

448.5
1977
Copy 2

BRITISH MEDICAL JOURNAL

603/STA

USDA LIBRARY
NATL AGRICULTURAL
RECEIVED
MAR 29 1987
CURRENT SERIALS ACQUISITION RECORDS

SATURDAY 21 MARCH 1987

LEADING ARTICLES

- Changing iodine intake and the effect on thyroid disease R HALL, J H LAZARUS 721
- Solvent abuse and the heart N A BOON 722
- Drums begin to beat in the waiting list jungle MAUREEN DALZIEL, R KERR 722
- Overuse of monitoring of blood concentrations of antiepileptic drugs D W CHADWICK 723
- Original pack dispensing JOHN P GRIFFIN, JOHN R SHARP 724
- Are pesticides carcinogenic? DAVID COGGON 725
- Coronary prevention in Britain: action at last? JULIAN TUDOR HART 725

CLINICAL RESEARCH • PAPERS AND SHORT REPORTS • PRACTICE OBSERVED

- Chronic cardiac toxicity after inhalation of 1,1,1-trichloroethane
ANDREW A MCLEOD, ROBERT MARJOT, MARK J MONAGHAN, PHILIP HUGH-JONES, GRAHAM JACKSON 727
- Digoxin-like immunoreactive substance in patients with aneurysmal subarachnoid haemorrhage
E F M WIJDECKS, M VERMEULEN, P VAN BRUMMELEN, N C DEN BOER, J VAN GIJN 729
- Alcohol and ischaemic heart disease in middle aged British men A G SHAPER, A N PHILLIPS, S J POCOCC, M WALKER 733
- Congenital rubella in babies of south Asian women in England and Wales: an excess and its causes
ELIZABETH MILLER, ANGUS NICOLL, STEPHEN A ROUSSEAU, PETER J L SEQUEIRA, MILTON H HAMBLING, RICHARD W SMITHELLS, HELEN HOLZEL 737
- "Glue sniffer's" heart? MARTIN N WISEMAN, SEAMUS BANIM 739
- Myocardial infarction and primary ventricular fibrillation after glue sniffing S R CUNNINGHAM, G W N DALZELL, P MCGIRR, M M KHAN 739
- Ectopic pregnancy in Finland 1967-83: a massive increase JUHA I MÄKINEN 740
- Treatment of palindromic rheumatism with chloroquine M R RICHARDSON, A M ZALIN 741
- Indigenous strongyloidiasis in Nottingham VERONICA SPROTT, C D SELBY, PURVIN ISPAHANI, P J TOGHILL 741
- Infection by airborne Chlamydia trachomatis in a dentist cured with rifampicin after failures with tetracycline and doxycycline
M MIDULLA, D SOLLECITO, F FELEPPA, A M ASSENSIO, S ILARI 742
- Perforation of nasal septum due to button battery lodging in nose P FERNANDO 742
- How complete is a total parathyroidectomy in uraemia?
K FARRINGTON, Z VARGHESE, M K CHAN, O N FERNANDO, R A BAILLOD, P SWENY, J F MOORHEAD 743
- Are isolated maternity units run by general practitioners dangerous? GAVIN YOUNG 744

MEDICAL PRACTICE

- Phototherapy: the hospital as risk factor A VAN ENK, R DE LEEUW 747
- Inequalities in health in Britain: specific explanations in three Lancashire towns D J P BARKER, C OSMOND 749
- ABC of 1 to 7 (Revised): Bronchial asthma H B VALMAN 753
- Medicine and the Media—Contributions from IAN OSWALD, N V O'DONOHUE, GEORGE TAYLOR 758
- Clinical Algorithms: Menorrhagia MARGARET REES 759
- Any Questions? 752, 762
- Medicine and Books 763
- What's new in the new editions? CLIFFORD HAWKINS 765
- Personal View JOHN COHEN 767

CORRESPONDENCE—List of Contents 768

OBITUARY 781

NEWS AND NOTES

- Views 777
- Medical News 778
- BMA Notices 780

SUPPLEMENT

- The Week 783
- A former health minister looks back—and forward
JOHN WARDEN 784
- From the HJSC: 1987 campaign on hours of work 785
- Review of doctors' disciplinary procedures 787
- Association Notice 788

CORRESPONDENCE

Why doctors must grapple with health economics J D E Knox, FRCP; R A Storrington, FRCP 768	Aspirin as prophylaxis against migraine A Bamji, MRCP 772	Autologous blood transfusion A Aronstam, FRCPATH, and D L Aston, MRCPATH; A B Cassie, FRCS, and A K Chattopadhyay, FRCS 774
Moderate sodium restriction with angiotensin converting enzyme inhibitor in essential hypertension P C Waller, MRCP, and G T McInnes, MRCP ... 769	Ulcerogenicity of piroxicam: an analysis of spontaneously reported data C P Armstrong, FRCS, and A L Blower, FRCS 772	Annual representative meeting G Edwards, MRCS 775
Inadequacy of oleic acid in erythrocytes as a marker of malignancies N Lawson, PHD, and others 769	Identity cards for patients infected with HIV? N West, MRCP; B Ferris, FRCS, and others..... 772	The Savage inquiry: a personal reply Wendy Savage, FRCP 775
Dose dependent response of symptoms, pituitary, and bone to transdermal oestrogen in postmenopausal women M I Whitehead, MRCOG, and others; Jean Coope, MRCP 769	Diagnostic classification of the aetiology of mental retardation in children M A Lamont, MB, and N R Dennis, MRCP..... 772	Ottorino Respighi: bacterial endocarditis in 1936 E Reschini, MD, and Anna Catania, MD 775
Poor start for Health Education Authority D St George, MB 770	Stress hyperglycaemia and cause of death in non-diabetic patients with myocardial infarction J S Yudkin, MRCP, and G A Oswald, MRCP..... 773	Drug points Bilateral scopolamine mydriasis in a traveller (A Simpson)..... 775
Time for action on hepatitis B immunisation A J Zuckerman, FRCPATH..... 771	Relation between phenotype and banal melanocytic naevi F H J Rampen, MD, and B A M Fleuren, MD 773	Prescribing in pregnancy: psychotropic drugs (Kim Billington and B Harris); Symptomatic hypercalcaemia associated with amiodarone (D Nathwani); Psoriasis, cyclosporin A, and AIDS (Barbara Baker and others); Methotrexate and non-steroidal anti-inflammatory drugs (A Gabrielli and others); Cephalixin associated pulmonary infiltration with circulating eosinophilia (J H Smith and V F Weinstein)..... 776
Head injuries in the elderly M C Charny, MB, and others 771	Syringe driver in terminal care C G Rowland, MRCS, and E Bradford; W G Notcutt, FFARCS 773	
Oedema of the ileum: a possible manifestation of food allergy G Busfield, MRCS; D Robertson, MRCP, and R Wright, FRCP 771	Unemployment and mortality B S Smith, FRCP..... 774	
	Propofol infusion for sedation in the intensive care unit N Mackenzie, FFARCS, and I S Grant, FFARCS 774	

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.

Why doctors must grapple with health economics

SIR,—Mr John Appleby (7 February, p 326) writes of arriving at an informed decision about using society's resources. A characteristic of general practice is the wide variation in practice between individual doctors, even when practice characteristics such as demography and socio-economic patterns are taken into account.^{1,2}

The figure shows a repertoire of general practitioner management options (based on studies of general practitioners at work^{3,4}) in relation to their costs. The seven modes are not necessarily mutually exclusive, but observation suggests that many general practitioners tend to work most often in one mode. As an illustration each mode may be considered in relation to a common presentation—for example, a 50 year old married master baker presenting with a 10 day history of dry irritant cough.

Prescribing—This is the stereotype of the general practitioner in action. History is usually accompanied by examination and followed with a prescription, possibly for an antibiotic. Follow up may be left to the patient's discretion.

Investigating—The general practitioner may want to exclude lung disease, especially if there is a history of cigarette smoking and a few adventitious sounds on auscultation. A chest radiograph may be arranged and the results discussed at a follow up consultation.

Referring—May be an extension of the decision making involved in investigating, with the doctor "prescribing" an appointment at a chest clinic. The patient will usually undergo chest radiography and make at least one follow up visit to the

specialist clinic. Admission to hospital is an option (though unlikely in this example).

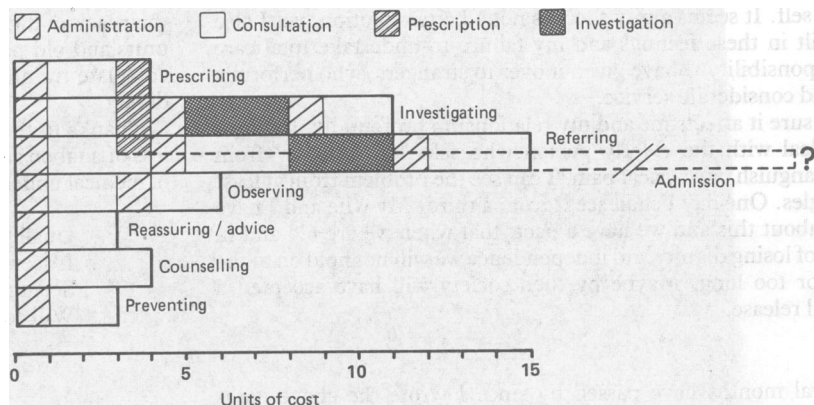
Observing—Mild or acute bronchitis in the context of an increased prevalence of respiratory illnesses in the practice may prompt the doctor to use time as a diagnostic and management agent. The patient will be asked to return in a week and a prescription may or may not be issued.

Reassuring advice—If there is no systemic upset the doctor may draw on his knowledge of the patient and the current wave of mild respiratory illness to suggest that the worst is over and illness is not important. No further follow up is envisaged.

Counselling—The doctor may explore possible

meanings the condition has for the patient. Why might an intelligent previously healthy man give priority to consulting about a minor illness already prevalent in the community? Uncovering a fear about cancer and helping the patient to come to terms with his fears are likely to take longer than the other modes and might be associated with the prescription of a "therapeutic" chest radiograph.

Preventing may be incorporated into several of the modes or be free standing. A diagnosis of a mild lower respiratory tract infection might be used as a focus to explore possible causal factors amenable to modification such as dust pollution at work and cigarette smoking.



Cost of various management decisions on general practice. One cost unit = administrative costs of a consultation = one item on prescription.