

BRITISH MEDICAL JOURNAL

SATURDAY 18 OCTOBER 1986

LEADING ARTICLES

Alcohol: a new report, but still going backwards	RICHARD SMITH	971
Treating ovarian cancer	R W BURSLEM, P M WILKINSON	972
Indium-111 leucocyte scanning—underused?	A J COAKLEY, P J MOUNTFORD	973
Where should low birthweight babies be born?	RICHARD COOKE	974
Trace element analysis of hair	T L DORMANDY	975
Consumer representation in the NHS	NICK BLACK	976

U. S. DEPT. OF AGRICULTURE
NATIONAL AGRICULTURAL LIBRARY

RECEIVED

OCT 31 1986

PROCUREMENT SECTION
CURRENT SERIAL RECORDS

CLINICAL RESEARCH • PAPERS AND SHORT REPORTS • PRACTICE OBSERVED

Visceral and skin granuloma annulare, diabetes, and polyendocrine disease	D J B THOMAS, M RADEMAKER, D D MUNRO, D A LEVISON, G M BESSER	977
Impaired cell mediated immunity in haemophilia in the absence of infection with human immunodeficiency virus	RAJAN MADHOK, A GRACIE, G D O LOWE, A BURNETT, K FROEBEL, E FOLLETT, C D FORBES	978
Effect of birthplace on infants with low birth weight	DAVID BEVERLEY, KEITH FOOTE, DENISE HOWEL, PETER CONGDON	981
Effects of nutrient intake, surgery, sepsis, and long term administration of steroids on muscle function	W BROUGH, G HORNE, A BLOUNT, M H IRVING, K N JEEJEBHOY	983
Course of blood pressure in mild hypertensives after withdrawal of long term antihypertensive treatment	MEDICAL RESEARCH COUNCIL WORKING PARTY ON MILD HYPERTENSION	988
Zinc state in anorexia nervosa	C C AINLEY, J CASON, L CARLSSON, R P H THOMPSON, B M SLAVIN, K R W NORTON	992
Subacute encephalopathy associated with human immunodeficiency virus in haemophilia A	A RAHEMTULLA, S T S DURRANT, J M HOWS	993
Hypothyroidism after treatment with ketoconazole	N H KITCHING	993
Omeprazole as adjunct to enzyme replacement treatment in severe pancreatic insufficiency	C B H W LAMERS, J B M J JANSEN	994
Measles immunisation rates and the good practice allowance	DAVID MANT, ANNE PHILLIPS, MARTIN KNIGHTLEY	995
Doctors as nutrition educators? Part II	MARGARET B CLARK, ELIZABETH M EVANS, MARGARET B HAMILTON-SMITH	998

MEDICAL PRACTICE

Autumn Books

Thoughts, theories, and facts	CHRISTOPHER BOOTH	999
Look before you quote	KAY DICKERSIN, PEG HEWITT	1000
Bog bodies	BERNARD KNIGHT	1002
The paranormal defended	TERRY HAMBLIN	1003
Men of influence	RICHARD SCHILLING	1004
"Youth's a stuff will not endure"	A W BADENOCH	1005
An unequal partnership	TONY SMITH	1006
Severe hypermagnesaemia due to magnesium sulphate enemas in patients with hepatic coma	P O COLLINSON, A K BURROUGHS	1013
Differences between neurological and neurosurgical approaches in the management of malignant brain tumours	S J WROE, P M FOY, M D M SHAW, I R WILLIAMS, D W CHADWICK, C WEST, G TOWNS	1015
Counting sheep and eating herbs	GEORGE DUNEA	1019
Any Questions?		1018, 1020
Medicine and the Media—Contributions from RONALD BEDFORD, CHRISTIANE HARRIS		1021
Personal View	CHRISTINE HAFFNER	1022
Is this a publication?	R C BICKERTON	1007
A man with a vision	BARONESS MASHAM OF ELLTON	1008
Sightless and suffering	PATRICK TREVOR-ROPER	1009
After dinner Cookbook	RUTH HOLLAND	1010
The world through rose coloured spectacles	WALTER GRATZER	1011

CORRESPONDENCE—List of Contents

OBITUARY

NEWS AND NOTES

Views	1031
Medical News	1032
BMA Notices	1033
One Man's Burden	MICHAEL O'DONNELL 1034

SUPPLEMENT

The Week	1037
DHSS waiting list statistics—a major deception?	P A SYKES 1038
From the CCHMS: Regional views of manpower proposals	1040
From MASC: Concern about research in manpower initiative	1042
BMA council election 1987	1043
Tories' promise for the NHS	1044

CORRESPONDENCE

Halothane and the liver A P Adams, FFARCS, and others	1023	Referral to medical outpatients department at teaching hospitals in Birmingham and Amsterdam C van Weel, MD, and H G M van der Velden, MD; R F Westerman, MD, and F M Hull, FRCGP	1026	Reversible inhibition of leucocyte sodium pumps by a circulating serum factor in essential hypertension Lucilla Poston, PHD, and P J Hilton, MD	1029
Is there an ideal body weight? A Keys	1023	Risk factors for uterine fibroids: reduced risk associated with oral contraceptives H Ratner, MD; R K Ross, MD, and others	1027	The truth about government spending on the NHS R J Lilford, MRCP, and Maureen E Dalton, MRCS	1029
Glue ear and speech development A G Gordon; Elizabeth Penry, MB; R Morton, MRCP; Pat Francis, MRCGP, and T Waterston, MRCP; R E QUINEY, FRCS	1024	Angina pectoris-like pains provoked by intravenous adenosine C Sylvén, MD, and others	1027	Points Graduated elastic stockings (K R Ward; T Kay); Severe head injury: the first hour (R A Warren); Severe cutaneous reactions to alternative remedies (J Swayne and others); Renal calculi (J C Gingell); Quality in general practice: case for the consumer (H Davies); The good practice allowance (R S L Thomas); What drugs turn urine green? (J E Coxon); Treatment of choice for childhood tonsillitis (A D Green)	1030
Use of molar units for drugs and toxins M Orme, FRCP	1025	Beneficial effects of angiotensin converting enzyme inhibition on renal function in patients with diabetic nephropathy S Ahmad, MB	1028		
Computer aided diagnosis of acute abdominal pain P N Hall, MChIR; S Paterson-Brown, MB, and others; G C Sutton, MFCM	1025	Obstetric anaesthetic services W House, MRCP; Barbara M Morgan, FFARCS; Felicity Reynolds, FFARCS	1028		
Ultrasound screening for hip abnormalities N M P Clarke, FRCS; R A B Mollan, FRCS	1026				

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.

Halothane and the liver

SIR,—The recent statement by the Committee on Safety of Medicines on halothane and the liver and its recommendation that the minimum interval between halothane anaesthetics be extended from 28 days to three months¹ concern us because we fear that some may see them as a signal that the use of halothane in routine practice should be substantially reduced or abandoned. On present evidence such a change in anaesthetic practice would not only be without justification but might be harmful to patients.

Epidemiological studies over 25 years have failed to yield firm evidence on the factors predisposing to halothane hepatitis. All have concluded that the condition is rare: the incidence is estimated to be 1/10 000 to 1/35 000 halothane anaesthetics. The possible role of repeated exposure to the drug has been recognised at least since the report of Walton *et al* in 1976.² Nevertheless, cases have occurred after single exposures and after exposure intervals longer than 28 days or even three months. Special attention has been focused on unexplained fever and severe nausea and vomiting after halothane as possible indicators of a likely future adverse reaction to the drug. The diagnosis is made only by excluding other likely causes of hepatitis—a difficult task in the complex conditions of the postoperative period, especially after multiple operations, a circumstance which may make for over-reporting of halothane hepatitis to the CSM.

We recognise that the CSM has a duty to monitor reports of adverse reactions to halothane and to offer guidance on the basis of its findings. The CSM cannot indicate the totality of the risk associated with particular drugs and techniques.

For almost 30 years halothane has enjoyed a reputation as a reliable and usually safe anaesthetic. It is more potent than enflurane or isoflurane and

less irritant to the respiratory tract than isoflurane. These properties may confer an important advantage when there is a need to deepen the level of anaesthesia quickly, given that the maximum output of most vaporisers is 5% (vol/vol) nominal. Inability to control the level of anaesthesia effectively is always an immediate threat to a patient's life if regurgitation or airway obstruction supervenes. Such problems are not, of course, normally reported to the CSM.

On the present evidence we believe that it is desirable for there to be a choice of volatile anaesthetics: halothane, enflurane, and isoflurane. That choice should be a clinical decision, exercised responsibly with due regard to the patient's anaesthetic history and with careful recording of untoward effects, whatever the drugs used.

Finally, it has been suggested that halothane liver injury will be increasingly likely to attract actions for litigation (28 June, p 1691; 2 August, p 335), although, to our knowledge, no case has been pursued successfully as a civil action in the United Kingdom. An anaesthetist who departed from the CSM recommendations on the interval between halothane anaesthetics, having carefully considered the options and the patient's condition and recorded

appropriate reasons for the choice of halothane, would not, in our opinion, be acting negligently. A more rigorous view than that would be expensive and nonsense. On the basis of its statement we believe that the CSM would concur with that view.

A P ADAMS
United Medical and Dental
Schools of Guy's and
St Thomas's Hospitals

J G JONES
University of Leeds

J NORMAN
University of Southampton

D CAMPBELL
University of Glasgow

J P PAYNE
Royal College of Surgeons

R S J CLARKE
Queen's University, Belfast

Sir GORDON ROBSON
Royal Postgraduate Medical
School

J W DOWNING
Nottingham University

A A SPENCE
University of Edinburgh

T E J HEALY
University of Manchester

M D VICKERS
Welsh National School of
Medicine

C J HULL
Newcastle University

P HUTTON
University of Birmingham

1 Committee on Safety of Medicines. Halothane hepatotoxicity. *Current Problems* 18 1986;Sept:1-2.

2 Walton B, Simpson BR, Strunin L, Doniach D, Perrin J, Appleyard AJ. Unexplained hepatitis following halothane. *Br Med J* 1976;i:1171-6.

Is there an ideal body weight?

SIR,—Professor R J Jarrett (23 August, p 493) rediscovered that the risk of premature death is not a simple direct function of relative body weight. Apparently that fact, well established from various prospective studies, is not yet common knowledge in the medical profession, let alone the general public. This deficiency prevails in all "developed" countries; in the least developed countries the popular view is the reverse: obesity is prized as a

sign of "health." A brief review of the facts is overdue.

Professor Jarrett attributes to me information about the role of the late Dr Louis Dublin and the Metropolitan Life Insurance Company in creating body weight standards.¹ Labelled "ideal weight" in 1943, the Metropolitan tables, revised in 1959 and more modestly termed "desirable weight," covered three "frame" types—small, medium,