

# H MEDICAL JOURNAL

SATURDAY 21 MAY 1988

## LEADING ARTICLES

Time to end softly softly approach on harvesting organs for transplantation	GEOFFREY D CHISHOLM	1419
Contact tracing for HIV infection	MICHAEL W ADLER, ANNE M JOHNSON	1420
Disciplining doctors: the need for better methods	MALCOLM FORSYTHE	1421
Intravenous volume replacement: indications and choices	G RAMSAY	1422
Regular Review: Financing health care: lessons from abroad	ROBERT J MAXWELL	1423
Corrections: Services for sickle cell disease (FRANKLIN); Psychiatric illness among British Afro-Caribbeans (LITTLEWOOD AND LIPSEGE)		1426

## CLINICAL RESEARCH • PAPERS AND SHORT REPORTS • PRACTICE OBSERVED

Parasympathetic nervous system in nocturnal asthma	J F J MORRISON, S B PEARSON, H G DEAN	1427
Contribution of alcohol to deaths in road traffic accidents in Tayside 1982-6	GRAHAM R FOSTER, JAMES A DUNBAR, DAVID WHITTET, GYAN C A FERNANDO	1430
Raised titres of anti-klebsiella IgA in ankylosing spondylitis, rheumatoid arthritis, and inflammatory bowel disease	R COOPER, S M FRASER, R D STURROCK, C G GEMMELL	1432
Cooperative study on the value of long term anticoagulation in patients with stroke and non-rheumatic atrial fibrillation	J LODDER, M S DENNIS, L VAN RAAK, L N JONES, C P WARLOW	1435
Respiratory illness and home environment of ethnic groups	R J W MELIA, S CHINN, R J RONA	1438
Is surgical closure of the back lesion in open neural tube defects necessary?	G T DEANS, V E BOSTON	1441
Nephrotic syndrome after treatment with 5-aminosalicylic acid	B H NOVIS, Z KORZETS, P CHEN, J BERNHEIM	1442
Firefighting and malignant hyperthermia	M A DENBOROUGH, K C HOPKINSON, D G BANNEY	1442
Are routine superficial cultures worth while in neonatal practice?	G P FOX, T A CLARKE, T G MATTHEWS	1443
Anorexia nervosa in a 70 year old man	N NAGARATNAM, D F GHOUGASSIAN	1443
Prosthetic valve endocarditis caused by Propionibacterium acnes	THERESE M O'NEILL, ROSEMARY HONE, SEAN BLAKE	1444
Changing pattern of Crohn's disease in Northern Ireland	J S BROWN, W G HUMPHREYS, T G PARKS	1444
Recurrence of hepatocellular carcinoma after liver retransplantation	IDS J KLOMPMAKER, KAREL M DE BRUIJN, ANNETTE S H GOUW, JOHANNES L BAMS, MAARTEN J H SLOOFF	1445
Do personal computers make doctors less personal?	JAN-JOOST RETHANS, PAUL HÖPPENER, GEORGE WOLFS, JOS DIEDERIKS	1446

## MEDICAL PRACTICE

AIDS: a bill of rights for the surgical team?	H A F DUDLEY, A SIM	1449
Accidents in the home among children under 5: ethnic differences or social disadvantage?	RAFI ALWASH, MARK MCCARTHY	1450
Statistics in Medicine: Calculating confidence intervals for some non-parametric analyses	MICHAEL J CAMPBELL, MARTIN J GARDNER	1454
Green College Lectures: The National Health Service versus private and complementary medicine	SIR RICHARD BAYLISS	1457
Acute abdominal pain due to an acquired disorder of coagulation	V ROY, M L TILLYER, B T COLVIN	1460
Medicine and the Media—Contributions from	ROGER JONES, LIAM DONALDSON	1461
Medicine and Books		1462
Any Questions?		1456
Personal View	DAVID LIVINGSTONE	1466

CORRESPONDENCE—List of Contents	1467
---------------------------------	------

OBITUARY	1476
----------	------

## NEWS AND NOTES

Views	1473
Medical News	1474
BMA Notices	1475

## SUPPLEMENT

The Week	1477
Rise of the nurse practitioner	JOHN WARDEN 1478
From the CCHMS: Reimbursement of defence society subscriptions	1479
From the Scottish council: Imprudent use of NHS resources, concludes BMA	1481

## CORRESPONDENCE

<b>Coordinating community care</b> S G Barber, MRCP, and P W Haynes ..... 1467	<b>Insulin for the non-insulin dependent?</b> R R Holman, MRCP ..... 1469	<b>Neisseria gonorrhoeae resistant to tetracycline</b> Catherine A Ison, PHD, and others ..... 1471
<b>Death despite malaria prophylaxis</b> N D Kitchen, MB; A Hall, FRCPED ..... 1467	<b>In vitro fertilisation</b> H I Abdalla, MRCOG, and others ..... 1470	<b>Meningococcal meningitis</b> A S Sohal, MRCPATH, and V R Rao, DPH ..... 1471
<b>Sunbed lentigines</b> B L Diffey and P M Farr, MRCP ..... 1468	<b>Induced ovulation in underweight women</b> Vicky Osgood, MRCOG, and Jean Ginsburg, FRCP ..... 1470	<b>Other health services</b> J Large, FRCS ..... 1472
<b>Treatment of hypercalcaemia of malignancy</b> S H Ralston, MRCP, and I T Boyle, FRCP; A R Morton, MRCP ..... 1468	<b>Imaging of the urinary tract</b> M A Stott, FRCS, and others ..... 1470	<b>Training in obstetrics and gynaecology</b> P Gray, MB ..... 1472
<b>Blood pressure in the very old</b> P C Waller, MRCP ..... 1468	<b>Drug addicts and the GP</b> C Brewer, MRCS ..... 1470	<b>Points After the horror (Rita Henryk-Gutt); Cervical cytology screening (D Slater); Charges for dental examinations (M J Aldred and P J M Crawford); Disabled living centres (W A Wallace) ..... 1472</b>
<b>Transplantation of fetal tissues</b> R M Ridley, PHD, and others; R M Redfern, FRCS, and J B Miles, FRCS ..... 1469	<b>Fibre and patients with diabetes</b> A Lakhdar and others; S R Bloom, FRCP ..... 1471	<b>Correction: Urinary catheters (Vaughan <i>et al</i>) ... 1472</b>
<b>Risk factors for ischaemic brain infarction</b> E Ernst, MD ..... 1469		

- 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.

## Coordinating community care

SIR,—Notwithstanding Professor Elaine Murphy's leading article (26 March, p 876), the Wagner, Firth, and Griffiths reports have been conspicuous by their lack of publicity.<sup>1-3</sup> The consequences of their proposals, if incorporated into government policy, will be extensive. They will affect the largest growing sector of our community, the elderly, and be part of what may be the most fundamental reorganisation of our welfare state since its inception.

The Griffiths report recommends the establishment of a new multipurpose workforce, local authority "care managers," and the development of coordinated local plans using existing machinery. Earlier anxiety prompted a postal survey to all directors of social services and general managers of district health authorities in England and Wales requesting details about joint care planning teams for the elderly. After five months 201 (50%) had responded, and their replies ranged in length from half to 32 pages. Fifty six had either discontinued or never had a joint care planning team, 18 held ad hoc meetings, 36 held regular meetings, and 29 failed to specify a frequency.

Many replies commented on the difficulties of attempting to coordinate plans with other organisations. For example, geographical anomalies forced one district health authority to try to coordinate plans with two social services departments, two education departments, two family practitioner committees, community health councils, voluntary organisations, and the whole or part of five district councils. One social services department reputedly "cooperates" with "four and a half" health districts.

The composition of the joint care planning team could be ascertained from 111 replies. The size of the committee ranged from three to 27 (average 12.8). All had both health and social services representatives. Only 62% had a housing department representative compared with 73% with voluntary department representation. Three had a

housing association, two had development corporation, and only one had a private nursing home representative. Several had people like district general managers, district medical officers, and directors of planning and information as members but lacked nursing representation; some even lacked a doctor.

The frequency of meetings ranged from one to six months among the 48% that had regular meetings. The suspicion remains that ad hoc meetings produce expedient short term solutions rather than comprehensive plans based on consumers' needs. Good quality results are unlikely without good planning, and the latter is unlikely without sound and coordinated planning machinery. Fudging the issue of coterminosity of health authorities, social services authorities, and family practitioner committees guarantees perpetuation of the morass described above and precludes long term improvement in community

## Death despite malaria prophylaxis

SIR,—Dr C J Ellis's discussion of malaria prophylaxis (2 April, p 952) prompts me to describe my own experiences. I have recently returned from south west Cameroon, where I spent three months as the medical officer to a 15 man scientific expedition. The area was known to have a particularly high incidence of malaria, and chloroquine resistance had been reported. All members of the party took chloroquine and proguanil prophylaxis as currently recommended.

Eleven members developed clinically evident malaria, nine while in Africa and two on return to Europe. Falciparum malaria was confirmed in all cases using a thick blood film. Treatment consisted of an eight day course of oral Quinimax (a proprietary preparation of quinine, quinidine, cinchonine, and cinchonidine, which was widely available in the country). In all cases there was a

care. Failure to define the basic minimum composition and function for any joint care planning team will allow those unwilling or unprepared to develop these services to claim extenuating circumstances. The absence of a national coordinating information network will perpetuate the piecemeal inefficiencies highlighted by the latest National Health Service Health Advisory Service report.<sup>4</sup>

S G BARBER  
P W HAYNES

North Devon District Hospital,  
Barnstaple, Devon EX31 4JB

- 1 Wagner G. *Residential care: a positive choice*. London: HMSO, 1987.
- 2 Firth J. *Public support for residential care*. London: HMSO, 1987.
- 3 Griffiths R. *Community care: agenda for action*. London: HMSO, 1988.
- 4 National Health Service Health Advisory Service. *Annual report*. Sutton, Surrey: NHS Health Advisory Service, 1987.

good initial response, but in six cases a further course combined with Fansidar was necessary because of relapse. This occurred three to six weeks after the initial illness. On return to Europe four people relapsed for a second time and required admission to hospital. All have, so far, responded to oral quinine (in some cases combined with Fansidar or chloroquine).

These findings are alarming as the standard prophylactic regimen was ineffective. In addition, although all patients responded to a therapeutic dose of Quinimax, a substantial proportion subsequently required further treatment. New guidelines for travellers to this part of west Africa are needed urgently.

N D KITCHEN

Hemel Hempstead General Hospital,  
Herts HP2 4AD