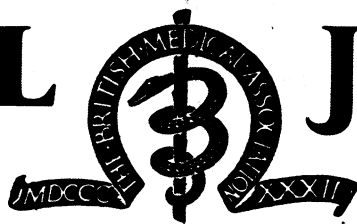


148.8
B77
cop.1

BRITISH MEDICAL JOURNAL



SATURDAY 25 JULY 1970

LEADING ARTICLES

Priorities page 175 Induction of Labour page 176 Appendicitis in Elderly Patients page 177
Breast-milk Jaundice page 178 M.R.C. and the Universities page 178
Handicapped Children page 179 Carbon Monoxide Poisoning page 180 Too Much Protection? page 180

NATIONAL AGRICULTURAL LIBRARY

SEP 24 1970

PAPERS AND ORIGINALS

- Host Resistance and Survival in Carcinoma of Breast: A Study of 104 Cases of Medullary Carcinoma in a Series of 1,411 Cases of Breast Cancer Followed for 20 years
H. J. G. BLOOM, W. W. RICHARDSON, AND J. R. FIELD 181
- Haemolytic-uraemic Syndrome Treated with Heparin
MARTIN W. MONCRIEFF AND ERIC F. GLASGOW 188
- Routine Induction of Labour by Amniotomy and Simultaneous Syntocinon (Synthetic Oxytocin) Infusion
MICHAEL E. PAWSON AND STANLEY C. SIMMONS 191
- Failure of a Pure Progestogen Contraceptive to Affect Serum Levels of Iron, Transferrin, Protein-bound Iodine, and Transaminase
L. W. POWELL, J. M. JACOBI, T. J. GAFFNEY, AND R. ADAM 194
- Use of Prostaglandin E₂ in the Management of Missed Abortion, Missed Labour, and Hydatidiform Mole
S. M. M. KARIM 196
- Use of Prostaglandin E₂ for Therapeutic Abortion
S. M. M. KARIM AND G. M. FILSHIE 198
- Trimethoprim-sulphamethoxazole in Acute Osteomyelitis Due to Penicillin-resistant Staphylococci in Uganda
J. L. CRAVEN, D. J. PUGSLEY, AND R. BLOWERS 201

PRELIMINARY COMMUNICATIONS

- Phenytoin Tolerance Tests
ANTHONY J. HANDLEY 203

MEDICAL MEMORANDA

- Long-acting Thyroid Stimulator in Thyrotoxic Monozygous twins
W. M. PRIEST 205
- Spontaneous Rupture of Aortic Valve Cusp Attachment
D. AVGOUSTAKIS, D. ATHANASSIADIS, AND P. TOUTOUZAS 206

MIDDLE ARTICLES

- European Common Market and British Medicine
E. GREY-TURNER 216
- Building for Health: Financial Priorities 219
- Personal View
G. C. MATHERS 220

BOOK REVIEWS 214

NEWS AND NOTES

- Medico-Legal—Witness Summonses 231
- Parliament—N.H.S. and the Social Services 231
- Epidemiology—Theatre Infections 233
- Medical News 233

CLINICOPATHOLOGICAL CONFERENCE

- A Case of Malabsorption, Intestinal Mucosal Atrophy and Ulceration, Cirrhosis, and Emphysema
Any Questions? 212

CORRESPONDENCE 221

OBITUARY NOTICES 229

SUPPLEMENT

- General Medical Services Committee 65
- Medical Teachers and Review Body 68
- Was it a Drug? 68
- Association Notices 68

Correspondence

Correspondents are asked to be brief.

Cataracts	
M. Ruben, F.R.C.S.	221
Rheumatoid Liver?	
M. J. Kendall, M.R.C.P., and others	221
Syncopal on Pelvic Examination	
D. N. Menzies, F.R.C.O.G.	221
Restoring Blood Volume	
B. Ibsen	222
Infantile Gastroenteritis	
J. S. Robertson, D.P.H.	222
Dentistry, Herpes Zoster, and Varicella	
R. J. West, M.R.C.P., D.C.H.	222
Case of Ergot Poisoning	
Egryn M. Jones, M.B.	222
Disseminated Intravascular Coagulation	
A. J. Richards, M.R.C.P.	222
Compression Bandaging for Oedema	
H. Dodd, F.R.C.S.	223
Serum Lipids, Typing, Fibrinolysis, and Smoking	
L. M. Dalderup, M.D., and others	223

Peritoneal Dialysis in Pulmonary Oedema	
M. I. M. Noble, M.D.	224
War Surgery in Nigeria	
H. A. F. Dudley, F.R.A.C.S.	224
Kidney-lung Relationship	
G. J. Sophian, F.R.C.O.G.	224
Migrating Intravenous Catheter	
G. Symonds, M.B.	224
Psychiatric Illness in General Practice	
C. H. Crowther, M.B., and I. R. McWhinney, M.D.	224
Androgenic Function and Impotence	
G. Milner, D.P.M.	224
Upgrading V.D. Departments	
F. J. G. Jefferiss, M.R.C.S.	225
Use of Broad-spectrum Antibiotics	
G. C. Arneil, F.R.C.P.; E. S. Anderson, F.R.C.PATH., F.R.S.	225
Future of the Small Hospital	
R. M. Emrys-Roberts, M.B.	225
Profession, Press, and Television	
John Prince	226

Folate and Vitamin B₁₂ in Epilepsy	
N. S. Gordon, F.R.C.P.ED.	226
Dialyser Gaskets	
A. J. Ralston, M.R.C.P., and others	226
Who Should do Psychotherapy?	
Jill Moor, PH.D.	227
Illustrated Lectures	
R. S. Illingworth, F.R.C.P.	227
Ototoxicity from Aminoglycoside Antibiotics	
D. Mansel-Jones, M.B.	227
Teaching Doctors Nutrition	
D. S. McLaren, M.D.	227
Consultancy in Radiology	
J. H. Middlemiss, M.D., F.F.R.	227
Regional Consultants	
C. F. Allenby, M.R.C.P., and others	228
Doctors and Their Pay	
T. Russell, M.B.	228
Professional Fees	
P. Norton	228
Dispensing Doctors	
J. A. Holland, M.B.	228

Cataracts

SIR,—Mr. P. D. Trevor-Roper's stylish and erudite description of cataract and its treatment (4 July, p. 33) ends with a paragraph of gloom.

It is true that the hopes of the patient for a successful visual outcome are not always fulfilled, but if good vision is present spectacle lenses are not the best means of optical correction. The author states vividly the queer visual world of the patient wearing spectacles. He has decided that it is the psyche that determines whether the individual eventually lives happily in this optically induced abnormal state.

In the article contact lenses as a means of optical correction are mentioned only as an aid to re-establishing binocular single vision in unilateral aphakia. I think that the general reader should also know that modern contact lenses are worn by many senile bilateral aphakics, with full restoration of field of vision. They obtain almost normal

size of image and sometimes even the ability to see near detail as well as distance. Furthermore, the senile aphakic cornea is less sensitive than the young normal eye and well able to tolerate a contact lens throughout the waking hours.

The management of such appliances may well fail owing to problems of the psyche. The alternative correction in the form of spectacles produces an optical cripple. Because of the restriction of field of vision and lateral scotomata present with most spherical forms of spectacle lenses (aspherical lenses give larger fields of vision and less aberration), I am doubtful whether aphakics wearing spectacles are safe driving on fast motorways or in traffic congested zones. Aphakics with good corrected vision should, therefore, be given the opportunity to attempt contact lens wear.—I am, etc.,

MONTAGUE RUBEN.

London W.1.

Rheumatoid Liver?

SIR,—Dr. F. Dudley Hart in both his Philip Ellman (19 July, 1969, p. 131) and Stanley Davidson (27 June, p. 747) lectures has drawn attention to the extra-articular manifestations of rheumatoid arthritis. We have recently investigated the incidence of biochemical abnormalities in 100 unselected rheumatoid patients and compared them with 100 matched controls. The frequency of abnormal results in the rheumatoid group was surprising and reflected the widespread nature of the disease.

A serum uric acid over 6 mg./100 ml. occurred in 18 patients. This, which could easily lead to an erroneous diagnosis of gout, indicated renal impairment, the uric acid correlating with urea and creatinine. Other causes are aspirin in small doses and possibly rapid tissue breakdown.¹ Changes in proteins are well known, and we found a raised globulin in 44 patients. That the serum albumin may be low and cause

oedema is less well appreciated; levels below 3.3 g./100 ml. occurred in 25 patients. Hypocalcaemia, 20 patients having values of less than 9 mg./100 ml., was secondary to the low serum albumin and not owing to metabolic bone disease.

A low serum iron was the commonest abnormality, occurring in 68 patients. This was expected, for changes in iron metabolism accompany inflammation from any cause; we found that lower values tended to occur in more active cases with a high E.S.R. In addition, a low serum iron may result from occult bleeding due to drug therapy. Paradoxically, the value of estimating serum iron was greatest when it was normal, for then other biochemical tests were likely to be normal.

An unexpected finding was a raised alkaline phosphatase in 26 patients, which was often associated with a raised 5-nucleotidase. This suggested liver disease.² Fur-

thermore, Langness³ found abnormal B.S.P. retention and microscopical evidence of liver disease in many of his cases, and recently hepatic dysfunction has been demonstrated in Felty's syndrome (17 January, p. 131). We believe that there is an entity—"Rheumatoid liver."—We are, etc.,

M. J. KENDALL.
R. COCKEL.
J. BECKER.
C. F. HAWKINS.

Queen Elizabeth Hospital,
Birmingham 15.

REFERENCES

- Dixon, A. St. J., *Progress in Clinical Rheumatology*, p. 264. London, Churchill, 1965.
- Kendall, M. J., Cockel, R., Becker, J., Hawkins, C. F. *Annals of the Rheumatic Diseases*, 1970, in press.
- Langness, U., *Zeitschrift für Rheumaforschung*, 1969, 28, 152.

Syncopal on Pelvic Examination

SIR,—Syncopal following pelvic examination (11 July, p. 61) also occurs in women. Fortunately the syndrome is rare in normal practice, but it not infrequently accompanies the insertion of an intrauterine device. Pregnant women appear to be particularly susceptible, and maternal death has been reported following routine rectal examination during normal labour. Severe bradycardia may follow attempts to procure abortion (even by intra-amniotic saline injection). In the presence of abruptio placentae passing a finger or an instrument through the cervix can result in a gross bradycardia, increased hypotension, or even cardiac arrest.

This complication is likely to be the result of vagal overaction. Clinically it can be prevented or reversed by the administration of atropine intravenously. Awareness of the beneficial effects of this drug in these circumstances may save an occasional life. More often it can lead to the rapid alleviation of a patient's distress.—I am, etc.,

D. N. MENZIES.

Women's Hospital,
Liverpool.