

BRITISH MEDICAL JOURNAL

U S DEPT. OF AGRICULTURE
NATIONAL AGRICULTURAL LIBRARY

RECEIVED

DEC 10 1985

PROCUREMENT SECTION
CURRENT SERIAL ACQUISITION

SATURDAY 30 NOVEMBER 1985

LEADING ARTICLES

Women and mental illness	RACHEL JENKINS, ANTHONY W CLARE	1521
Massive bladder haemorrhage	NIGEL BULLOCK, ROBERT H WHITAKER	1522
Adolescent soma and psyche	DORA BLACK	1523
The trypanosomiasis	C JELLIS	1524

CLINICAL RESEARCH • PAPERS AND SHORT REPORTS • PRACTICE OBSERVED

Dietary sodium and arterial blood pressure: evidence against genetic susceptibility	G C M WATT, C J W FOY, J T HART, GEORGINA BINGHAM, CATHERINE EDWARDS, MARY HART, EVELYN THOMAS, PAM WALTON	1525
Marital state, alcohol consumption, and liability to myocardial infarction, stroke, diabetes mellitus, or hypertension in men from Gothenburg	B LINDEGÅRD, M J S LANGMAN	1529
Blood pressure in a national birth cohort at the age of 36 related to social and familial factors, smoking, and body mass	M E J WADSWORTH, H A CRIPPS, R E MIDWINTER, J R T COLLEY	1534
Helping people to stop smoking: randomised comparison of groups being treated with acupuncture and nicotine gum with control group	FRANÇOISE CLAVEL, SIMONE BENHAMOU, ASSUMPTA COMPANY-HUERTAS, ROBERT FLAMANT	1538
Squash rackets: a survey of eye injuries in England	J L KENNERLEY-BANKES	1539
Humoral antibody response after rubella vaccination	HEATHER A CUBIE, SHEILA M BURNS, IAN T COLLACOTT, LINDA E LAWSON	1539
Osteopathic manipulation resulting in damage to spinal cord	C DAVIS	1540
Liver enzyme abnormalities after insulin induced hypoglycaemic coma	NORMAN G SOLER, ROMESH KHANDORI	1541
Unreviewed Reports—Autophony in pregnancy (CHERRY), Chronic ulcerative colitis and malignant carcinoid (SEYMOUR and GARNHAM), Positional vertigo after cisplatin (KEITH and MALLICK), Sweet's syndrome and polycythaemia vera (SINGH and KAUR), Transient atrial fibrillation in <i>Campylobacter jejuni</i> infection (KELL and ELLIS), Vocal cord paralysis caused by tension pyopneumothorax (LYN and TEH)		1542
Correction: Screening for Down's syndrome in the North East Thames region	MURDAY and SLACK	1533
General practitioners to prescribe oxygen concentrators	M HAMID HUSAIN	1543
Information systems for general practitioners for quality assessment: II Information preferences of the doctors	ROBIN C FRASER, JULIE T L GOSLING	1544

MEDICAL PRACTICE

Management of selected patients with hyperprolactinaemia by partial hypophysectomy	M F SCANLON, J R PETERS, J P THOMAS, S H RICHARDS, W H MORTON, S HOWELL, E D WILLIAMS, M HOURIHAN, R HALL	1547
Treatment of presumed prolactinoma by transphenoidal operation: early and late results	J A THOMSON, G M TEASDALE, D GORDON, D C MCCRUDE, D L DAVIES	1550
For Debate: Patients with suspected Lassa fever in London during 1984: problems in their management at St Thomas's Hospital	ANTHEA J TILZEY, MARGARET WEBSTER, J E BANATVALA	1554
Philosophical Medical Ethics: Telling the truth and medical ethics	RAANAN GILLON	1556
ABC of Spinal Cord Injury: At the accident	ANDREW SWAIN, DAVID GRUNDY, JOHN RUSSELL	1558
Letter from Chicago: Care and confidence	GEORGE DUNEA	1561
Occupationless Health: "I couldn't stand it any more": suicide and unemployment	RICHARD SMITH	1563
Any Questions?		1555, 1557, 1560, 1562
Materia Non Medica—Contributions from T D V SWINSCOW, PETER BEATTIE		1553
Medicine and Books		1567
Personal View	JOCELYN WHITTAKER	1570
Correction: Medicolegal: First successful court challenge to GMC charges	DYER	1562

CORRESPONDENCE—List of Contents	1571
---------------------------------	------

OBITUARY	1581
----------	------

NEWS AND NOTES

Views	1583
Medical News	1584
BMA Notices	1586

SUPPLEMENT

The Week	1587
Bill promised for mentally handicapped	PHILIP JOHNSTON 1588
Managers attempt to hijack community medicine	DAVID ST GEORGE 1589
From the GMSC: Big majority for practice information booklets	1591
Community physicians in general management	1592

CORRESPONDENCE

Communication from centres of excellence R J Brereton, FRCS	1571	Helping the sick doctor S E Brill, FFOM; M M Glatt, FRCP; P Zacharias, MFOM, and others	1575	Spirit of Griffiths hijacked B Aisbitt; R Barclay, FFCM; T McFarlane, MRCOG; P V Scott, FFARCS; R Hopkins, MRCS	1578
Prevalence of known diabetes in Asians and Europeans A Samanta, MRCP, and others; D B Peterson, MRCP, and others; H Trowell, FRCP	1571	Risk factors for cytomegalovirus infection and disease after renal transplantation Y Pirson, MD, and others	1576	Honorary injustice for medical teachers G H Jones, MRCPsych	1579
The treatment of severe falciparum malaria D A Warrell, FRCP, and others; A Hall, FRCPed; C J Ellis, MRCP, and P L Chiodini, MRCP	1573	Psychiatric care for the mentally handicapped D A Spencer, FRCPsych	1576	Points Malignant hypercalcaemia (S H Ralston); Causes of AIDS (M H Pappworth); Toxic megacolon complicating campylobacter colitis (S R Gould); Follow up of patients with breast cancer (A Green); General practice positions in Jersey (G Llewellyn); The Debendox saga (H C Masheter); Does aggressive sport protect against exercise induced asthma? (K Anderson); Fallen angels: how not to raise money for charity (J Sterland and N Straiton); How accurate are quotations and references in medical journals? (Margaret E Butler)	1580
Malnutrition, refeeding, and malaria L J Bruce-Chwatt, FRCP	1574	Lithotripsy for renal stone disease M E Dodson, FFARCS	1577		
Can a fetus feel pain? N McC Schofield, FFARCS, and others	1574	Diabetes mellitus and early mortality from stroke T Storm, MD, and others	1577		
Effectiveness of treatment with antihypertensive drugs and trends in mortality from stroke in the community D Northridge, MB; J Tuomilehto, MD	1575	Valuation of life in long run health care programmes S Birch, MSc; J Henderson, MSc	1577		
		Measuring nutrition A D Harries, MRCP	1578		

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.

Communication from "centres of excellence"

SIR,—I work in an academic surgical unit attached to a "centre of excellence" with two hospitals, one of which may have been the hospital at which Dr C Barber's young patient was treated (16 November, p 1427). I sympathise with Dr Barber. Perhaps my predicament applies to many clinicians in "centres of excellence."

At the larger of the two hospitals I have neither an office nor a secretary, but I am fortunate because nearby I have an academic secretary who has "volunteered" to do unpaid NHS work to ease the running of the surgical department. She types most of my NHS letters and tries to help parents who telephone the department because there is nobody to turn to in the hospital. However, she is leaving at the end of the year and then I may join several of my colleagues who have no secretarial support.

At the smaller hospital vacancies for secretaries are common, and again I do not have an office. Although in an "inner city area," this hospital is difficult to reach by public transport and few unmarried secretaries can afford a car. Last time we advertised for a surgical secretary we had one applicant, almost certainly because the starting salary offered was only marginally above a single person's unemployment benefit. The applicant was appointed, but unfortunately suffers from a chronic illness and has been absent for three months this year. Combined with other unfilled vacancies, this means that my registrar and I have a backlog of letters of two to three months.

Within a week of a patient leaving hospital my registrar will dictate a summary into a tape recorder, and this may or may not get typed depending on whether or not a secretary is avail-

able. If the letter has not been typed within a week or two, as is likely, the notes will be removed for the outpatient clinic. Within the following week a letter will be dictated to the GP, and the tape recording put among those waiting to be typed. During the next few weeks the secretary will come to type the discharge summary but will not do so because by this time the case sheet has been removed for the second outpatient visit. At this stage in the vicious circle our stock of recording tapes will have been depleted, so all untyped material unaccompanied by case notes will be wiped out so that a new batch of discharge summaries may be dictated. So the cycle continues, and my registrar may have to dictate the summary three times during the six months he will spend with me. Even then it may not be typed, and his successor, who may never see the patient, will go through the same process.

I inherited this problem some years ago and foolishly thought that I would be able to improve matters, but a gradual deterioration has occurred as our centre of excellence has had to do an increasing amount of routine work as surrounding hospitals have closed. The DHSS has asked that we should do more day case surgery, but no extra finance has been provided, and a day case patient generates almost as much paperwork as a long stay patient.

To get out of the vicious cycle, we need more secretaries working more efficiently at increased rates of pay. Unlike industry, NHS hospital service does not allow productivity payments, so that we have come to rely on a workforce of underpaid, unprivileged, inefficient women who are now tired and demoralised by their ever

increasing workload. Bright young healthy women will not accept posts in centres of excellence because the conditions of service are poor and they can earn two to three times more for similar work in legal or city offices, which also give luncheon vouchers.

Does Dr Barber have a solution to my problem so that I may solve his; and that of the school doctor, the community physician, the community paediatrician, the health visitor, the child guidance clinic, the Rowntree Trust, the local authority housing manager, etc, all of whom inundate me with requests for information?

I wrote this letter on my home computer during my weekend "off duty," shortly before visiting a patient; and I have given up trying to telephone GPs because there is no reply, the receptionist refuses to allow me to talk to the doctor because he is busy, or I get a recorded message which tells me to phone elsewhere—usually a place where the staff have never heard of the patient.

R J BRERETON

Institute of Child Health,
London WC1N 1EH

Prevalence of known diabetes in Asians and Europeans

SIR,—We read with great interest the results of the Southall diabetes survey (19 October, p 1081), and would like to discuss the overall prevalence of diabetes and the prevalence of classical insulin dependent diabetes in Asians.

Dr Hugh M Mather and Professor Harry Keen