

448.8 B77 22

BRITISH MEDICAL JOURNAL

FOOTNOTED
S

SATURDAY 30 AUGUST 1986

CUMULATIVE RECORDS

SEP 17 '86

USDA
NATL
SERIALS
LIBRARY

LEADING ARTICLES

Low dose maintenance medication for schizophrenia	RAHUL MANCHANDA, STEVEN R HIRSCH	515
In pursuit of the perfect rabies vaccine	SYLVIA D GARDNER	516
Why nursing education has to change	JUNE CLARK	517
Blood transfusions and cancer: anomalies explained?	T J HAMBLIN	517
Iron and the outcome of infection	JEREMY H BROCK	518
Suing tobacco companies	CLARE DYER	520
Correction: The lessons from the Savage inquiry		520

CLINICAL RESEARCH • PAPERS AND SHORT REPORTS • PRACTICE OBSERVED

Sialomucins at resection margin and likelihood of recurrence in colorectal carcinoma	N A HABIB, P M DAWSON, J W B BRADFIELD, R C N WILLIAMSON, C B WOOD	521
Subacute sclerosing panencephalitis: detection of measles virus RNA in appendix lymphoid tissue before clinical signs	JEAN-GUY FOURNIER, PIERRE LEBON, MICHEL BOUTEILLE, FRANÇOISE GOUTIERES, SHMUEL ROZENBLATT	523
Respiratory symptoms and bronchial reactivity: identification of a syndrome and its relation to asthma	A K MORTAGY, J B L HOWELL, W E WATERS	525
Association between transfusion of whole blood and recurrence of cancer	NEIL BLUMBERG, JOANNA M HEAL, PAUL MURPHY, MUKESH M AGARWAL, CHRISTY CHUANG	530
Incidence of rhesus immunisation after genetic amniocentesis	ANN TABOR, DONALD JERNE, JOHANNES E BOCK	533
Skin reactions to terfenadine	B H CH STRICKER, C P H VAN DIJKE, A J ISAACS, M LINDQUIST	536
AIDS virus antibody in polytransfused dialysis patients vaccinated against hepatitis B	JAN DESMYTER, MARTIN REYNERS, PATRICK GOUBAU	537
Renal cell carcinoma: blood transfusion and survival	I T MANYONDA, D E SHAW, A FOULKES, D E OSBORN	537
Industrial exposure to hydrogen cyanide: implications for treatment	N R PEDEN, A TAHA, P D MCSORLEY, G T BRYDEN, I B MURDOCH, J M ANDERSON	538
Haem arginate in the treatment of acute hepatic porphyrias	PERTTI MUSTAJOKI, RAIMO TENHUNEN, OLAVI TOKOLA, GUIDO GOTHONI	538
Adrenaline, bronchoconstriction, and asthma	ALYN MORICE, PETER SEVER, PHILLIP IND	539
Subacute hepatic necrosis induced by piroxicam	S M LEE, C J O'BRIEN, ROGER WILLIAMS, S WHITAKER, S R GOULD	540
Programme for early detection of gastric cancer	W H ALLUM, M T HALLISSEY, A DORRELL, J LOW, J W L FIELDING	541
Prognosis of patients discharged from a coronary care unit	H C SMYLLIE	541
Findings of a national survey of the role of general practitioners in the treatment of opiate misuse: views on treatment	ALAN GLANZ	543
Childhood gastroenteritis: a population study	DAVID ISAACS, DAVID DAY, SARAH CROOK	545

MEDICAL PRACTICE

General medicine in the 'eighties	C DAVIDSON, R C KING	547
Bias in awarding research grants	BRIAN MARTIN	550
Suing the wrong surgeon	BY A LEGAL CORRESPONDENT	552
USSR Letter: Difficulties of pay polyclinics	MICHAEL RYAN	553
Unsuspected giardiasis as a cause of malnutrition and diarrhoea in the elderly	D M BEAUMONT, O F W JAMES	554
Any Questions?		555
Medicine and Books		556
Personal View	A J KNELL	559

CORRESPONDENCE—List of Contents 560

OBITUARY 569

NEWS AND NOTES

Medical News	570
BMA Notices	571
Scientifically Speaking	BERNARD DIXON 572

CORRESPONDENCE

Obstetric anaesthetic services T B Boulton, FFARCS	560	Obese deceivers? R T Jung, MD, and W P T James, FRCP	564	Making dysphoria a happy experience J Saperia, MRCP	566
Child health services in the community J L Emery, FRCPATH, and Elizabeth M Taylor, MD; C H M Walker, FRCPED, and M J Rigby	560	Serial visual evoked potential recordings in Alzheimer's disease G M Wright, MRCP, and C E Richardson, MSC; G F A Harding, PhD, and A Orwin, FRCPsych	564	Medical housing "lines" D Mant, MB	567
AIDS, cotton wool spots, and cytomegalovirus retinitis Jacqueline M Parkin, MB, and others	561	Markers of HTLV-III in patients with end stage renal failure R S C Rodger, MRCP, and others	565	Medical students fear for their futures T Coffey	567
Informed consent W Tarnow-Mordi, MRCP; J A Murray, MRCPATH; Jennifer King, DPHIL	562	A rise is a rise is a rise H A F Mackay, FRCGP	565	More action for community nurses Greta Barnes, SRN	567
Randomised trial of preterm breech delivery A Grant, BM	562	Neurological complications of coronary artery bypass graft surgery D P Taggart, FRCS, and I J Reece, FRCS	565	Women in medicine Lesley A M Wills, MRCP	567
Hazards of bronchoscopy A J Peacock, MRCP, and R Benson-Mitchell; I W B Grant, FRCPED; P Creagh-Barry, FFARCS, and others	563	Influence of intrinsic sympathomimetic activity on respiratory function during chronic β blockade R Barton, MRCP; K E Berkin, MRCP; R J Northcote, MRCP, and D Ballantyne, FRCPGLAS	566	Points Drowning and near drowning (M Harries); The truth about the NHS (J F McCann; J D Fear and E B Renvoize); Effect of maternal dietary exclusion on breast fed infants with eczema (S C Drew); The Mandwa experiment (J Chakrabarti); Women police surgeons for rape victims (Sandra Payne); Ingestion of button batteries (D J Watson); Health surveillance of preschool children (D J Lane); Plasma cholesterol concentration and death from coronary heart disease (R M Marquis); Making doctors and patients more equal (Jessica Harris); Selection of medical students by medical schools (J L Potter)	568
Efficacy of a new nystatin formulation in oral candidiasis Aileen Burford Mason, PHD, and J M T Willoughby, FRCP	563	Increased risk of sudden infant death syndrome in older infants at weekends J A Morris, MRCPATH	566		
Events surrounding organ transplantation M Colebrook, MB	564				

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.

Obstetric anaesthetic services

SIR,—The medical profession and the public should be thankful to Dr Felicity Reynolds for her excellent leading article (16 August, p 403). The Association of Anaesthetists of Great Britain and Ireland currently has a working party studying the provision of obstetric services to small obstetric units. Its report has not yet been published but I do not think there is any doubt that its conclusion will be the same as that of Dr Reynolds—that small isolated units cannot be serviced and should be closed. General practitioner units can retain their independence but should be contiguous with large obstetric units and their facilities, including proper anaesthetic cover.

Two matters that Dr Reynolds does not mention, undoubtedly for lack of space, are the absolute need for properly trained help for the anaesthetist and the recurring nightmare that some of us have that some trendy group, helped by those politicians who are prepared to climb on to any bandwagon, will force a return to domestic delivery.

If mortality and morbidity are to be further reduced it is absolutely imperative that properly trained staff (be they operating department assistants, anaesthetic nurses, or delegated midwives) should be on hand to assist the anaesthetist, and he alone, throughout anaesthesia and the recovery period.¹ A "runner" midwife with no training in anaesthesia, little knowledge of the layout of the anaesthetic room, and one eye on the theatre sister and the other on the baby is simply not good enough.

Any anaesthetist who lived through the end of the era when delivery in the home was the rule

rather than the exception will have memories of being asked to administer anaesthesia to exhausted and exsanguinated mothers on the district, some of whom were in danger of dying and whose babies were at severe risk. As Dr Reynolds points out, whatever the standard of antenatal care, obstetric emergencies can be sudden and catastrophic. A further factor has recently been emphasised by Callander and Hutton²: the small number of emergencies to which obstetric flying squads are called "may lead to complacency and lack of familiarity with the equipment carried by the flying squad."² May one add that the time taken to assemble flying squad personnel is inversely proportional to the number of calls received a year. It is neither practical nor desirable for medical and nursing staff to be kept on immediate call for the very occasional flying squad call like firemen ready to slide down the polished pole at a fire station.

T B BOULTON

Association of Anaesthetists of Great Britain and Ireland, London WC1

- 1 Lunn JN, Mushin WW. *Mortality associated with anaesthesia*. London: Nuffield Provincial Hospitals Trust, 1982.
- 2 Callander CC, Hutton P. The anaesthetist and the obstetric flying squad. Could complacency creep in? *Anaesthesia* 1986;41: 721-5.

Child health services in the community

SIR,—The leading article by Dr Aidan MacFarlane (26 July, p 222) itself reflects the sense of frustration within the child health community

services. Those currently working with children in the community are becoming increasingly aware of a greater number of children who are being brought up in inadequate surroundings, while at the same time manpower and resources are being directed towards the increasing number of elderly people. The frustration of the fieldworker is not so much about surveillance programmes but the sheer sense of not having the time and resources to respond to obvious needs.

We cannot wholeheartedly agree with Dr MacFarlane's plea for a national surveillance programme as a first priority, as we see the primary problem as a need not for more conformity but for more enthusiasm and flexibility in developing and evaluating different methods and programmes of surveillance and screening. It is unlikely that one programme will be found to be suitable for all health districts. The interesting article by Drs A F Colver and H Steiner in the same issue (p 258) is a good example of a flexible programme which can be adapted to suit different needs, but it does not attempt to assess its outcome on staff or children. Any national surveillance programme must inevitably be a limited one on which health authorities should be encouraged to build a service best suited to the needs of their own community. The argument from immunisation procedures to surveillance procedures is not altogether valid. Because there is general agreement on some immunisation procedures related to specific diseases this does not mean that our general surveillance procedures are equally valid. The community services can and do act together rapidly when they are certain of their data, as