

448.8 377

BRITISH MEDICAL JOURNAL

SATURDAY 18 JULY 1987

USDA
NATL AGRIC LIBRARY
RECEIVED
AUG 25 '87
SERIALS
CURRENT SERIAL RECORDS

LEADING ARTICLES

Effectiveness of treatment for infertility	RICHARD J LILFORD, MAUREEN E DALTON	155
The wide range of chlamydial infection	D REID	156
Bowlby's 80th birthday	DAVID MORRIS	157
Poliomyelitis vaccination	ROMA CHAMBERLAIN	158
Managing psychopathic offenders: a problem that will not go away	DEREK CHISWICK	159
RAKE's progress	STEPHEN LOCK	160

CLINICAL RESEARCH • PAPERS AND SHORT REPORTS • PRACTICE OBSERVED

Hypotensive and sedative effects of insulin in autonomic failure	CHRISTOPHER J MATHIAS, DAVID F DA COSTA, PAUL FOSBRAEY, NIELS JUEL CHRISTENSEN, ROGER BANNISTER	161
Radiological progression and lung function in silicosis: a ten year follow up study	TZE-PIN NG, SHIU-LUN CHAN, KA-PING LAM	164
Importation of poliomyelitis to industrialised nations between 1975 and 1984: evaluation and conclusions for vaccination recommendations	DORIS KUBLI, ROBERT STEFFEN, MEINRAD SCHÄR	169
Antibody state to poliovirus in first year university students, 1984	CAROL A JOSEPH, NORMAN T BEGG, ROSALIND E STANWELL-SMITH, DAVID I MAGRATH	171
Primary hypogammaglobulinaemia and arthritis	T T HANSEL, M R HAENEY, R A THOMPSON	174
Resistance of clinical isolates of <i>Haemophilus influenzae</i> in United Kingdom 1986	MAIR POWELL, CHRYSIA KOUTSIA-CAROZOU, D VOUTSINAS, ANGELA SEYMOUR, J D WILLIAMS	176
The staphylococcal scalded skin syndrome in two elderly immunocompromised patients	R O'KEEFE, J H DAGG, RONA M MACKIE	179
Cross hepatotoxicity between non-steroidal anti-inflammatory drugs	M ANDREJAK, T DAVION, J L GINESTON, J P CAPRON	180
Management of blisters in minor burns	ANDREW H SWAIN, BERGE S AZADIAN, CHARLES J WAKELEY, PETER G SHAKESPEARE	181
Cervical cytology screening: a comparison of two call systems	ANDREW WILSON, ANNA LEEMING	181
Isolated minimal change nephropathy associated with diclofenac	G D M BEUN, K M L LEUNISSEN, P J C VAN BREDA VRIESMAN, J P VAN HOOFF, W GRAVE	182
Veno-occlusive disease of the liver secondary to ingestion of comfrey	C F M WESTON, B T COOPER, J D DAVIES, D F LEVINE	183
Comparisons between written and computerised patient histories	MARTIEN J QUAACK, R FRANS WESTERMAN, JAN H VAN BEMMEL	184

MEDICAL PRACTICE

HIV testing: changing trends at a clinic for sexually transmitted diseases in London	E J BECK, D G CUNNINGHAM, V W MOSS, J R W HARRIS, A J PINCHING, D J JEFFRIES	191
HIV infection: increase in public awareness and anxiety	C SONNEX, ANNE PETHERICK, M W ADLER, D MILLER	193
Jeremy Bentham's self image: an exemplary bequest for dissection	RUTH RICHARDSON, BRIAN HURWITZ	195
Conference Report: Seconds may count	TESSA RICHARDS	198
ABC of AIDS: Treatment of infections and antiviral agents	IAN V D WELLER	200
Any Questions?		199, 203, 204
Medicine and the Media—Contribution from CLARE DYER		204
Materia Non Medica—Contribution from SHYAM SUNDER KOTHARI		203
Medicine and Books		205
Personal View	MAREK R GABRIELCZYK	209

CORRESPONDENCE—List of Contents	210
---------------------------------	-----

OBITUARY	220
----------	-----

NEWS AND NOTES

Views	216
Medical News	217
BMA Notices	219

SUPPLEMENT

The Week	222
Labour's new voice	JOHN WARDEN 223
Following Dr Who to Oldbury power station	CHRISTIANE HARRIS 224
Two centuries of immunology and a touch of mediaeval history	DEBORAH NEWTON 225

CORRESPONDENCE

Hospices for children? J M Wilkinson; A King and others 210	Endoscopic coagulation of upper gastrointestinal haemorrhage, one; randomised clinical trials, two M Baum, FRCS 212	Problems of comprehensive shared diabetes care F M Sullivan, MRCP; P Kopelman, MRCP, and others 214
Lichen sclerosus et atrophicus in children misdiagnosed as sexual abuse B L Priestley, FRCP, and S S Bleehen, FRCP; D C Davidson, FRCP, and others 211	Intensive care: a specialty or a branch of anaesthetics? G Morgan, FFARCS 213	Cough associated with captopril and enalapril A J Winning, MRCP, and others 215
Extracranial-intracranial bypass, one; clinical trials, nil C Warlow, FRCP, and R Peto, MSc; J Bamford, MRCP; J Wade 211	Child abuse or copper deficiency? C R Paterson, MRCP; S Chapman, MRCS 213	Intraregional variation in treatment of end stage renal failure R Gabriel, FRCP 215
	Bone mineral density in Addison's disease J P Devogelaer, MD, and others 214	Coping with sudden death A J Lyons, MRCS 215

- All letters must be typed with double spacing and signed by all authors.
- No letter should be more than 400 words.
- For letters on scientific subjects we normally reserve our correspondence columns for those relating to issues discussed recently (within six weeks) in the *BMJ*.
- We do not routinely acknowledge letters. Please send a stamped addressed envelope if you would like an acknowledgment.
- Because we receive many more letters than we can publish we may shorten those we do print, particularly when we receive several on the same subject.

Hospices for children?

SIR,—As the mother of a terminally ill child with a degenerative brain condition, I should like to add a personal dimension to the debate about hospices for children.

As pointed out by Mr T L Chambers (23 May, p 1309), there are only a few cases of neuro-degenerative diseases a year in a health district, and thus a hospice in every area would be impracticable. If, however, there was a hospice to serve, say, the south, as with Helen House, and one to serve the north, as with Martin House, they would draw from a larger area and therefore increase the likelihood of patients with similar degenerative disorders being brought together. This would eliminate the isolation felt by the families of such children and establish a point for comparing notes on care.

Through Martin House, which will open in August, we are already in contact with two other families with children suffering from metachromatic leukodystrophy—one only 30 miles away. It is a great comfort to find a family who understand your suffering and to be able to compare treatment. As a result of such comparisons, the consultant responsible for one child was persuaded (against his better judgment) to administer diazepam, which had been prescribed successfully for another child. As a result, the child's stressful symptoms resolved, his mother relaxed, and the consultant was surprised and pleased.

The children's hospice differs from an adult one in that it intends to provide only relief and respite care to help families to continue looking after their children, for the most part, at home.

I love my daughter and want to care for her myself at home for as long as possible. She is in the fifth year of her illness. She has not been able to walk or talk for all of that time and has been like a baby for two years, needing constant supervision.

Nursing her becomes more difficult, with erratic sleeping and the constant need to move her to prevent bed sores.

I realise I am luckier than some mothers. My two other children are teenagers and therefore fairly independent. They understand why I become exhausted and they help me. If I had younger, more demanding children the situation would be intolerable without extra support. Furthermore, we have only one affected child, but other families have two or more.

I become angry when people who are fortunate enough not to have such children say what is needed for parents like me and our children. We do not want to shirk our responsibilities but perhaps just to share the care in the loving atmosphere of a hospice, where the child's routine would not be affected, whatever his or her individual timetable, and the parents could have total responsibility for the care of their child if they so wished. Other members of the family are also encouraged to stay, or the child might stay for a short time while the parents refreshed themselves and spent time with other children in the family.

In her closing remarks, Dr Valerie Broadbent (13 June, p 1548) seems to imply that hospices for children are diverting funds from home care. On the contrary, they provide physical and psychological strength for more parents to continue caring for their sick children at home, probably saving the much larger sums that would be needed for full time hospital care. The strain of caring for a totally dependent child for the past four years has been greatly eased by the knowledge that Martin House hospice will soon be available should we need it.

Surely hospitals can cooperate with hospices and not see them as rivals, for all that is really important is to make what little time the child has left as comfortable, happy, and loving as possible

and to support the family so that it can continue to this end. The hospice will also be there to support the family after the child's death for as long as is necessary.

J M WILKINSON

Leeds LS8 1LB

SIR,—As directors of Martin House hospice we share the concern expressed recently by some paediatricians in this journal that the generous public response to financial appeals may result in overprovision and maldistribution of children's hospices in Britain. Unfortunately the term hospice is misleading and we are equally concerned that some doctors and many members of the public have not fully appreciated the role of such units for children.

We envisage Martin House as being the nucleus of a service in the north of England attempting to provide respite care for physically and emotionally drained children and their parents. Such families require medical, nursing, and sometimes spiritual support, which although offered in some oncology units is not so readily available in some district paediatric departments responsible for the care of children suffering from slowly progressive incurable non-neoplastic diseases. Help before and after bereavement does not exclude but often facilitates real terminal care in the home and often encourages families to share their grief with understanding staff by revisiting the hospice after their child has died.

The problem is to strike a balance between hospice and other forms of care, remembering that the two may often be complementary. Martin House will open in mid-August, but our care team has for some months been working with families. These families are eager to make use of our