

# BRITISH MEDICAL JOURNAL

SATURDAY 19 JULY 1975

## LEADING ARTICLES

**Informing the Public About Cancer** page 119      **Penicillamine: More Lessons from Experience**  
 page 120      **Yellow Fever** page 121      **Rationing N.H.S. Resources** page 122      **Diagnosis of**  
**Malignant Carcinoid Syndrome** page 122      **New R.B. at Leeds** page 123      **A Century for the**  
**Vets** page 124

## PAPERS AND ORIGINALS

**Predicting the Outcome of Stroke: Acute Stage after Cerebral Infarction**  
 J. M. OXBURY, R. C. D. GREENHALL, K. M. R. GRAINGER ..... 125

**Prognostic Significance of Acute Systolic Hypertension after Myocardial Infarction**  
 K. M. FOX, I. W. TOMLINSON, R. W. PORTAL, CLIVE P. ABER ..... 128

**Use of Clomiphene and Luteinizing Hormone Follicle Stimulating Hormone-releasing Hormone in Investigation of Ovulatory Failure** JEAN GINSBURG, A. J. ISAACS, MARION B. R. GORE, C. W. H. HAVARD ..... 130

**Evidence for HL-A-linked Genes in "Juvenile" Diabetes Mellitus** A. G. CUDWORTH, J. C. WOODROW ..... 133

**High Intestinal Lactase Concentrations in Adult Arabs in Saudi Arabia** G. C. COOK, M. T. AL-TORKI ..... 135

**Osteomalacia Presenting as Chorea** D. J. HOSKING, A. WILLIAMS, R. B. GODWIN-AUSTEN, S. P. ALLISON ..... 136

**Infectious Mononucleosis with Jaundice, Anaemia, and Encephalopathy** STEPHAN JAIN, SHEILA SHERLOCK ..... 138

**Arsenical Polyneuropathy due to Caustic Arsenical Paste** T. J. ROBINSON ..... U.S. DEPT. OF AGRICULTURE ..... 139

**Salmonella Infection of Ovarian Dermoid Cyst** HASSAN SIDAHMED, ABO HASSAN ..... NATIONAL AGRICULTURAL LIBRARY ..... 140

**Useful Function of "Non-functioning" Renal Homograft**  
 D. J. SHAPIRO, M. J. BLUMENKRANTZ, J. H. SHINABERGER, J. W. COBURN ..... 140

RECEIVED

AUG 1 1975

## MEDICAL PRACTICE

**Hereditary Disease and Its Control** PHILIP RAINSFORD EVANS ..... 141

**Nurse Therapists in Behavioural Psychotherapy** I. M. MARKS, R. S. HALLAN, R. PHILPOTT, J. C. CONNOLLY ..... 144

**Aspects of Sexual Medicine: Management of Sexual Deviation** S. BRANDON ..... 149

**Letter from Chicago: Confrontations** GEORGE DUNEA ..... 151

**Any Questions?** ..... 153

**Personal View** I. FELSTEIN ..... 154

## PROCUREMENT SECTION CURRENT SERIAL RECORDS

**CORRESPONDENCE—List of Contents** ..... 155

**OBITUARY NOTICES** ..... 163

## NEWS AND NOTES

**Medical News—Mrs. Castle's Letter to B.M.A. Juniors** ..... 167

**B.M.A. Notices** ..... 168

**BOOK REVIEWS** ..... 165

## SUPPLEMENT

**The Week** ..... 169

**B.M.A. Annual Representative Meeting—Leeds, 1975** ..... 170

**Hospital Medical Services—Family Planning Services** ..... 185

**Juniors' Contract Discussed at Leeds** ..... 186

## CORRESPONDENCE

<b>An Easy Death—An Uneasy Argument</b>	
M. A. Simpson, M.B. ....	155
<b>Paradoxical Effect of Pindolol</b>	
Hendrika J. Waal-Manning, M.B., and F. O. Simpson, F.R.C.P.ED. ....	155
<b>Gold Therapy in 1975</b>	
S. P. Liyanage, M.R.C.P. ....	156
<b>Tolamolol in Treatment of Angina Pectoris</b>	
K. R. Hunter, M.D., and D. W. Barritt, F.R.C.P.; C. S. Good, F.R.C.S. ....	156
<b>Attitudes towards Alcoholism</b>	
M. M. Glatt, F.R.C.P. ....	157
<b>Late Talkers</b>	
Elinor Jaffa, M.B. ....	157
<b>Another Unfair Anomaly</b>	
R. S. Morton, F.R.C.P.ED. ....	157
<b>Identification of High Risk Labours</b>	
M. K. O'Driscoll, F.R.C.O.G.; D. D. Mathews, F.R.C.S.ED. ....	157
<b>Group B Streptococci in Perinatal Infections</b>	
Anne H. C. Uttley, and Ruth S. Mitchison, M.B. ....	158
<b>Agency Nurses</b>	
D. J. Cropper, F.E.C.I. ....	158
<b>Anabolic Steroids in Athletics</b>	
T. Khosla, PH.D. ....	158
<b>Moles and Malignant Melanoma</b>	
W. Gordon, F.R.C.P.ED. ....	159
<b>SI Units</b>	
M. P. Walsh, M.D.; D. H. Smyth, M.D., F.R.S. ....	159
<b>Spontaneous Pneumothorax</b>	
N. I. B. Mizrahi, M.B. ....	159
<b>Colour Disturbance as a Symptom</b>	
M. J. Pleydell, F.F.C.M. ....	159
<b>Thyroid Medullary Carcinoma, Prostate-glandins, and Nutmeg</b>	
J. A. Barrowman, M.R.C.P., and others. ....	160
<b>Abortion (Amendment) Bill</b>	
Isabel G. Smith, M.R.C.P.; Reverend J. B. Metcalfe, M.B. ....	160
<b>Screening Methods for Covert Bacteriuria in Schoolgirls</b>	
R. Hole, F.R.C.S. ....	160
<b>Antibiotic Policy</b>	
O. J. A. Gilmore, F.R.C.S., and P. J. Sanderson, M.R.C.PATH. ....	161
<b>Surgery of Violence</b>	
R. J. Knight, F.F.A.R.C.S. ....	161
<b>Junior Hospital Staff Contract</b>	
D. F. H. Gueret Wardle, M.R.C.P., and N. D. L. Olsen, M.R.C.P.; J. T. Whicher, M.B. ....	161
<b>Related Ancillary Staff</b>	
A. E. Loden, M.B.; B. D. Morgan Williams, M.R.C.G.P. ....	161
<b>Consultants' Fees for Dental Anaesthetics</b>	
R. L. McMillan, F.F.A.R.C.S. ....	162
<b>Points from Letters</b>	Car Driving after Abdominal Operations (D. B. B. Whitehouse); Injudicious First-aid (M. F. Green); L.M.C. Conference Agenda (L. M. Ellis); Salaries and Inflation (D. A. Walmsley); Potential Toxicity of Slow-K (F. G. McMahon); Origins of the Lithotrite (F. F. Waddy); Method of Using Pressurized Aerosols (R. D. Reubin) ....
	162

Correspondents are urged to write briefly so that readers may be offered as wide a selection of letters as possible. So many are now being received that the omission of some is inevitable. Letters should be signed personally by all their authors.

### An Easy Death—An Uneasy Argument

SIR,—Dr. S. L. Henderson Smith (3 May, p. 276) may be right in stressing that excellent hospice-type care of the dying may not render all discussion of the issues of euthanasia quite obsolete, even though it might greatly decrease the number of instances in which the question might arise. It is unfortunate, to some extent, that the issues of good terminal care and active euthanasia should have become muddled in some minds to the point that they may begin to appear as alternatives. Doctors and laymen may justifiably disagree on questions of "assisted suicide" or "arranging dying" (the number of circumlocutions this debate is spawning is awesome). But we should not disagree on the importance of drastically improving the standards of terminal care received by the majority of dying patients, nor should we allow the euthanasia debate, however spirited or sincere, to interfere with the attempt to achieve this more universally applicable objective.

Dr. Smith would also be advised to avoid seriously misleading abuse of statistics, lest the rest of his arguments be regarded as similarly ill-founded. The "continuing occurrence of suicides in those suffering from terminal conditions" does, verily, continue; but in the experience of most of those associated with the care of the dying it is an uncommon event and seldom seen in the context of optimal terminal care. That 18% of "successful" suicides are associated with organic illness is barely relevant, unless Dr. Smith wishes to equate organic illness with terminal illness, surely an excessively gloomy attitude. The proportion of the population of completed suicides

suffering from what would generally be acknowledged as a terminal illness is uncertain, but available data suggest that it is low. The majority of the 18% so glibly quoted would be suffering from such conditions as rheumatoid arthritis, peptic ulcer, or asthma.—I am, etc.,

MICHAEL A. SIMPSON

McMaster University Medical Centre,  
Hamilton, Ontario,  
Canada

### Paradoxical Effect of Pindolol

SIR,—Clinical experience has shown that for some beta-blockers there seems to be a dosage ceiling beyond which further increase in dosage is unprofitable.<sup>1</sup>

In the case of pindolol increase in dosage may actually cause a rise in blood pressure. We first noted this in a man aged 56 with malignant hypertension. He responded well initially to cyclopenthiiazide and a small dose

of pindolol (rising to 15 mg daily), but when the dose was further increased to 25 mg daily in an attempt to achieve completely normal blood pressure the pressure in fact rose. Reduction in the dose of pindolol led once again to a fall in blood pressure.

Subsequently we looked for this phenomenon in patients with poorly controlled blood pressure (in this case >160/110 mm Hg lying) on relatively high pindolol dosages. While taking a high dose of pindolol nine patients had a morning test, during which five lying and standing blood pressure and pulse readings were taken by trained technicians. The dose of pindolol was then reduced and a further morning test was done after an interval of 1-4 weeks. In all nine patients the blood pressure fell (see table); the pulse rate did not alter significantly.

Pindolol has a considerable sympathomimetic effect,<sup>2</sup> but its beta-blocking effect is so powerful that it is usually used at a low dosage compared with most other beta-blockers. The sympathomimetic effect is thus usually not excessive. However, it may be that in some patients the sympathomimetic effect tends to predominate when the dose rises above a certain level. Collins and King<sup>3</sup> found a rise in blood pressure in 8% of patients treated with pindolol in a multi-centre study (dosage in these cases was not

Effect of Lowering Dosage of Pindolol in Nine Patients

	Pindolol High Dose	Pindolol Reduced Dose	Change
Mean dose (mg/24 h) .. .. .. ..	48	19	
Range (mg/24 h) .. .. .. ..	27.5-67.5	7.5-30	
Lying:			
Systolic B.P. (mm Hg) .. .. .. ..	196	179	- 17*
Diastolic B.P. (mm Hg) .. .. .. ..	120	108	- 12†
Pulse (/min) .. .. .. ..	76	75	- 1
Standing:			
Systolic B.P. (mm Hg) .. .. .. ..	176	160	- 16*
Diastolic B.P. (mm Hg) .. .. .. ..	115	106	- 9†
Pulse (/min) .. .. .. ..	79	76	- 3

\*P<0.002. †P<0.01. ‡P<0.05.