

448.8
B77

BRITISH MEDICAL JOURNAL

SATURDAY 28 SEPTEMBER 1974

LEADING ARTICLES

Recurrent Oral Ulceration page 757 Naming an Antibiotic page 758 Admission for
Rheumatoid Arthritis page 759 Non-specific Genital Infection page 759 Cardiovascular
Disease and Peptic Ulcer page 760 Lead and Intelligence page 761 Overdue Recognition
for Nurses page 762

PAPERS AND ORIGINALS

Comparison of Azathioprine, Cyclophosphamide, and Gold in Treatment of Rheumatoid Arthritis
H. L. F. CURREY, J. HARRIS, R. M. MASON, J. WOODLAND, T. BEVERIDGE, C. J. ROBERTS, D. W. VERE, A. ST. J. DIXON, J. DAVIES, B. OWEN-SMITH..... 763

Relationship between Concentrations of Maternal Plasma Oestrogens and Progesterone and Response to Artificial Rupture of Membranes MAMDOUH M. SHAABAN, VIJAY JANDIAL, ARNOLD KLOPPER..... 767

Role of Gastric Irradiation in Management of Peptic Ulceration and Oesophagitis J. M. FINDLAY, G. A. NEWAISHY, W. SIRCUS, J. P. A. MCMANUS..... 769

Transthoracic Electrical Impedance in Cases of High-altitude Hypoxia SUJOY B. ROY, V. BALASUBRAMANIAN, M. R. KHAN, V. S. KAUSHIK, S. C. MANCHANDA, S. K. GUHA..... 771

Hypouricaemia and Proximal Renal Tubular Dysfunction in Acute Myeloid Leukaemia M. AFZAL MIR, I. W. DELAMORE.. 775

Newer Aminoglycosides—Amikacin and Tobramycin: An in-vitro Comparison with Kanamycin and Gentamicin A. V. REYNOLDS, J. M. R. HAMILTON-MILLER, W. BRUMFITT..... 778

Three Cases of Acute Ketotic Diabetes Mellitus with Myocarditis: A Common Viral Origin? PHILIP GIBBS..... 781

Cervical Plasma Cell Population in Infertile Patients R. B. HUTCHESON, T. D. ANDERSON, E. J. HOLBOROW..... 783

Inappropriate Secretion of Antidiuretic Hormone with Chronic Chest Infections ALAN SPANOS, CHRISTOPHER J. SPRY.... 785

Two Cases of Tuberculous Lymphoedema SHAISTA HODA, S. M. RAB..... 786

MEDICAL PRACTICE

Blood and Neoplastic Diseases: Haemostasis, Haemorrhage, and Thrombosis D. OGSTON, A. S. DOUGLAS..... 787

Eld Health G. F. ADAMS..... 789

Clinical Medicine and Research in Italy O. WRONG..... 792

Tuberculosis as a Continuing Cause of Renal Amyloidosis A. C. KENNEDY, J. A. BURTON, MARJORIE E. M. ALLISON..... 795

Beclomethasone Dipropionate and Oropharyngeal Candidiasis L. J. R. MILNE, G. K. CROMPTON..... 797

Any Questions? 799

Personal View T. D. V. SWINSCOW..... 800

CORRESPONDENCE—List of Contents..... 801

BOOK REVIEWS 813

NEWS AND NOTES

Epidemiology—Mycoplasma Hominis Infection..... 816

Medicolegal—Doctor's Appeal Fails..... 816

Medical News—Inquiry into Drinking and Driving; Cancer Fellowships; Integration of the Disabled..... 817

OBITUARY NOTICES 811

SUPPLEMENT

General Medical Services Committee—Review Body; Family Planning; Car Allowances..... 819

In Brief—Funds for Off-duty Payments to Hospital Junior Staff; Armed Forces Committee..... 821

Association Notices 822

CORRESPONDENCE

Correspondents are asked to be brief

Experts and Child Abuse	
S. D. M. Court, F.R.C.P., and others; Rosemary M. Goodridge.....	801
Poisoned Children	
M. Calnan, B.Sc.....	802
Danger of Saline Emetics in First-aid for Poisoning	
M. Winter, M.B., and D. J. E. Taylor, M.R.C.P.	802
Women in Medicine	
G. P. Summerfield, B.M.; Josephine A. Williamson, F.R.C.O.G.; D. S. Wilkinson, F.R.C.P.; E. E. Vella, F.R.C.PATH.....	802
Treatment of Aspergillosis	
L. J. R. Milne, PH.D., and G. K. Crompton, M.R.C.P.Ed.	803
New Curriculum	
D. C. Morrell, M.R.C.P.	804
Complications of Carbinoxolone Therapy	
A. Hulme, M.R.C.P., and M. C. Bateson, M.R.C.P.; P. I. Reed, F.R.C.P.(C).	804
Channel Tunnel	
R. G. Richardson, B.M.	804
Prazosin and Hydralazine in the Treatment of Hypertension	
A. S. P. Hula, M.R.A.C.P., and Priscilla S. Kincaid-Smith, F.R.C.P.	804
Transfusion Policy	
E. K. Blackburn, F.R.C.PATH.....	805
Wartime Penicillin	
L. P. Garrod, F.R.C.P.; C. V. Hey.....	805
The Disc Sensitivity Test	
H. Ericsson, M.D.	805
Data Sheet Compendium	
R. Law, M.R.C.G.P.	806
Larrey and Débridement	
R. G. Richardson, B.M.	806
Complication of Proximal Gastric Vagotomy	
R. Hall, F.R.C.S., and others.....	806
Fainting during General Anaesthesia in Supine Dental Patients	
J. D. Parsons, L.D.S.	807
Potential Danger of Hydatid Disease of Horse/Dog Origin	
R. C. A. Thompson, B.Sc., and J. D. Smyth, PH.D.	807
Halothane and Liver Damage	
J. Parkhouse, F.F.A.R.C.S.	807
Withdrawal of Rifamide	
R. Pallanza, B.I.S.C.	807
Forebodings for the Future	
N. S. Baber, M.B.	807
Starving Children before Operation	
E. N. S. Fry, F.F.A.R.C.S., and A. A. Ibrahim, M.B.	808
Treatment of Status Epilepticus with Sodium Valproate	
A. R. Manhire, M.B., and M. L. E. Espir, F.R.C.P.	808
Price of Prostatectomy	
A. Elton, F.R.C.S., and B. M. Wright, M.B.	808
Swimmers' Ears	
N. Roydhouse, F.R.C.S.	808
Lactose Intolerance in San Populations	
G. T. Nurse, M.B., and T. Jenkins, M.B.	809
N.H.S. Consultants: Progress Report	
C. E. Astley, F.R.C.P.	809
N.H.S. Family Planning	
T. A. Reddy, M.B., and Christian A. M. Roan, M.B.	810
Health Service Delays: New Birmingham Eye Hospital	
W. M. Walker, F.R.C.S., and others.....	810
Are Our Priorities Correct?	
H. Joules, F.R.C.P.	810
Maternity Services in the Community Hospital	
D. G. Jones, M.R.C.G.P.	810

Experts and Child Abuse

SIR,—All those who are concerned with the welfare of children welcome the continued ventilation of the subject of child abuse in your columns. The Maria Colwell report¹ contains, as you say (14 September, p. 641), evidence of the need for closer co-operation between all the experts. It is the experts from different professions who provide the teams whose importance is stressed by Dr. Selwyn M. Smith and Mrs. Ruth Hanson in their study of families of children injured badly enough to be admitted to hospital (14 September, p. 666).

Effective co-operation requires not only the will to work together, which has not always been present in the past, but also understanding by the various experts of each other's function. We read therefore with dismay in your leading article the comment, as though this is wrong, that "day-to-day responsibility for children known to be at risk is nowadays generally in the hands of social workers." You are referring to the regret expressed by Dr. Smith and Mrs. Hanson at the apparent abdication of responsibility by the medical profession to local authorities and voluntary societies. In fact the local authorities through the social service departments have a statutory obligation to carry out the protective function of society towards all children in need of care, an obligation shared in part by the N.S.P.C.C. The doctor cannot abdicate a responsibility that has never been his.

However, in the discharge of this statutory duty of child protection the social worker relies on observations many of which are

essentially medical. It would be an invasion of the function of the social worker if the doctor tried to perform day-to-day supervision of the child in the family. It is equally an invasion of the doctor's function if the social worker always makes the assessment of progress and of the health of the child within the confines of the social service department. These are complex cases. Evidence is never plain, concealment of fact usually successful, decision always difficult. Such well-known characteristics must be accepted by everyone.

It is because of the inherent difficulties that even when there are no injuries that require hospital treatment we recommend the admission of the child for medical and psychiatric as well as social diagnosis of the family whenever there is suspicion, unless a doctor with experience of deprivation, abuse, and battering takes responsibility for leaving the child at home. Later periodic medical reports provide information without which the social worker cannot properly decide whether the plan that is being put into effect is succeeding. The old experienced children's officers could recognize impending disaster, but the same precision cannot be relied on from the generic social worker, at least not yet. Many general practitioners get the feel of this problem, but it is our view that their best and safest course is to refer suspicious families to the local department of child health. This should lead into the system of assessment and supervision suggested by the Department of Health and Social Security and fully supported by the

British Paediatric Association, the British Association of Paediatric Surgeons, and the Tunbridge Wells Study Group.

So far from abdication, paediatricians throughout the country spend more and more time in original assessment, in mobilizing and presenting evidence to courts, and in playing their full part in review committees and case conferences. And of course many other members of the medical profession are deeply involved with paediatricians in treatment and management, especially psychiatrists, paediatric surgeons, accident doctors, radiologists, neurosurgeons, and ophthalmic and orthopaedic surgeons. The doctor cannot intervene uninvited.

What is apparent from the report by Dr. Smith and Mrs. Hanson is that the right doctor is not called in soon enough or often enough. The lesson will be there for all to read when the Maria Colwell report becomes generally available.—We are, etc.,

DONALD COURT
President, British Paediatric Association
JAMES LISTER
President, British Association Paediatric Surgeons
ALFRED WHITE FRANKLIN
Convenor, Tunbridge Wells Study Group
London W.1

¹ Report of the Committee of Inquiry into the Care and Supervision Provided in Relation to Maria Colwell. London, H.M.S.O., 1974.

SIR,—Dr. Selwyn M. Smith and Mrs. Ruth Hanson state (14 September, p. 666) in regard to battered children that "it almost