

448-8 B77 C2

BRITISH MEDICAL JOURNAL

SATURDAY 27 FEBRUARY 1988

LEADING ARTICLES

Sex and the bladder	LINDA CARDOZO	587
Prescribing psychotropic drugs in general practice	P TYRER	588
The pathogenesis of acute pancreatitis	R E BARRY	589
Ammonia burns of the eye: an old weapon in new hands	J D L BEARE, R S WILSON, R J MARSH	590
A better deal for senior house officers	STELLA LOWRY	590
Psychosocial factors and hypertension	GILLIAN GREENBERG	591
Services for sickle cell disease: unified approach needed	IAN M FRANKLIN	592

CLINICAL RESEARCH • PAPERS AND SHORT REPORTS • PRACTICE OBSERVED

HIV antigen and antibody detection: variable responses to infection in the Edinburgh haemophilic cohort	P SIMMONDS, F A L LAINSON, R CUTHBERT, C M STEEL, J F PEUTHERER, C A LUDLAM	593
Early growth delay in diabetic pregnancy: relation to psychomotor development at age 4	MINNA BLOCH PETERSEN, SØREN ANKER PEDERSEN, GORM GREISEN, JAN FOG PEDERSEN, LARS MØLSTED-PEDERSEN	598
Prevalence, frequency, and duration of hypnotic drug use among the elderly living at home	KEVIN MORGAN, HELEN DALLOSSO, SHAH EBRAHIM, TOM ARIE, PETER H FENTEM	601
Health of long term benzodiazepine users	E K RODRIGO, M B KING, P WILLIAMS	603
Ultrasound guided core biopsy in AIDS: experience in six patients	JENNIFER J DONALD, A CORAL, P J SHORVON, W R LEES	606
Effect of stanozolol on itching in primary biliary cirrhosis	R P WALT, T K DANESHMEND, I W FELLOWS, P J TOGHILL	607
Zinc deficiency in children with dyslexia: concentrations of zinc and other minerals in sweat and hair	ELLEN C G GRANT, JOHN M HOWARD, STEPHEN DAVIES, HARRY CHASTY, BEVÉ HORNSBY, JANE GALBRAITH	607
Pure trigeminal motor neuropathy	LIE-GAN CHIA	609
Microvascular fragility and acute mountain sickness	J S MILLEDGE, J R BROOME, J M BEELEY	610
Cost to the NHS of accidents to children in the West Midlands	V VIPULENDRAN, A R MASON, R SUNDERLAND	611
Duration of effectiveness of pertussis vaccine: evidence from a 10 year community study	DOUGLAS JENKINSON	612

MEDICAL PRACTICE

Effect of wheat bran on weight of stool and gastrointestinal transit time: a meta analysis	STEFAN A MÜLLER-LISSNER	615
New Drugs: Angiotensin converting enzyme inhibitors	ALASDAIR BRECKENRIDGE	618
Letter from Fiji: School of medicine's uncertain future	HARRY LANDER	620
Everyday Aids and Appliances: Wheelchairs	JOHN B YOUNG	625
ABC of Dermatology: Lumps and bumps	P K BUXTON	627
Research Policy: Glimpes of the National Institutes of Health I: funding and structure	RICHARD SMITH	631
Strict product liability arrives: implications for doctors	CLARE DYER	635
Materia Non Medica—Contribution from ROBERT LODER		626
Medicine and Books		636
Personal View	DARAGH LAWLESS	639

CORRESPONDENCE—List of Contents	640
---------------------------------	-----

OBITUARY	651
----------	-----

NEWS AND NOTES

Views	647
Medical News	648
BMA Notices	649
Scientifically Speaking	BERNARD DIXON 650

SUPPLEMENT

The Week	652
Pendulum politics of abortion	JOHN WARDEN 653
From the GMSC: Out of hours work report for conference	654

CORRESPONDENCE

Self referral to consultants G Michael, MRCP, and others.....	640	Retreat from openness M Alexander; W W Holland, FRCP	642	Transporting critically ill patients by ambulance W H Konarzewski, FFARCS, and A Banerjee, MB; J Bion, FFARCS	645
Acheson: a missed opportunity for the new public health I Phillips, MRCP, and Susannah Eykyn, MRCPATH; D St George, MB; G A J Ayliffe, FRCPATH.....	640	Obscure gastrointestinal bleeding M L Nicholson, FRCS, and J P Neoptolemos, FRCS	643	The future of teaching in district general hospitals within the NHS A Strover, FRCS	645
Antisperm antibodies in infertility J S Samra, MRCOG, and others; L A Kay, MRCPATH	641	Attitudes of a multiracial antenatal population to HIV screening W M Buckett and others	643	Fraud in medicine M Guha	645
Advice on contraceptive services for ethnic minorities J Fuller, MRCP	642	Defibrillation after near drowning J Chappell, MB	643	Drug points Mefenamic acid nephropathy—acute renal failure in overdose (A J Turnbull and others); Convulsive seizures after treatment with praziquantel (J L Bada and others); Is inosine pranobex contraindicated in autoimmune disease? (A J Chuck and others).....	646
Thrombocytopenia and interferon M Färkkilä, MD, and M Iivanainen, MD.....	642	Child abuse and osteogenesis imperfecta C R Paterson, DM	644		
Providing donor organs for transplantation P Richards, FRCS.....	642	Clumsy children Sir John Walton, FRCP; D M B Hall, FRCP	644		
		Treatment of prostatic cancer D A Gillatt, FRCS, and others.....	644		
		Olfactory hallucinations P Meats, MB	645		

- 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.

Self referral to consultants

SIR,—As general practice trainers in Edgware we have been very concerned over the past few years by the increasing number of patients who take themselves direct to consultants, especially paediatricians.

Paediatricians at five of the main district hospitals within reach of Edgware see children privately just on request from their mothers. There is usually nothing underhanded about it, in that the consultant nearly always writes to the general practitioner afterwards about his findings and recommendations. Recently, one of us took the matter up with one of the paediatricians. He replied that although he did not encourage patients to bypass their general practitioners, in the end he thought patients were free to make their own decisions to seek second opinions and that personal freedom had to be safeguarded.

Our concern is whether this view should go unchallenged. We do not ourselves believe there is much merit in it; our patients are always free to have a second opinion and we hope they know that they are welcome to come and discuss this with us and we will make appropriate arrangements. Often, of course, we suggest a second opinion first and on other occasions when a patient mentions a second opinion we discuss the likely outcome and they are often then content to leave it and possibly to review the matter after waiting for the results of treatment, time, or investigations.

If our view of the matter is wrong and self referral is acceptable then this is probably the beginning of the end of general practice as we know it. Already in this area middle class patients have their own obstetricians and if they want a baby delivered privately they make their own arrangements. Many also attend their gynaecologists annually for a smear, although it is not quite clear why gynaecologists agree to do this. Some ear, nose, and throat surgeons and dermatologists,

even those in teaching hospitals, will now see patients direct.

Even if self referral is to be considered acceptable it has to be realised that this is (except in very special circumstances such as a child with severe asthma) available only to patients who can afford to be insured or to pay large bills.

Even if our view is the correct one it is going to be difficult to stop the trend. The General Medical Council, which has already declared against self referral, will have to take more positive steps when people complain to it. The BMA, which supports these guidelines, will need to give a very strong lead. This will be much easier if the profession can put pressure to bear on the provident organisations not to pay out unless they have a signature from a referring general practitioner.

GERALD MICHAEL MICHAEL MUSGRAVE
VALERIE BARD SUSAN THWAITES
JEAN BENEY SUSAN SUMNERS
DAVID KRASNER MICHAEL WYNDHAM

Edgware Trainers' Workshop,
Edgware Postgraduate Medical Centre,
Edgware General Hospital,
Edgware, Middlesex

- 1 General Medical Council. *Professional conduct and discipline: fitness to practice*. London: GMC, 1983.
- 2 British Medical Association. *Handbook of medical ethics*. London: BMA, 1986.

Acheson: a missed opportunity for the new public health

SIR,—Like Dr John Ashton (23 January, p 231), we believe that the report of the Acheson committee is "overinfluenced by the self interests of community physicians." The case for change cannot be made on the basis of the mismanagement of two

outbreaks, at Stanley Royd and Stafford. Where are the denominators so crucial to sound epidemiology—the countless epidemics successfully managed or avoided altogether by the present system?

The report fails even to mention the fact that most district general hospitals in England do not need to implement two of its major recommendations since they already have control of infection officers and committees. We assume that this omission is attributable to the leading role played in them by consultant microbiologists, who seem to be regarded as only second rate alternatives to the proposed consultants in public health. Perhaps the microbiologists are at fault for not having sung their own praises.

We see a very real risk of this new cadre of public health physicians being merely present style community physicians under another name since many will clearly translate to the new specialty. It does not seem to be appreciated that the medical officer of environmental health and the district medical officer and his recent predecessors lack credibility in hospital infection control, because almost universally they are not directly engaged in it and seem to have no real desire to become so. We need, in Ashton's words, people "on tap," gaining hands on experience before they organise others.

Clearly the present system is too hospital orientated but it could much more easily form the basis for broadened responsibilities, including the community, than the recruitment of hordes of non-existent directors of public health plus their inevitable administrative accoutrements. We would prefer to see medical microbiologists with broader training in epidemiology expressing more fully their committed interest in the control of infectious diseases. This approach would have the additional attraction of lower cost since most districts already have a consultant microbiologist. They could collaborate, as many now do, with infectious disease physicians (whose ranks should be