

BRITISH MEDICAL JOURNAL

SATURDAY 15 JUNE 1985

LEADING ARTICLES

Smoking before surgery: the case for stopping	R M JONES	1763
Initiatives in the preregistration year	A H CRISP	1764
Unconventional viruses or prions?	BEVERLY E GRIFFIN	1765

CLINICAL RESEARCH • PAPERS AND SHORT REPORTS • PRACTICE OBSERVED

Shortened bleeding time in acute myocardial infarction and its relation to platelet mass	P C MILNER, J F MARTIN	1767
Defects of metabolism of fatty acids in the sudden infant death syndrome	A J HOWAT, M J BENNETT, S VARIEND, L SHAW, P C ENGEL	1771
Changes in incidence and prognosis of ischaemic heart disease in Finland: a record linkage study of data on death certificates and hospital records for 1972 and 1981	MARKKU KOSKENVUO, JAAKKO KAPRIO, HEIMO LANGINVAINIO, MATTI ROMO, PEKKA PULKKINEN	1773
Pulmonary haemorrhage complicating Wegener's granulomatosis and microscopic polyarteritis	S J HAWORTH, C O S SAVAGE, D CARR, J M B HUGHES, A J REES	1775
Hyaluronate in bronchoalveolar lavage fluid: a new marker in sarcoidosis reflecting pulmonary disease	ROGER HÄLLGREN, ANDERS EKLUND, ANNA ENGSTRÖM-LAURENT, BIRGITTA SCHMEKEL	1778
Failure of random zero sphygmomanometer in general practice	ALAN J SILMAN	1781
Use of urea for treatment of water retention in hyponatraemic cirrhosis with ascites resistant to diuretics	G DECAUX, P MOLS, P CAUCHI, F DELWICHE	1782
Intolerance of bromocriptine: is metergoline a satisfactory alternative?	I F CASSON, B A WALKER, L J HIPKIN, P E BELCHETZ	1783
Men who steal children	P T D'ORBÁN, P HAYDN-SMITH	1784
Torsade de pointes induced by sotalol despite therapeutic plasma sotalol concentrations	R KRAFF, M GERTSCH	1784
Haemolytic streptococcal gangrene and non-steroidal anti-inflammatory drugs	CHRISTIAN J L BRUN-BUISSON, MICHEL SAADA, PATRICK TRUNET, MAURICE RAPIN, JEAN-CLAUDE ROUJEAU, JEAN REVUZ	1786
Smoking, sugar, and inflammatory bowel disease	J R THORNTON, P M EMMETT, K W HEATON	1786
Intrauterine death during continuous subcutaneous infusion of insulin	J M STEEL, C P WEST	1787
Unreviewed Reports		1788
Topic analysis: an objective measure of the consultation and its application to computer assisted consultations	MIKE PRINGLE, SALLY ROBINS, GEORGE BROWN	1789
Audit Reports		1792

MEDICAL PRACTICE

Survey of treatment of primary breast cancer in Great Britain	JEAN-CLAUDE GAZET, RICHARD M RAINSBURY, HUBERT T FORD, TREVOR J POWLES, R CHARLES COOMBS	1793
Validation of a self administered questionnaire to elicit gastrointestinal symptoms	E M CHISHOLM, F T DE DOMBAL, G R GILES	1795
Ten year mortality and causes of death in patients with rheumatoid arthritis	O MUTRU, M LAAKSO, H ISOMÄKI, K KOOTA	1797
Epidemiology: Illness associated with contamination of drinking water supplies with phenol	S N JARVIS, R C STRAUBE, A L J WILLIAMS, C L R BARTLETT	1800
Lesson of the Week: Secretion of antidiuretic hormone in hyponatraemia: not always "inappropriate"	S O'RAHILLY	1803
For Debate: Dexamethasone suppression test as a simple measure of stress?	G W MELLISOP, J D HUTTON, J W DELAHUNT	1804
Philosophical Medical Ethics: Autonomy and the principle of respect for autonomy	RAANAN GILLON	1806
Green College Lectures: Educating the doctor: postgraduate, vocational, and continuing education	PHILIP RHODES	1808
Medical Education: Preregistration rotation including general practice at St Mary's Hospital Medical School	C M HARRIS, H A F DUDLEY, B JARMAN, P H KIDNER	1811
Any Questions?		1796, 1799, 1802, 1813
Medicine and Books		1814
What's new in the new editions?	CLIFFORD HAWKINS	1816
Personal View	GEORGE BUTTIGIEG	1818

CORRESPONDENCE—List of Contributors, OF AGRICULTURE

NATIONAL AGRICULTURAL LIBRARY
OBTUARY RECEIVED 1819

NEWS AND NOTES

Views	1830
Medical News	1831
BMA Notices	1833

JUN 25 1985

PROCUREMENT SECTION
CURRENT SERIAL RECORDS

SUPPLEMENT

The Week	1834
Long, hot political summer?	1835
Review body proposes 6.3% rise: government delays award until 1 June	1836
BMA's evidence to review body for 1985-6 award	1839
Medical academic representatives: conference warns of "disastrous effects" of cuts on education and research	1841
Annual hospital conferences	1843

CORRESPONDENCE

Resuscitation needed for the curriculum? F Harris, FRCP; N Snowsie, BM; W S Monkhouse, FRCPG, and A H Short, MD; E Hoffman, FRCS; GB Smith, FFARCS	Community care: planning mental health services Evelyn Adey, MB; T J Goulder, MRCP	British and American spelling of technical words J L Burton, FRCP
1822	1826	1828
Blood pressure before and after operation D R Forsyth, MRCP	Two different mechanisms in patients with venous thrombosis and defective fibrinolysis Inga Marie Nilsson, MD; M J Auger, MRCP	A unit management team's second year of business R Morgan, MRCPsych
1823	1826	1828
Loving the vacuum J O Drife, FRCSed; C E Morris, MRCP; B Pattinson, MB	Training in dental anaesthesia A Padfield, FFARCS	The GMC and apartheid D Delvin, MRCP
1823	1826	1828
T cell leukaemia/lymphoma in Trinidad C Bartholomew, FRCP, and W Charles, MRCPATH	Treating drug misuse T A N Waller, MB, and A Banks, MB	Points Impressions of India (K Moslehuddin); Needs and opportunities in terminal care (D R Frampton); Cervical screening survey (P E Brooks); Acute appendicitis and diet (W Mills); Severe cutaneous reaction to captopril (K J Misch; C G M Kallenberg); Pneumonia in the acquired immune deficiency syndrome (C Farthing); Turbulence in the lungs (J M Lamberty); Screening patients with retinitis pigmentosa for Refsum's disease (A T Moore and others); Illness among holidaymakers (P P Davies)
1824	1827	1829
Prostatic carcinoma T Moon, MD; K S Fraser, FACS; D Kirk, FRCS	Withdrawal symptoms and rebound anxiety after six week course of benzodiazepines I Oswald, FRCPsych; K G Power, MA	
1824	1827	
Treatment without consent: emergency A Kearns, MRCPsych	Relation between cancer of the colon and blood transfusion P D Frankish, FRACP, and others	
1825	1827	
Alternatives to the digitalis glycosides for heart failure G D Johnston, MD	Rubella: immunity and vaccination in schoolgirls H A Cubie, MSc, and others	
1825	1827	
	Severe extravasation injury A C Lewis, LRCP, and T T Lewis, FRCR	
	1828	

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.

Resuscitation needed for the curriculum?

SIR,—Once again the undergraduate medical curriculum is under assault (25 May, p 1531). On this occasion resuscitation is the weapon and anaesthetists threaten the medical schools that unless they "put their houses in order voluntarily" they know what will happen. I have argued elsewhere, probably unsuccessfully, that the present undergraduate curriculum is dangerously congested as a result of inserting fashionable subjects without removing anything else. At the same time I drew attention to the opportunities in the preregistration year for some further structured medical education.

The demand for some or more resuscitation teaching in the undergraduate curriculum illustrates the absurdity of the present climate of increasing demands for teaching time by "craft" disciplines without taking into account the consequent erosion of time available for the teaching of basic medical science and clinical skills such as history taking, physical examination, diagnosis, and management of the whole patient. While there may be a case for enrolling first year medical students in the St John Ambulance weekend parades, the real place for teaching resuscitation, including intubation, is at the start of the preregistration year. Not only will the trainee be more receptive to the tuition but also this will "stick" because the young doctor may well have to practise imminently the recently acquired skill.

Recently medical schools were adjured to improve the basic undergraduates' clinical skills, which were alleged to be in decline. If the decline is real one of the reasons may be found in the tendency of medical schools to accept into the undergraduate curriculum the teaching of craft procedures.

F HARRIS

Department of Child Health,
Alder Hey Children's Hospital,
Liverpool L12 2AP

SIR,—Dr David Skinner and colleagues (25 May, p 1549) have highlighted the woefully inadequate ability of newly qualified doctors to perform satisfactory cardiopulmonary resuscitation. In contrast to the media, however, I suspect that his results will have been greeted with something less than surprise by many junior doctors.

The theoretical knowledge of the final year medical student may be excellent, but his preparation for the practical work of a houseman is markedly lacking—whether he is called on to perform lifesaving resuscitation or merely to carry out the day to day duties on the ward. For in the same issue (25 May, p 1581), but not attracting quite so much media attention, we are told by Professor M J S Langman that hardly a single final year clinical student can write a prescription for a controlled drug correctly. It is high time that this lamentable situation was remedied.

Acquiring these practical skills by "osmosis" (or by asking the nursing staff, as often happens) is unreliable, undesirable, and certainly does not occur overnight during the metamorphosis from medical student to house officer.

I strongly endorse Dr Peter Baskett's view (25 May, p 1531) that resuscitation should be given priority in the student curriculum but also ask that some of the more mundane practical aspects of medical care should be taught to medical students before they are let loose on the unsuspecting (or now not so unsuspecting) public.

NEIL SNOWISE

Bath, Avon BA2 1HE

SIR,—We admire the courage and honesty of colleagues who have shown the frequent shortcomings in resuscitation skills of new graduates (25 May, p 1549). Though this medical school is one of those

in which there is compulsory training (from term 1) and formal assessment (in term 5) we are under no illusion that this is enough for the demands of real clinical emergencies. Regular rehearsal by clinical students under the tutelage of a senior anaesthetist seems to us to be essential.

W S MONKHOUSE
A H SHORT

University of Nottingham Medical School,
Queen's Medical Centre, Nottingham NG7 2UH

SIR,—Resuscitation skills can be easily forgotten, and instruction needs to be continued throughout the medical course. I would like to suggest that it should start in the second preclinical year with an optional one week's course similar to that designed to train ambulance staff. This would give students a suitable introduction to emergency work. In the first clinical year the teaching proper could begin with one week's course consisting of lectures, tutorials, and practical tuition in all aspects of resuscitation. Undergraduates could progress from learning on manikins to applying these methods on anaesthetised patients under supervision. In the second clinical year students should receive further practical training in emergency care during a one month attachment to the department of anaesthesia, accident and emergency department, or intensive care units. In the final clinical year, a nine week elective clerkship to one of the departments dealing with resuscitation would give the opportunity to study the subject in depth.

A survey that I did in 1973 into undergraduate training in resuscitation was discussed at a meeting of the General Medical Council. At that time the Council thought that the curriculum was already overcrowded and provisions to teach emergency