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INTERNATIONAL

Editorials	1195 Why cigarette advertising should be banned Adrian Vickers
	1196 Microalbuminuria P H Winocour
	1197 Patterns of hospital medical staffing Andrew Carney
	1198 Medical treatment for benign prostatic hyperplasia Christopher Chapple
	1199 Behcet's disease B Wechsler, J C Piette
News	1201-1206 Russia's doctors plan strike · Royal Society of Medicine · Melanoma trial · Third World women · New Zealand misadventure · British surgeon and HIV · BMA community care report · Doctors protest against ICI · Elderly people in homes · Dracunculiasis · Euro dimensions · The Week
Papers	1207 Management of sudden bereavement in the accident and emergency department M W Cooke, H M Cooke, E E Glucksman
	1209 Long term follow up of women with borderline cervical smear test results: effects of age and viral infection on progression to high grade dyskaryosis Lynn Hirschowitz, Angela E Raffle, Elizabeth F D Mackenzie, A O Hughes
	1213 Audit of a tuberculosis contact tracing clinic S F Hussain, R Watura, Beryl Cashman, I A Campbell, M R Evans
	1215 Must diabetes be a fatal disease in Africa? Study of costs of treatment Stella S Chale, Andrew B M Swai, Phare G M Mujinja, Donald G McLarty
	1218 Hyponatraemia and death or permanent brain damage in healthy children Allen I Arieff, J Carlos Ayus, Cosmo L Fraser
	1222 First use of heroin: changes in route of administration over time John Strang, Paul Griffiths, Beverly Powis, Michael Gossop
	1223 Urinary 5-hydroxyindole acetate concentration in pregnancy induced hypertension G Marcus Filshie, Paul Maynard, Christopher Hutter, Jason C Cooper, Graham Robinson, Peter Rubin
	1224 Relation between quality of cervical smears and probability of abnormal results Frank Buntinx, J André Knottnerus, Harry F J M Crebolder, Gerard G M Essed, Hubert Schouten
	1225 Drug Points: Rhabdomyolysis due to combined treatment with lovastatin and cholestyramine C Chrysanthopoulos, Nicholas Kounis · Nifedipine induced gingival abscesses Gabriela Koller-Benz, Andrea Fritzsche, Reto Krapf · Guillain-Barré syndrome after treatment with streptokinase D Barnes, R A C Hughes
General Practice	1226 Visual problems in the elderly population and implications for services R P L Wormald, L A Wright, P Courtney, B Beaumont, A P Haines
	1229 Effect of unexpected demolition announcement on health of residents D S Halpern, J Reid
Education & Debate	1231 Guidelines on the management of tuberculosis and HIV infection in the United Kingdom Subcommittee of the Joint Tuberculosis Committee of the British Thoracic Society
	1234 Current Issues in Cancer: Molecular genetics of cancer B A J Ponder
	1237 ABC of Colorectal Diseases: Constipation K J Moriarty, M H Irving
	1241-1256 Obituary · Letters · Medicopolitical Digest · Soundings · Medicine and the Media · Personal View · Medicine and Books · Minerva · (in detail overleaf)

CONTENTS pages 1241-1256

1241 Obituary

H Neubauer, R Morrison, F T Madge, G M Lamb, S W Allinson, R P Hendry, A G L Ives, J Douglas, F K P Brydon, I Wald, W Zaniewski

1243 Letters

1243 Recording HIV status on police computers A J Lyons; N Davis; A Jeunes; D C Macallan	1247 Psychological treatments in cancer patients P McHugh and S Lewis
1243 Cholera: getting the message across N Andersson and others	1248 Consultants' communications with general practitioners G Read
1244 Work related disorders of the upper limb J Burgess; D Thompson	1248 Freeman Hospital: working to improve services J S Yudkin; G Dale
1244 Blood glucose and diabetic retinopathy L Orosz and others	1248 Checking quality of health care records C P J Charlton and C J Cuningham
1245 Treatment of hypertension in older adults J A Lewis	1249 Developing countries and medical progress A R Potter
1245 Storing vaccines at the correct temperature P Lewis	1249 Medical response to disasters overseas K B Queen; E J Pugh
1245 Myeloma and benign intracranial hypertension R J Davenport and R E Cull; D Cunningham	1249 Response to the Kurdish refugee crisis K C Hines
1246 Missed neuroleptic malignant syndrome A White and B Everist; B Craddock and N Craddock; M Fink; D S Renwick and others	1249 First among women A L Pahor
1247 Pregnancy and fasting during Ramadan A Hoskins	1250 Sex bias in the <i>BMJ</i> A Papagiannis; M Verdult; H Tunstall-Pedoe; G J Duckworth
1247 Cardiac stress during transurethral prostatectomy P M S Dobson and others; S N Gower; J W H Evans and others	1250 Election result not a mandate for NHS reforms D Black

1251 Medicopolitical Digest

DoH and JCC to look at clinical guidelines · Informing the public · Tenth revision of ICD · Funding medical audit 1992-3 · Council election 1992-4

1252 Soundings

Fading away Colin Douglas; This month, a little elementary science Bernard Dixon

1253 Medicine and the Media

The art of dying James Ironside; Out of sympathy with the whistle blower Norman Parker

1254 Personal View

"Mahonnaise": the queen of cold sauces Jose M Ortega-Benito

1255 Medicine and Books

J G Avery: *The Complete Book of Child Safety* (D Cohen, H Kilham, K Oates)
J S Milledge: *Assisted Ventilation* (Ed J Moxham)

1256 Minerva

So many chances to do better

To some a glass may be half empty, to others it's half full. This week's journal contains several examples of where health services are performing poorly, and many doctors will be excited by the chances that are identified for improving services. Others may be depressed that services are so poor.

The picture with managing bereavement in casualty departments in England and Wales is mixed: in 78 departments immediate services are generally good (although the chance to view the body privately is often denied), but follow up services are poor (p 1207). About 1% of a large series of cervical smears from the Netherlands were badly fixed, and the pathologists reading them were very likely to think them abnormal when they were simply inadequate (p 1224). Meanwhile, a group of ophthalmologists and general practitioners from London discover that ocular disease is common among elderly people in the community and commonly missed (p 1226). But failure with services is not always about things not being done: a Cardiff study shows that many contacts of people with tuberculosis are being screened unnecessarily (p 1213).

All of these failures in health services in developed countries are, however, put into context by the experiences of managing diabetes in Africa (p 1215). The diabetic patients seen in one medical centre in Tanzania (0.2% of the whole population) absorb 8% of the total government health expenditure. If the government asks them to pay for their own treatment—which might be an understandable reaction—many will die.

Another new series—on current developments in cancer—starts this week with Bruce Ponder summarising the important advances in the molecular genetics of cancer (p 1234).

Finally, HIV infection continues to stretch medical thinking: a young British surgeon was last week discovered to be infected with HIV and his patients are being contacted (p 1204); a committee of the British Thoracic Society has produced guidelines on managing patients with HIV and tuberculosis (p 1231); and J K Mason is strongly criticised on the letters pages for his editorial arguing that it is acceptable for people's HIV status to be recorded on police computers (p 1243).

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Editor's
Choice