

448.8 B71 cz S

# BRITISH MEDICAL JOURNAL

SATURDAY 19 JULY 1986

## LEADING ARTICLES

The MRC and informed consent	JONATHAN GLOVER	157
Penicillin: 1929-40	SIR JAMES HOWIE	158
Coeliac axis compression syndrome	C W JAMIESON	159
Paying for old age		160

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

Markers of HTLV-III in patients with end stage renal failure treated by haemodialysis	MICHEL GOLDMAN, CORINNE LIESNARD, JEAN-LOUIS VANHERWEGHEM, NICOLE DOLLE, CHARLES TOUSSAINT, SUZY SPRECHER, JACQUELINE COGNIAUX, LISE THIRY	161
Cytomegalovirus but not HTLV-III/LAV detected by in situ hybridisation in retinal lesions in patients with the acquired immune deficiency syndrome	PETER G E KENNEDY, DAVID A NEWSOME, JAY HESS, OPENDRA NARAYAN, DONNA L SURESCH, W RICHARD GREEN, ROBERT C GALLO, B FRANK POLK	162
Neurological complications of coronary artery bypass graft surgery: six month follow-up study	PAMELA J SHAW, DAVID BATES, NIALL E F CARTLIDGE, DAVID HEAVISIDE, JOYCE M FRENCH, DESMOND G JULIAN, DAVID A SHAW	165
Retrovirus infections among patients treated in Britain with various clotting factors	R CHEINSONG-POPOV, R S TEDDER, T O'CONNOR, S CLAYDEN, A SMITH, J CRASKE, R WEISS	168
Short course of steroids in home treatment of children with acute asthma	A DESHPANDE, SHEILA A MCKENZIE	169
Technetium-99m autologous phagocyte scanning: a new imaging technique for inflammatory bowel disease	W PULLMAN, R HANNA, P SULLIVAN, J A BOOTH, F LOMAS, WILLIAM F DOE	171
Vitamin B6 concentrations in patients with chronic liver disease and hepatocellular carcinoma	S N ZAMAN, J M TREDGER, P J JOHNSON, ROGER WILLIAMS	175
Prevalence of antibody to HTLV-III in haemophiliacs in the United Kingdom	AIDS GROUP OF UK HAEMOPHILIA CENTRE DIRECTORS	175
Prevention of cardiovascular disease in general practice: a proposed model	ERIK E ANGGARD, JOHN M LAND, CHRISTINE J LENIHAN, CHRISTOPHER J PACKARD, MELVYN J PERCY, LEWIS D RITCHIE, JAMES SHEPHERD	177

## MEDICAL PRACTICE

Cryotherapy for advanced carcinoma of the trachea and bronchi	M O MAIWAND	181
Child sex rings	N J WILD, J M WYNNE	183
Serendipity and insight in immunology	J H HUMPHREY	185
ABC of Resuscitation: The ethics of resuscitation	PETER J F BASKETT	189
Respite care on a children's ward	D M B HALL, R J WEST, C J BUNGAY	191
Paralytic poliomyelitis: a forgotten diagnosis?	E J BELL, M H RIDING, N R GRIST	193
Report from the PHLS Communicable Disease Surveillance Centre		195
Medicine and the Media—Contribution from	MICHAEL REID	196
Any Questions?		188, 194
Medicine and Books		197
Personal View	THOMAS MCKEOWN	200

CORRESPONDENCE—List of Contents	201
---------------------------------	-----

## NEWS AND NOTES

Medical News	211
BMA Notices	212
One Man's Burden	MICHAEL O'DONNELL 213

OBITUARY	214
----------	-----

## SUPPLEMENT

The Week	215
Constructive criticism on NHS from select committee	
PHILIP JOHNSTON	216
Community medicine conference: Community physicians' important place in management	217

## CORRESPONDENCE

<b>Topical minoxidil for common baldness</b> R Dawber, FRCP . . . . .	201	<b>Maternal mortality and the postpartum interval</b> G Savona-Ventura, MD . . . . .	205	<b>Easier retirements</b> R A L Leatherdale, FFARCS, and D D B Morris, FFARCS . . . . .	208
<b>Intercalated degrees</b> A P MacGowan, MB, and others; P F Harris, MD; J M Elwood, FRCP; H J A Longmore, FRCP . . . . .	201	<b>Assessment of thyroid function: complications after treatment with fenoprofen</b> Janet Tillman, PHD, and others . . . . .	206	<b>CCHMS guidance on Griffiths</b> H M Saxton, FRCP; J M Cundy, FFARCS . . . . .	208
<b>Non-steroidal anti-inflammatory drugs and the kidney</b> Ailsa M Dunn, MRCP, and B Buckley, FRCP; J S Axford, MRCP, and H Berry, FRCP . . . . .	202	<b>Antibody response and clinical reactions in children given measles vaccine with immunoglobulin</b> J A Dudgeon, FRCPATH . . . . .	206	<b>The GMC and the media</b> P L Towers . . . . .	209
<b>The law tries to decide whether whooping cough vaccine causes brain damage: Professor Gordon Stewart gives evidence</b> G T Stewart, FRCPATH . . . . .	203	<b>Spoiled soft contact lenses</b> R J Buckley, FRCS . . . . .	206	<b>Working in South Africa</b> D Hall, FRCP . . . . .	209
<b>Impaired microvascular hyperaemic response to minor skin trauma in type I diabetes</b> G Williams, MRCP, and J Pickup, MRCPATH . . . . .	204	<b>Occupational asthma due to methyl methacrylate bone cement</b> G R Harvey, DSC . . . . .	207	<b>Points</b> Reye's syndrome and aspirin (E Tempary; L M McEwen); Out of depth, out of breath (P S Thomas and A Morice); Airing operating theatres (C Wakeley) . . . . .	209
<b>Oral contraceptives and hepatocellular carcinoma</b> Diana B Petitti, MD . . . . .	204	<b>Airing operating theatres economically</b> D V Seal, MRCPATH, and R P Clark, PHD . . . . .	207	Differential diagnosis of dementia (H Weinstein and A Hijdra); Sexual abuse of children in Leeds (C J Hobbs and Jane Wynne); Inadequate services for sexually transmitted diseases (B T Goh and G E Forster; M R Fitzgerald); Accessory ossicles (G B Irvine); The Mackenzie report: general practice in the medical schools of the United Kingdom (I J D Hamilton); Survival of patients with AIDS (R G Henderson); Obese deceivers? (Mary E Brennan); Faecal incontinence is not inevitable (A Lewis); Smoking on aircraft (T E A Carr and V Freeman) . . . . .	210
<b>Bone mineral content in Polynesian and white New Zealand women</b> M C Beverly, FRCS, and M J Evans, FRCS . . . . .	204	<b>Short term high doses of etidronate in Paget's disease</b> M Peacock, FRCP, and C J Gibbs, MRCP . . . . .	207		
<b>Pressure of research on junior staff</b> F J Bone, FRCPATH, and others . . . . .	204	<b>Transcutaneous oxygen tension during exercise in patients with claudication</b> C Langan, MRCP . . . . .	207		
<b>Steroids, the eye, and general practitioners</b> B Jay, FRCS; G E Rose, FRCS, and M J Lavin . . . . .	205	<b>Doctors and the Official Secrets Act</b> I Jones, MD, and D Cameron, MB . . . . .	207		
		<b>Clinical academic salaries</b> J Payne, FFARCS . . . . .	208		

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.

### Topical minoxidil for common baldness

SIR,—I am writing to express my anxiety about the serious misuse of extemporaneous solutions of topical minoxidil for treating common baldness and other types of alopecia. Modern communications have informed the public of the actions of this agent long before its efficacy and safety have been properly assessed.

Seventy per cent of patients receiving systemic minoxidil for severe hypertension develop widespread hypertrichosis, including regrowth of hair on the bald scalps of some men with common baldness (androgenetic alopecia). No other chemical agent has shown the same ability to reconvert atrophic (vellus) follicles to the production of coarse, pigmented (terminal) hair. This substance has consequently commanded the attention of many hair biologists and clinicians, and many studies have been carried out to assess its efficacy in topical solution for various types of alopecia. One can conclude that certain limited patterns of common baldness are significantly improved with topical minoxidil in strengths of 2% to 5%. This is not original, and not the reason for my letter.

The problem is the emotive nature of common baldness and other types of alopecia. Few people totally adapt to hair loss, and even minor degrees of common baldness may cause severe psychological problems. Owing to the proliferation of articles and programmes on the subject by the media, many patients have attended their general practitioners and dermatology clinics asking for information, and often demanding topical minoxidil

whatever the potential adverse consequences—even after careful explanation of the nature of the drug. Because my department has an interest in hair diseases we have been inundated with requests for the drug. I therefore asked the manufacturers, Upjohn Ltd, for information on the status of topical minoxidil and was aghast at the problems they have had to deal with.

They have had many requests from retail and hospital pharmacies for information or supplies of minoxidil tablets to enable topical solutions to be produced. It is important to point out the following facts about topical application.

Firstly, about one third of subjects with mild to moderate common baldness show significant regrowth of coarse, pigmented hair after daily application of topical minoxidil (2-5%) for a few months; as yet there are only limited data available on long term studies.

Secondly, the preparation does not have a product licence, and a licence is being sought only for the use of 2% solution (Regaine) in common baldness, not alopecia areata.

Thirdly, it is wrong, and possibly dangerous, to compound topical minoxidil solutions extemporaneously in a variety of vehicles. One cannot guarantee the adequacy of solubility, stability, or efficacy—or assess toxicity. The cost of preparing a topical extemporaneous solution of minoxidil from tablets is necessarily high—over £100 for 200 ml of 2% minoxidil solution—owing to the cost of the ingredients and the time of the pharmacist.

Fourthly, when topical minoxidil receives a

product licence it will be available only on private prescription; exceptional circumstances will be required for DHSS reimbursement.

Finally, an extemporaneous solution of minoxidil should not be made from minoxidil tablets, which have a product licence only for the treatment of severe hypertension. Nevertheless, the preparation of these solutions cannot be controlled since in principle any doctor can prescribe any preparation that he sees fit for any patient.

Until a product licence is granted, thereby removing the need for extemporaneously prepared solutions of minoxidil, it is important to limit its use to departments with a special interest in assessing the preparation, and patients should be carefully informed of the current position.

RODNEY DAWBER

Department of Dermatology,  
Slade Hospital,  
Oxford OX3 7JH

### Intercalated degrees

SIR,—We wish to echo the sentiments expressed by Dr Andrew H Wyllie and Professor Sir Alastair Currie (21 June, p 1646). At Aberdeen the degree Bachelor of Medical Biology is offered by several departments. In the department of pathology we value the course as an opportunity for the able and motivated student to experience academic teamwork and gain confidence and self discipline. We