and underpants sequence necessary? Is it too paternalistic to ask whether a mentally well person or the "reasonable man" so often invoked by lawyers would have been persuaded to allow himself to be broadcast to the nation in this way? Should doctors and other professional workers in psychiatry cooperate with what seems to be the exploitation of the ready

acquiescence of such patients? Whatever the motives of programmes like these, these would seem to be real questions.

R L PALMER

Academic Department of Psychiatry,  
Leicester General Hospital,  
Leicester LE2 4PW

**Limited list**

SIR,—For antacid tablets the DHSS definitive list permits three BP formulations (aluminium hydroxide, magnesium trisilicate compound, sodium bicarbonate compound) and blacklists all 29 proprietary preparations (Actal, Actonorm, Altacite, Altacite Plus, Aludrox, Andursil, Antasil, Asilone, Asilone Orange, Dijex, Diovol, Droxalin, Dynese, Gastrils, Gelusil, Loasid, Maalox, Maalox Plus, Maalox TC, Malinal, Nulacin, Polyalk, Polycrol, Polycrol Forte, Prodexin, Siloxyl, Syn-Ergel, Unigest, Titalac), stating that the "list of drugs to be retained will meet all clinical needs." (Gastrocote and Gaviscon, both on the list, are prescribed not as antacids but as anti-reflux alginate.)

The British Society of Gastroenterology had recommended to the DHSS that "a range of effective, safe antacids must be available for NHS prescription. No generic antacid or mixture fulfils this requirement. Several of the proprietary antacids, in both mixture and tablet presentation, must be available for prescription."

Which antacid tablets should doctors prescribe after 1 April? Those prescribable on the NHS yet categorised as suboptimal by the relevant specialist society because of high sodium or aluminium content, poor taste, or

risk of alkalosis? Or those in "the range of effective, safe antacids," which have been blacklisted by the DHSS and have to be prescribed privately and paid for by the patient?

J H BARON

London NW8 9AT

SIR,—The letter from Dr Acheson, the Chief Medical Officer, to all doctors (2 March, p 725) includes some interesting points in relation to clobazam, which has been singled out as the only medicine allowed for a single indication and disallowed for its more common use. It states that the advisory group recommended clobazam for epilepsy but did not consider it to have "any particular advantages" over the white listed benzodiazepines for other indications.

This is an interesting opinion from the advisory group on two counts. Firstly, clobazam was introduced as an antianxiety benzodiazepine and it was routine clinical use in the UK that brought to light its particular advantages in epilepsy. If the list had been drawn up a couple of years earlier that clinical finding would not have been made and verified and epileptic patients would have been deprived of this valuable agent. Secondly, other expert groups consider that clobazam does have particular advantages over the white listed benzodiazepines, especially for ambulant patients. We now have a situation in which the government has deprived non-epileptic patients of the use of clobazam and has also resorted to widespread critical comment without any supporting data.

The letter from the Chief Medical Officer also points out that he has changed one of the few known rules of the limited list, as it was originally stated that medicines would either