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BRITISH MEDICAL JOURNAL NO 6816 VOLUME 303

INTERNATIONAL

Editorials	1487	Choice and chance in low risk maternity care Rona Campbell, Alison Macfarlane, Sandy Cavenagh
	1489	Hormonal manipulation of prostatic cancer Fritz H Schröder
	1490	Tired all the time Leone Ridsdale
	1491	Sumatriptan in migraine J M S Pearce
	1492	Injuries from land mines Rae McGrath, Eric Stover
News	1493-1498	Fraudulent doctors · Nobel laureate resigns · Australian tobacco sponsorship · Limiting animal testing · Calls to ban boxing · Dutch disability questioned · Auditing nursing · Costs of rehabilitation · First Scottish trust · Patients' x ray exposure · Drinking and driving · Boxing and patients in research · The Week
Papers	1499	Effects of intravenous magnesium in suspected acute myocardial infarction: overview of randomised trials Koon K Teo, Salim Yusuf, Rory Collins, Peter H Held, Richard Peto
	1504	Survey of "Do not resuscitate" orders in a district general hospital Emma J Aarons, Nicholas J Beeching
	1506	Parathyroid hormone related protein and hypercalcaemia in breast cancer N J Bundred, Wendy A Ratcliffe, Rosemary A Walker, S Coley, J M Morrison, J G Ratcliffe
	1509	Injuries from antipersonnel mines: the experience of the International Committee of the Red Cross Robin M Coupland, Adriaan Korver
	1512	Dogs that bite P C Shewell, J D Nancarrow
	1514	Response of carpal tunnel syndrome to hormone replacement therapy Ronit Confino-Cohen, Michael Lishner, Hillel Savin, Ruth Lang, Mordchai Ravid
	1514	Social and functional impact of minor fractures in elderly people J M Nankhonya, C J Turnbull, J T Newton
	1515	Transmission of <i>Plasmodium falciparum</i> by heart transplant Jérôme Babinet, Frédéric Gay, Dorina Bustos, Michel Dubarry, Dominique Jaulmes, Loan Nguyen, Marc Gentilini
	1516	What happens to patients with non-vascular leg pain? K Varty, J van Dorpe, J A St Johnston, W Bruce Campbell
General Practice	1517	Outcome of planned home births in an inner city practice Christine Ford, Steve Iliffe, Owen Franklin
Audit in Practice	1520	Audit in Person: A form to help learn and teach about assessing medical audit papers Raj S Bhopal, Richard Thomson
	1523	International Quality Assurance: Audit activities in Australia Brian T Collopy
	1526	Audit News
Education & Debate	1527	Identifying "high risk situations" for preventing AIDS Anthony B Zwi, Antonio Jorge R Cabral
	1529	Needs assessment, priority setting, and contracts for health care: an economic view Cam Donaldson, Gavin Mooney
	1531	Medical Profile: James Scott: next professor of medicine at the Hammersmith Richard Smith
	1534	Medicine in Europe: Medical manpower Stephen Brearley
	1537	ABC of Vascular Diseases: Epidemiology of atherosclerosis Geoffrey Rose
	1539	Health and the Environment: Air pollution: II—road traffic and modern industry Fiona Godlee

1543-1560 **Obituary · Correspondence · Medicopolitical Digest · Soundings · Medicine and the Media · Personal View · Medicine and Books · Minerva · (in detail overleaf)**

CONTENTS *pages 1543-1560*

1543 Obituary

N Veall, R Bellamy, J E Murray, M C Berenbaum, J S Freund, L E John, J W O Will

1545 Correspondence

- | | |
|--|---|
| 1545 Caring for larger lists
A Hamilton and J Pitts; V P Smith; A Herd | 1550 Health of the nation: obesity
J Garrow |
| 1545 Oral iron chelation is here
N T J O'Connor; G J Kontoghiorghes | 1550 Doctors and the Children Act
D Wheeler; J Tuke; A Elliott |
| 1546 Coronary heart disease
J McMurray and H J Dargie; H Tunstall-Pedoe | 1551 Dietary reduction of serum cholesterol
concentration
L E Ramsay and others |
| 1547 Health and the environment: population
M Jarmulowicz; D E Logie | 1551 Repeatable prescriptions
F Kavalier |
| 1547 Bile duct stones and laparoscopic
cholecystectomy
B R Tulloh and others; F J Mullan and S T Irwin;
C Ainley and others | 1552 Rugby injuries
I Beer |
| 1548 Peak bone mass and bone loss in postmenopausal
osteoporosis
J Reeve; M A Hansen and others; J D Johnston
and others | 1552 Assault after ingestion of antidepressant
T Hughes and P Sugarman |
| 1549 Orthopaedic surgeons and thromboprophylaxis
L Poller and D A Taberner | 1552 Changing patterns of work
P E Carter |
| 1549 Profit and loss account
D Roberts; J E Marley | 1552 Audit of radiological investigations
R A L Bisset |
| 1549 Randomised clinical trials in clinical practice
V Peto and A Coulter | 1553 Adolescent smokers seen in general practice
C Dukes |
| 1550 Manslaughter convictions for making mistakes
J R Heron; S A Hayward; G Henderson | 1553 Rationing: at the cutting edge
V Parsons |
| | 1553 Bell ringers' bruises and broken bones
D Gullick |

1554 Medicopolitical Digest

Liberal Democrats' pillars for health · Consultants criticise GMC performance review · IT shortfall in fundholding · Regional funding · BMA council elections 1992-4

1556 Soundings

Fizzical problems Julie Welch

Publish or perish Trisha Greenhalgh

1557 Medicine and the Media

"The king is but a man" Roy Porter

1558 Personal View

Dealing with two Africas Andrew R Potter

1559 Medicine and Books

Norman Beale: *Understanding Benefits* (S Ennals)

Bruce Campbell: *Leg Ulcers: A Practical Approach to Management* (D Negus)

1560 Minerva

EDITOR'S CHOICE

BMJ

At what point does evidence become strong enough to change treatment? This is one of the toughest of decisions faced in medicine, and it arises with the overview we publish today that suggests that intravenous magnesium will reduce deaths from heart attacks (p 1499). Few doctors will have changed their practice after the small randomised trials that have been conducted so far, and some will undoubtedly want to wait for the large randomised study that is under way. But how many patients will be getting intravenous magnesium before Christmas because of this overview? The paper comes in part from a group in Oxford who are known all over the world, but much of British medical science is in the doldrums. James Scott takes up his post as professor of medicine at the Hammersmith at the beginning of January, and in an interview he declares himself to be on a mission to raise the international profile of both the Hammersmith and

all of British academic medicine (p 1531). He has some stern words for the colleges and medical politicians and wants medical academia to stop whingeing and start being positive. Meanwhile, in this week when all of Europe has its eyes to Maastricht and the future of the continent, Stephen Brearley contributes an article on medical manpower to our series on medicine in Europe (p 1534): he points out that most European countries have far too many doctors and in some cases have experienced catastrophic medical unemployment. Finally, Roy Porter reviews with great enthusiasm Alan Bennett's play on the madness of George III (p 1557) and points out that it contains "a trio of physicians out of the Mad Hatter's tea party who can, predictably, be relied upon never to agree." A Lincolnshire "mad doctor" advocated breaking in the mad king like a horse and had some success—two centuries before we knew the cause of the madness to be porphyria.