

BRITISH MEDICAL JOURNAL

U. S. DEPT. OF AGRICULTURE
NATIONAL AGRICULTURAL LIBRARY
RECEIVED

OCT 25 1985

PROCUREMENT SECTION
CURRENT SERIAL RECORDS

SATURDAY 12 OCTOBER 1985

LEADING ARTICLES

Working with visual display units	W R LEE	989
Children in accident and emergency departments	R H JACKSON	991
Gridlock and incentives in NHS		992
Regular Review: Treatment of chronic heart failure: a review of recent drug trials		
DAVID P LIPKIN, PHILIP A POOLE-WILSON		993

CLINICAL RESEARCH • PAPERS AND SHORT REPORTS • PRACTICE OBSERVED

Variation in human T lymphotropic virus III (HTLV-III) antibodies in homosexual men: decline before onset of illness related to acquired immune deficiency syndrome (AIDS)		
ROBERT J BIGGAR, MADS MELBYE, PETER EBBESEN, STEVE ALEXANDER, JENS O NIELSEN, PREM SARIN, VIGGO FABER		997
Psoriasis: familial predisposition and environmental factors	GUNNAR KAVLI, OLAV HELGE FØRDE, EGIL ARNESEN, SVEIN ERIK STENVOLD	999
Continuous ambulatory peritoneal dialysis and renal transplantation: a five year experience		
P K DONNELLY, T W J LENNARD, G PROUD, R M R TAYLOR, R HENDERSON, K FLETCHER, W ELLIOTT, M K WARD, R WILKINSON		1001
Renal transplantation in patients treated with haemodialysis and short term and long term continuous ambulatory peritoneal dialysis		
JOAO B EVANGELISTA JR, DAVID BENNETT-JONES, J STEWART CAMERON, CHISHOLM OGG, D GWYN WILLIAMS, DAVID H TAUBE, GUY NEILD, CHRIS RUDGE		1004
Process and outcome of care for patients with ovarian cancer		
A LIBERATI, C MANGIONI, L BRATINA, G CARINELLI, S MARSONI, F PARAZZINI, M REGALLO, R TALAMINI, G TOGNONI		1007
Role of fiberoptic bronchoscopy in management of pneumonia in acquired immune deficiency syndrome		
J B WARREN, R J SHAW, J N WEBER, D A HOLT, E E KEAL, A J PINCHING		1012
Imported malaria in Britain: survey of British residents travelling to areas in which malaria is endemic	HARRY CAMPBELL	1013
Dicyclomine hydrochloride in infantile colic	CARL PHILIP HWANG, BERNT DANIELSSON	1014
Diabetes mellitus and early mortality from stroke	STEPHEN M OPPENHEIMER, BARRY I HOFFBRAND, GEORGE A OSWALD, JOHN S YUDKIN	1014
Rheumatoid factors and amyloidosis in rheumatoid arthritis	C P J MAURY, A-M TEPPA	1015
Comparison of three physiotherapy regimens for hands with rheumatoid arthritis	J HAWKES, G CARE, J S DIXON, H A BIRD, V WRIGHT	1016
Mapping practice population and morbidity with a computer	F DIFFORD	1017

MEDICAL PRACTICE

Personal Paper: Cancer and beyond: the formation of BACUP	VICKY CLEMENT-JONES	1021
Occupationless Health: "Bitterness, shame, emptiness, waste": an introduction to unemployment and health	RICHARD SMITH	1024
International scientific meetings: relation between structure and function	DAVID EVERED, RUTH PORTER, JONATHAN NUGENT	1028
Communicable Diseases: An outbreak of scabies in a hospital and community	SHEENA REILLY, DOROTHY CULLEN, M G DAVIES	1031
ABC of Nutrition: Vitamins I	A STEWART TRUSWELL	1033
Clinical Algorithms: Diagnosis of ventricular tachycardia: a clinical algorithm	MARK DANCY, DAVID WARD	1036
Lesson of the Week: Tuberculosis in a primary school: the Uppingham outbreak		
J M WALES, A R BUCHAN, J B COOKSON, D A JONES, B S M MARSHALL		1039
Any Questions?		1032, 1038
Medicine and Books		1041
Personal View	ANNE MACKENZIE	1044

CORRESPONDENCE—List of Contents

OBITUARY

NEWS AND NOTES

Medical News	1053
BMA Notices	1055
One Man's Burden	MICHAEL O'DONNELL 1056

SUPPLEMENT

The Week	1059
From the HJSC: Breaking point on poor accommodation	1060
From the council: Electing the council for 1986	1062
Elected representatives of BMA council 1985-6	1064
From the CCHMS: "Spirit of Griffiths hijacked"	1065
Clinical academic staff salaries	1066
Incentives to efficiency in NHS management: An American view	1067

CORRESPONDENCE

Animal research			
J C Brown, FRCP, and others	1045	Non-oliguric renal failure during treatment with mefenamic acid in elderly patients	
Short, Black, Baird, Himsworth, and social class differences in fetal and neonatal mortality rates		S Poulton, MB, and others	1048
I Chalmers, FRCOG	1045	Evaluation of a computer assisted repeat prescribing program in general practice	
Emergencies at sea		J R Garber, MSC	1048
D N S Gleadhill, FRCS	1046	Fast atrial fibrillation induced by azathioprine	
Neonatal hypoglycaemia: an important early sign of endocrine disorders		P C Chijioke, MRCP; G Murphy, MRCP, and others; G Nikolic, FRACP	1049
Ann M Sutton, MB, and J C P Kingdom, MB	1046	Malignant hypercalcaemia	
Nocturnal hypoglycaemia in patients receiving conventional treatment with insulin		A K Bhalla, MRCP	1049
P C W Lyn, MRCP; S Pramming, MD, and others	1047	Hepatitis B and laboratory tests	
Incidence of hyperkalaemia induced by indomethacin		P Woodcock	1049
P E de Jong, MD	1047	Serum fructosamine—the pH factor	
Impressions of medicine in India		T Baines, BSC; J Baker, MB, and R Johnson, PHD	1050
V C Talwalker, FRCS	1047	Development of new renal scars	
Gastric emptying in chronic renal failure		Rosalind Maskell, DM, and O A Okubadejo, FRCPATH	1050
J G Freeman, MRCP, and others	1048	Prolonged use of nitrazepam for epilepsy in children with tuberous sclerosis	
		B G R Neville, FRCP	1050
		Does the underprivileged area index work?	
		B Jarman, FRCGP	1050
		Plasma testosterone concentrations in asthmatic men treated with glucocorticoids	
		P d'A Semple, MD, and G H Beastall, PHD	1051
		Snoring as a risk factor for disease	
		V G Tirlapur, MB	1051
		Paying for others' mistakes?	
		R Wilkins, MRCPsych	1051
		Royal Medical Benevolent Fund Christmas Appeal 1985	
		Dame Josephine Barnes, FRCOG	1052
		Medical treatment in South Africa	
		H Bloem	1052
		Points Seat belts and risk compensation (J Adams); Allergy to Silastic foam dressing (L E Hughes and others); Ethics and politics (S Doxiadis); Toxicity of bone marrow in dentists exposed to nitrous oxide (M A Gillman); Communicating with patients (M Lakhani)	1052

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.

Animal research

SIR,—Research involving live animals remains an essential part of scientific investigation into causes and cures for disease. A balance must be struck between the need to try to alleviate human suffering and the need to protect the welfare of animals. To this end parliament has before it a White Paper, *Scientific Procedures on Living Animals* and it is likely that in the next session legislation will be enacted to replace the 1876 Act for Licensing and Regulating Animal Experiments. It is imperative that members of parliament are left in no doubt about the importance of preclinical laboratory research, some of which crucially depends on studies using live animals. In our own subject there is an urgent need for therapeutic advances in mental handicap, dementia, epilepsy, Parkinson's disease, schizophrenia, manic-depressive disorder, drug and alcohol addiction, to name but a few of the major afflictions of the human brain, mind, and behaviour. Such advances will most likely come out of a combination of in vitro and in vivo animal research and clinical studies.

It is vitally important to protect individual scientists and medical research institutions from harassment and attacks by self appointed animal liberationists. Such extremists seek, by intimidation and by illegal acts, to prevent the conduct of serious scientific research and we deeply deplore their actions, which, if unchecked, will seriously damage the outlook for ill and suffering people. We fully support legitimate debate of the underlying moral and ethical issues and we urge individual scientists and clinicians to make representations to their MPs about any aspects of the

proposed new legislation that may concern them. We also ask through your columns that organisations such as the BMA and the royal colleges use their influence to ensure that ministers are fully aware of the need to support and sustain basic research that is necessary for medical progress.

J CHRISTIE BROWN
Chairman, medical committee

Bethlem Royal and Maudsley
Hospitals,
London SE5 8AF

Institute of Psychiatry

Institute of Psychiatry

Institute of Psychiatry
London SE5 8AF

R KUMAR
Chairman Academic Board

R M MURRAY
Dean

G F M RUSSELL
Professor of Psychiatry

Short, Black, Baird, Himsworth, and social class differences in fetal and neonatal mortality rates

SIR,—Professor R J Lilford (14 September, p 740) is kind to suggest that my leading article (27 July, p 231) provides an adequate account of the link between social deprivation and perinatal mortality. Unfortunately, I must return his bouquet: as I tried to make clear, efforts to elucidate this link, including mine, continue to be inadequate. Fortunately he is also mistaken in concluding that social

improvements can be achieved only by increasing or decreasing taxation or by borrowing. Redistribution of fixed resources is an alternative.

Professor Lilford invites me to suggest specific ways in which he should press for improvements. He could start by redistributing the resources under his control. For example, he might stop using expensive antenatal investigations like cardiotocography until they have been proved to do more good than harm, and instead help tobacco addicts to reduce or give up smoking during pregnancy. He might also donate some of his taxed income to help poor parents meet the costs of visiting their children during prolonged admission for neonatal intensive care.

For resources beyond his immediate control he can lobby for change; his influence is likely to be considerable within his own profession, so he might start by ensuring that no doctor in his specialty or health authority is accepting payment from the NHS for sessions when they regularly provide services for private patients: such professional misconduct redistributes resources away from poor people. He might then urge the health committee of Leeds Council to fund free use of public transport by those pregnant women who need it to take full advantage of social and medical services.

Developed countries do not "allocate their budgets in remarkably similar proportions." The proportion of gross domestic product spent by Britain on health care is about half that in some other developed countries and one of the lowest in the Organisation for Economic Cooperation and Development. Here again, he may want to lobby for a redistribution. For example, some of the enormous sums used to subsidise farmers to