

BRITISH MEDICAL JOURNAL

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

JUL 18 1986

PROCUREMENT SECTION
CURRENT SERIAL ACQUISITION
SATURDAY 5 JULY 1986

LEADING ARTICLES

Aspirin for unstable angina? M C PETCH	1
Use of molar units for drugs and toxins? D N BARON	2
Left brain, retrotransposons, and schizophrenia TIMOTHY J CROW	3

CLINICAL RESEARCH • PAPERS AND SHORT REPORTS • PRACTICE OBSERVED

Diffuse peritonitis and chronic ascites due to infection with <i>Chlamydia trachomatis</i> in patients without liver disease: new presentation of the Fitz-Hugh-Curtis syndrome U A MARBET, G A STALDER, J VÖGTLIN, J LOOSLI, A FREI, B ALTHAUS, K GYR	5
Cigarette smoking and risk of premature stroke in men and women RUTH BONITA, ROBERT SCRAGG, ALISTAIR STEWART, RODNEY JACKSON, ROBERT BEAGLEHOLE	6
Serial visual evoked potential recordings in Alzheimer's disease A ORWIN, C E WRIGHT, G F A HARDING, D C ROWAN, E B ROLFE	9
Intramuscular loading dose of quinine for falciparum malaria: pharmacokinetics and toxicity YUPAPORN WATTANAGOON, R E PHILLIPS, D A WARRELL, KAMOLRAT SILAMUT, SORNCHAI LOOAREESUWAN, BUSSURIN NAGACHINTA, D J BACK	11
Divided dose intramuscular regimen and single dose subcutaneous regimen for chloroquine: plasma concentrations and toxicity in patients with malaria R E PHILLIPS, D A WARRELL, G EDWARDS, YAMUNA GALAGEDERA, R D G THEAKSTON, D T D J ABEYSEKERA, P DISSANAYAKA	13
Ultrasound diagnosis of bile duct calculi M V TOBIN, R M MENDELSON, G H LAMB, I T GILMORE	16
Accuracy of home blood glucose monitoring by children C R KIRK, H BURKE, D C L SAVAGE, A O HUGHES	17
Investigation of cholinesterase in amniotic fluid MAURICE SUPER, SANDRA JANE FENNELL, MARTIN S SCHWARZ, ROBERT BOYD	17
Are solar keratoses more common on the driver's side? PETER FOLEY, DANIEL LANZER, ROBIN MARKS	18
The practice nurse: is history repeating itself? K J BOLDEN, S BOLDEN	19
Timer: a new objective measure of consultation content and its application to computer assisted consultations MIKE PRINGLE, SALLY ROBINS, GEORGE BROWN	20

MEDICAL PRACTICE

Better a commitment to health and research than to missiles CHRISTOPHER BOOTH	23
Does sodium restriction lower blood pressure? D E GROBBEE, A HOFMAN	27
ABC of Resuscitation: Training and retention of skills GERALYN WYNNE	30
Acute hepatitis B in patients in Britain related to previous operations and dental treatment SHEILA POLAKOFF	33
Acute viral hepatitis B: laboratory reports 1980-4 SHEILA POLAKOFF	37
Resolution of dyskinesia and the "on-off" phenomenon in thyrotoxic patients with Parkinson's disease after antithyroid treatment T H CARADOC-DAVIES	38
Medicine and the Media—Contributions from JIM WATTERS, DAVID STONE, RICHARD SMITH	40
Any Questions?	26, 39
Materia Non Medica—Contributions from DAVID KERR, CHRISTINA M DE WIND	29, 36
CSM Update: Withdrawal of nomifensine	41
Medicine and Books	42
What's new in the new editions? CLIFFORD HAWKINS	44
Personal View BOBBY J CHERAYIL	46
Correction: Consultation skills of young doctors MAGUIRE ET AL	26

CORRESPONDENCE—List of Contents	47
---------------------------------	----

OBITUARY	60
----------	----

NEWS AND NOTES

Views	55
Medical News	56
BMA Notices	58
One Man's Burden MICHAEL O'DONNELL	59

SUPPLEMENT

The Week in Scarborough	62
Government condemned by its own statistics PHILIP JOHNSTON	86

CORRESPONDENCE

Differential diagnosis of dementia A Clark, MB; G S Rai, MRCP, and G Wright, MRCP; N E Parker, MRCPATH; G P Mulley, MRCP; T K N Chary, MRCPsych, and others; P F Sharp, PhD, and others.....	47	Missed malignant melanoma S Retsas, MD, and others	50	Alternative therapy R A Dixon, PhD, and J P Nicholl, MSc	52
Incompetence in medical practice Anonymous	49	Diuretic treatment in decompensated cirrhosis and congestive heart failure A L Gerbes, MD, and R M Arendt, MD	51	Complementary medicine and the general practitioner Eileen Anderson and P Anderson, MRCP	53
Why are patients with acute stroke admitted to hospital? B Isaacs, FRCP; J Andrews, MD; J Bamford, MRCP, and others	49	Non-steroidal anti-inflammatory drugs and serious gastrointestinal adverse reactions P Cohen, MB; R D Mann, MD	51	Drawbacks of devolution C P Treves Brown, MRCPsych	53
Is cervical cytology different from any other investigation? A E Jackson, LRCPI, and others	49	Laboratory equipment P J N Howarth, FRCPath	51	Chequebook journalism? B Freeman	53
Motor neurone disease presenting as respiratory failure J A Roberts, MRCP, and J W Kerr, FRCP; Anne Mier, MRCP	50	Irreversible pulmonary hypertension after treatment with fenfluramine J McMurray, MB, and others	51	Points Are families with diabetic children adequately taught? (R Goodman); Manpower: compendium of deliberate mistakes (D N Baron); Reye's syndrome and aspirin (R Sunderland and others; Susan Hall; S Carne); Health care agreement with Australia (P C Arnold); "Law in the Health Service" (J S Robinson); Mouth to mask respiration (M T Popat); Thermometers for peace (A Poteliakhoff); Smoking on aircraft (H G Wallace); Interfering with the real cold (M P Myres); The SHOOTING season (P Down)	54
Sugar and facts G Bithell; G Cannon; D M Conning, FRCPath	50	Role of drugs in fractures of the femoral neck R F A Logan, MRCP, and S Rashid, BSc	52		
		Vegetable consumption and acute appendicitis J Black, FRCP	52		
		High costs of medical insurance Ann Bolitho-Jones, MB	52		

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.

Differential diagnosis of dementia

SIR,—Dr G P Mulley discusses the clinical differentiation of Alzheimer type dementias from vascular or multi-infarct type dementias by the use of the "ischaemic score" described by Hachinski *et al*¹ (31 May, p 1416). He states that the validity of this instrument has been verified neuropathologically.² However, this study was of only 14 patients and has also been criticised on the grounds that only one cerebral hemisphere from each patient was examined, thereby potentially missing important lesions in the non-examined hemispheres.

A recent review of published reports on the differentiation of Alzheimer type dementias from multi-infarct dementias concluded "that this literature fails to provide sufficient support for the *antemortem* differentiation of primary degenerative dementia from multi-infarct dementia on the basis of clinical criteria" (emphasis in original).³ It also suggests that this is a subject in which there is opportunity for further research aimed at reliable methods of differentiation.

ANDREW CLARK

Department of Psychiatry,
Royal Victoria Infirmary,
Newcastle upon Tyne NE2 4AA

- 1 Hachinski VC, Iliff LD, Zilhka E, *et al*. Cerebral blood flow in dementia. *Arch Neurol* 1975;32:632-7.
- 2 Rosen WG, Terry RD, Fuld PA, Katzman R, Peck A. Pathological verification of ischemic score in differentiation of dementias. *Ann Neurol* 1980;7:486-8.
- 3 Liston EH, LaRue A. Clinical differentiation of primary degenerative and multi-infarct dementia: a critical review of the evidence. *Biol Psychiatry* 1983;18:1451-84.

SIR,—We read with interest Dr Mulley's excellent review, but wonder whether he should not have

included and discussed recent reports on event related potentials in patients with dementia.

There is evidence that certain components of event related potential and in particular the P300, which is said to be related to cognition, change not only with age but also in patients with dementia.¹⁻³ Goodin *et al* noted that 80% of demented patients had P300 latency which exceeded the normal values for age by two standard deviations.¹ In contrast, fewer than 5% of non-demented patients with other diverse neurological conditions or with psychiatric illness had delayed responses.³ These results thus suggest that recording and measurement of the P300 response to auditory or visual stimulus may be helpful in differentiating patients who are truly demented from those who are suffering from pseudodementia (depression).

Visual evoked potentials have also been suggested to be useful in the diagnosis of senile dementia of the Alzheimer type as some workers have shown a significantly delayed flash with normal pattern reversal response in patients with Alzheimer's type dementia.^{4,5} This anomaly is not seen in patients with depression, confusion, or other cerebral conditions causing cerebral atrophy.

G S RAI
G WRIGHT

Highgate Wing,
Whittington Hospital,
London N19 5NF

- 1 Goodin DS, Squires KC, Starr A. Long latency event-related components of the auditory evoked potential in dementia. *Brain* 1978;101:635-48.
- 2 Brown WS, Marsh JT, LaRue A. Event related potentials in psychiatry. Differentiating depression and dementia in the elderly. *Bull Los Angeles Neurol Soc* 1982;47:91-107.

- 3 Squires KC, Chippendale TJ, Wrege KS, Goodin DS, Starr A. Electrophysiological assessment of mental function in aging and dementia. In: Poon LW, ed. *Ageing in the 1980s*. Washington DC: American Psychological Association, 1980: 125-34.
- 4 Wright CE, Harding GFA, Orwin A. Presenile dementia—the use of the flash and pattern VEP in diagnosis. *Electroenceph Clin Neurophysiol* 1984;57:405-15.
- 5 Harding GFA, Doggett CE, Orwin A, Smith EJ. Visual evoked potentials in pre-senile dementia. *Doc Ophthalmol* 1981;27: 193-202.

SIR,—Dr Mulley has produced an interesting review of the investigations needed for patients with dementia, but I would question his inclusion of measurement of serum vitamin B₁₂ concentrations as a routine test. My colleagues in neurology and geriatrics recently reviewed the indications for vitamin B₁₂ assays in demented patients and concluded that there was no justification for making such a request unless the patient also had a macrocytosis or a peripheral neuropathy. Our district hospital therefore abandoned routine assays, with a considerable saving to the district with, we hoped, no risk to patients.

Like most haematologists I have seen patients with a neuropathy responsive to vitamin B₁₂ and no anaemia, although such patients have had a macrocytosis. There is also considerable evidence that B₁₂ deficiency can cause neurological and psychiatric problems, although these are most often seen in patients with obvious pernicious anaemia.¹ Even when psychoneurological problems and B₁₂ deficiency coexist, the deficiency may not be responsible for the psychiatric problem¹ and treatment with B₁₂ may not alter the clinical state.²

One of the papers quoted does not really support