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INTERNATIONAL

Editorials

901 **Beveridge after 50 years**
Charles Webster
902 **Life insurance and HIV antibody testing**
Simon Barton, Peter Roth
903 **Skin lightening creams containing hydroquinone**
Hywel Williams
904 **The demand for ophthalmic services**
A Ralph Rosenthal
905 **Audit and research**
Richard Smith
906 **Low molecular weight heparin**
P A Routledge, R R West

News

907-912 **Bogus doctor and GMC · Irish abortion referendum · NHS pay curbs · Fury at German reforms · Prison massacre in Brazil · Employees and smoke · Mentally ill unsupported · Tibet's family planning · Russia's plummeting health · Vasectomy couple sue · The Week**

Papers

913 **Low molecular weight heparin in prevention of perioperative thrombosis**
A Leizorovicz, M C Haugh, F-R Chapuis, M M Samama, J-P Boissel
921 **Trial of glucose versus fat emulsion in preparation of amphotericin for use in HIV infected patients with candidiasis**
Pascal Y Chavanel, Isabelle Garry, Natacha Charlier, Denis Caillot, Jean-Paul Kisterman, Michel D'Athis, Henri Portier
925 **Vitamin C depletion and pressure sores in elderly patients with femoral neck fracture**
Helen F Goode, Eileen Burns, Barry E Walker
927 **Comparison of Yuzpe regimen, danazol, and mifepristone (RU 486) in oral postcoital contraception**
Anne M C Webb, Jean Russell, Max Elstein
931 **Paradoxical bronchoconstriction in asthmatic patients after salmeterol by metered dose inhaler**
James R W Wilkinson, J Alan Roberts, Peter Bradding, Stephen T Holgate, Peter H Howarth
920 **Correction: The role of non-steroidal anti-inflammatory drugs in acute liver injury**
Rodríguez *et al*

General Practice

933 **Demand incidence and episode rates of ophthalmic disease in a defined urban population**
J H Sheldrick, S A Vernon, A Wilson, S J Read

Education & Debate

937 **Juniors' hours: is the end in sight?**
Fiona Godlee
941 **US health care. III: The reform problem**
Jennifer Dixon
944 **Sexual harassment at work**
Peter Forster
947 **ABC of Monitoring Drug Therapy: Why monitor drug therapy?**
J K Aronson, M Hardman

949-966 **Obituary · Letters · Medicopolitical Digest · Soundings · Personal View · Medicine and the Media · Medicine and Books · Minerva · (in detail overleaf)**

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CONTENTS pages 949-966

949 Obituary

R L G Dawson, J H Peacock, H W Howell, G W C Johnson, P G Benson, J O'Hara, J B Lee, R H Mumford, J A Ritchie

951 Letters

951	Euthanasia J M A Smithies and C P K Smithies; W Tapsfield and P Amis; M Rosen; E Wilkes; T J Hamblin; J Findlater; L A M Willis	956	Faecal urge incontinence caused by exercise P J Mullen
952	Propofol infusion in children S Cook; K G Edwards and B D C Arnold; D O'Flaherty and A P Adams; K Barclay and others; D Macrae and I James; J E Stevens	956	Iatrogenic injuries in theatre H Connor
954	Treating tuberculosis in developing countries J Glennon and D Fegan	956	Use of live donors in renal transplantation M A Mansell and C J Rudge
954	King's College Hospital's A&E department E Glucksman and others	956	Changes in drug treatment after discharge from hospital N J Sharville; J Burns and B J Martin
954	Partners in practice L Light	957	Human insulin and awareness of hypoglycaemia S Colagiuri and others
954	Reducing pain associated with injection of lignocaine C Dryden and others; A J Crighton	957	Unexplained death in fit young people M Bass
955	Dermatological causes of pruritus ani C I Harrington and others; D P Bruynzeel	957	Severity of imported falciparum malaria D Burgner and M Hickey
955	Blood and breath alcohol concentrations A W Jones	957	Controlling deaths from volatile substance abuse M T Malcolm
955	Osteoporosis in men T Allain and others	958	Assessment of patients over 75 T Sparkes and others
		958	X-Y linkage and schizophrenia T J Crow
		958	John Loutit's advance in collecting blood R Drummond

959 **Medicopolitical Digest** DHAs being merged too quickly · Role of health visitors · Medical advice to purchasing authorities · Smoke free NHS · NHS trusts: third wave

961 **Soundings** Radio on David Widgery Audit Trisha Greenhalgh

962 **Personal View** Unprofessional behaviour Anonymous

963 **Medicine and the Media** Double Indemnity Michael Farrell

963 Medicine and Books

963 Alison Frater: *Quality of Care: Issues and Challenges in the 90s* (M Harrigan)
964 Clive Wells: *Pathological Basis of the Connective Tissue Diseases* (D L Gardner)
964 D F Treacher: *The Diagnosis and Treatment of Pulmonary Hypertension* (Ed E K Weir, S L Archer, J T Reeves)
965 Arpan K Banerjee: Best books on radiology: a personal choice

966 Minerva

Journals disagree on heparin but agree on postcoital contraception

There was a time when the editors of the *BMJ* never mentioned the *Lancet*. It was like the American government having a huge hole in its maps where China should be. But all that's gone: we now play the *Lancet* at softball, and the Americans are busy doing business in China. The importance of keeping up with more than one journal is well illustrated this week because two papers we are publishing make most sense if considered alongside recent papers published in the *Lancet* and the *New England Journal of Medicine*.

Firstly, an overview we publish today suggests that low molecular weight heparins are better than conventional heparin in preventing perioperative thrombosis (p 913). But a recent overview in the *Lancet* (18 July, p 152) did not find such superiority for low molecular weight heparins in general surgical practice, although it did find an effect in orthopaedic practice—where thromboembolic complications are much more common. An editorial considers both overviews and concludes that low molecular weight heparins should be used by orthopaedic surgeons but that general surgeons should await more evidence (p 906).

In the second example the *BMJ* (p 927) and the *New England Journal of Medicine* (8 October, p 1041) agree that mifepristone is effective as postcoital

contraception. Both report large randomised studies, both of which, interestingly, come from Britain: the Mancunians decided to publish in a British journal but the people from Edinburgh opted for an American journal.

A new ABC begins today—on drug monitoring (p 947). This is a subject that matters to all doctors who use drugs because monitoring is important for assessing therapeutic response, toxicity, and compliance. Another subject important to most doctors is the attempt to achieve reasonable working conditions for junior doctors. Britain introduced the “new deal” to try to get this right in 1991, and Fiona Godlee has been comparing and contrasting the progress being made with implementation in two regions (p 937). Her general conclusion is that reducing hours to a maximum of 83 by next April is achievable with simple rationalisations but reaching the target of 72 hours by 1996 will demand radical restructuring.

Finally, an anonymous doctor describes being sexually assaulted at the Royal Society of Medicine (p 962), while a BMA industrial relations officer explains how all employers—including hospitals and surgeries—need to take sexual harassment seriously (p 944). Behaviour that might have been tolerated a few years ago is often no longer acceptable.

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Editor's
Choice