

# BRITISH MEDICAL JOURNAL

448.8  
B77

STA/STA

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

AUG 29 1986

PROCUREMENT SECTION  
CURRENT SERIAL RECORDS

SATURDAY 16 AUGUST 1986

## ARTICLES

Obstetric anaesthetic services	FELICITY REYNOLDS	403
Can we eradicate hepatitis B?	T H FLEWETT	404
Dangers of snuff, both "wet" and "dry"	D F N HARRISON	405
Regular Review: Management of infection in the neutropenic patient	ROBERT E MARCUS, JOHN M GOLDMAN	406

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

Plasma $\alpha$ natriuretic peptide in cardiac impairment	A M RICHARDS, J G F CLELAND, G TONOLO, G D McINTYRE, B J LECKIE, H J DARGIE, S G BALL, J I S ROBERTSON	409
Orchidectomy versus oestrogen for prostatic cancer: cardiovascular effects	PETER HENRIKSSON, OLOF EDHAG	413
Risk of hypothermia in elderly patients with diabetes	H A W NEIL, J A DAWSON, J E BAKER	416
Effects of living with and looking after survivors of a stroke	DERICK T WADE, JULIA LEGH-SMITH, RICHARD LANGTON HEWER	418
Sulphasalazine for rheumatoid arthritis: toxicity in 774 patients monitored for one to 11 years	R S AMOS, T PULLAR, D E BAX, D SITUNAYAKE, H A CAPELL, B McCONKEY	420
Prevalence of known diabetes in an urban Indian environment: the Darya Ganj diabetes survey	NARENDRA P S VERMA, SUDARSHAN P MEHTA, SRIVENKATA MADHU, HUGH M MATHER, HARRY KEEN	423
Acute encephalopathy associated with campylobacter enteritis	I LEVY, Y WEISSMAN, Y SIVAN, J BEN-ARI, T SCHEINFELD	424
Lack of antibody to HTLV-I and HIV in patients with multiple sclerosis from France and French West Indies	A GESSAIN, L ABEL, G DE-THE, J C VERNANT, P RAVERDY, A GUILLARD	424
Muscle damage induced by isotretinoin	EMMILIA HODAK, NATAN GADOTH, MICHAEL DAVID, MIRIAM SANDBANK	425
Fish consumption and mortality from coronary heart disease	STAFFAN E NORELL, ANDERS AHLBOM, MARIA FEYCHTING, NANCY L PEDERSEN	426
Findings of a national survey of the role of general practitioners in the treatment of opiate misuse: extent of contact with opiate misusers	ALAN GLANZ, COLIN TAYLOR	427

## MEDICAL PRACTICE

Obstetric anaesthetic services in the Yorkshire region	R MacDONALD, D C S WEBSTER	431
Treatment of high blood pressure: should clinical practice be based on results of clinical trials?	R G WILCOX, J R A MITCHELL, J R HAMPTON	433
Hunger	GEORGE DUNEA	438
Complications resulting from misdiagnosing pseudogout as sepsis	KEITH RADCLIFFE, MARTIN PATTRICK, MICHAEL DOHERTY	440
Medicine and the Media—Contribution from PHILIP R MATTHEWS		442
Any Questions?		437, 439, 442
Materia Non Medica—Contribution from IAN FRASER		441
Medicine and Books		443
Personal View	L T WEAVER	446
Correction: Child sex rings	WILD AND WYNNE	437

CORRESPONDENCE—List of Contents	447
---------------------------------	-----

OBITUARY	455
----------	-----

## NEWS AND NOTES

Views	458
Medical News	459
BMA Notices	460

# CORRESPONDENCE

## Graduated elastic stockings

I Swain, PHD, and others; P Fentem, MB; S D Blair, FRCS, and others ..... 447

## Manpower

J E Briggs, MRCP; G Das, FRCS; S J Watkins, MFCM, and others; H N Cohen, MRCP, and others; J Ashworth, MRCP; Ruth Gilbert, MRCP; M C T Morrison, FRCS; J H Peters, MRCP; N R Clithrow, MB; R K F Hughes, MB; P Hawker, MRCP ..... 448

## Ingestion of button batteries

R J Brereton, FRCS ..... 450

## Technetium-99m autologous phagocyte scanning: a new imaging technique for inflammatory bowel disease

A M Peters, MD, and others ..... 450

## Treatment of the premenstrual syndrome by subcutaneous oestradiol implants and cyclical norethisterone

P Prescott, PHD; A Magos, MB, and others ... 450

## Effect of somatostatin on renal function

S F Lui, MRCP, and others ..... 451

## Length of survival of patients with AIDS

D Greco, MD, and others ..... 451

## The real cost of joint replacement

S Birch, MSc; J R Kirwan, MD ..... 452

## Withdrawal of nomifensine

A R Morton, MRCP, and others ..... 452

## Systemic steroids in chronic severe asthma

S Capewell, MRCP, and others ..... 453

## Gastroenterologists and <sup>75</sup>SeHCAT

G A Ford, MRCP, and S P Wilkinson, FRCP ... 453

## Comprehensive bibliography database using a microcomputer

D L Maxwell, MRCP, and F M Cuss, MRCP ... 453

**Points** Effect of fish oil on systolic blood pressure (S Rogers and K S James); The practice nurse: is history repeating itself? (G E Calvert and Jean Calvert); Successful rehabilitation (D M Bowker); Patterns of fractures in accidental and non-accidental injury in children (J A Davis); Events surrounding organ transplantation (R Gabriel); Airing operating theatres (R Cutler); Bladder dysfunction in progressive autonomic failure (C A C Charlton); Efficacy of a new nystatin formulation in oral candidiasis (C Scully and C M Woodhead); Informed consent (R McGlone); Prevention of cardiovascular disease in general practice (J J K Roberts and J H Smith); A local difficulty with pregnancy tests (S J P Adcock); High costs of medical insurance (Ann Bolitho-Jones) ..... 454

*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.*

## Graduated elastic stockings

SIR,—We would like to endorse the comments of Messrs K G Burnand and G T Layer in their leading article on stockings (26 July, p 224). Graduated elastic compression is an accepted technique for managing venous disease but it is far from satisfactory as practised. This may be because graduated compression is not in fact achieved, despite the manufacturers' use of testing procedures. Antiembolism stockings were tested on elderly volunteers and satisfactory graduated compression was not achieved in the majority of fittings.<sup>1</sup> We would disagree with the idea of paying £5 per fitting to professional orthotists (appliance fitters) for an unproved service. We cannot afford not to check individual patients using a proved interface pressure measurement technique.<sup>2,3</sup> At Odstock the department of medical physics and rehabilitation engineering provides a limited service for checking the fit of stockings, hypertrophic scarring pressure garments, and other orthoses.

Salisbury District Health Authority spends £0.6m a year on orthotics (surgical appliances) and the days of dispensing such products without validating fit and function must be limited. The need for an interface pressure measurement service at district level, led by medical physics departments as part of a larger clinical measurement service, seems overwhelming when the major problems of an aging population are considered. Venous disease may be associated with unrecognised ischaemia,<sup>4</sup> and the numbers of patients with diabetic and atherosclerotic peripheral vascular disease affecting the legs are going to increase. We do not want a future McColl report tearing apart publicly the inadequate appliance services of district general hospitals. Perhaps the government should invest more of its wasted resources<sup>5</sup> on

routine scientific proving of services given to individual patients. This would be the best kind of audit and produce the best performance indicators for accountants to study.

IAN SWAIN  
JAMES C ROBERTSON  
RAGAI SHABAN

Department of Medical Physics,  
Regional Rehabilitation Unit,  
Oldstock Hospital,  
Salisbury SP2 7SX

- 1 Swain I, Williams H, Forder F, Todd S, Robertson JC. Assessment of anti embolism stockings. 1985. A report for the Wessex Regional Research Committee.
- 2 Robertson JC, Shah J, Amos H, Druett JE, Gisby J. An interface pressure sensor for routine clinical use. *Engineering in Medicine* 1980;9:151-5.
- 3 Grant LJ. Interface pressure measurement between a patient and a support surface. *CARE, British Journal of Rehabilitation and Tissue Viability*. 1981;1:7-9.
- 4 Cornwall JV, Lewis JD. *Care, Science and Practice*. 1985; (special edition):10.
- 5 Robertson JC. Future of rehabilitation and artificial limb and appliance centre services in England: McColl report reviewed. *Lancet* 1986;i:1372-4.

SIR,—I am delighted that an authoritative review of this topic has been published and has mentioned the new British Standard for compression hosiery.

Messrs Burnand and Layer have, however, misrepresented the intentions of this standard in two respects. This standard (BS 6612) contains a specification for hosiery which requires manufacturers who seek to comply with the standard to describe their garments in terms of *their performance in providing compression*. The authors are incorrect to imply that the standard makes recommendations about the clinical efficacy of garments. The committee, of which I am chairman, did consider the available evidence about the medical

indications for different levels of compression and had, of course, to consider the physiology of the leg veins in arriving at recommendations regarding graduation of the compression. However, we did not believe that we could relate the specification to clinical usefulness and supposed that in due course this would emerge from clinical research and that the findings would be used by the NHS in reformulating its tariffs for the prescription of hosiery. This review makes it clear how much progress has been made in this direction.

The authors express regret that the standard does not make recommendations for the higher compression levels which are used by the Swiss and Germans. It does so. There is a specification for garments providing pressures at the ankle greater than 19 mm Hg; it follows that through the range 19 to about 45 mm Hg the same gradients of pressure, in proportion, will be required. I am presuming that everyone seeks to avoid compression higher than 45 mm Hg because of the progressive reduction in the inflow of blood to that part of the limb with pressures above this.

Improving the basis for the medical prescription of elastic hosiery is not the sole purpose of the standard. For years the qualitative descriptions provided for customers who buy support hosiery for themselves have been confusing and uninformative. Existing labels and advertisements use terms such as "elastic," "support," "comfort," "heavy," and "light" but without agreement on the definition of these terms. Very many women look for stockings which will provide more support than street hose and appear to find that the degree of comfort is related to the compression provided. A standard which provides for "the labelling of a garment according to the pressure exerted at the ankle when worn on the leg of a size for which the