


448.8
B 77

BRITISH MEDICAL JOURNAL



SATURDAY 30 NOVEMBER 1968

LEADING ARTICLES

Transplantation of the Liver page 529 Systolic Murmurs in the Elderly page 530 New Look at Paternity Tests page 531 Police Surgeons page 532 Voluntary Restriction of Amphetamines page 532 Pancreatitis in Children on Steroid Therapy page 533 Congenital Malformations after Maternal Rubella page 534 Choice of Career page 534

PAPERS AND ORIGINALS

- Liver Transplantation in Man—I, Observations on Technique and Organization in Five Cases**
R. Y. CALNE AND ROGER WILLIAMS..... 535
- Liver Transplantation in Man—II, a Report of Two Orthotopic Liver Transplants in Adult Recipients**
R. Y. CALNE, ROGER WILLIAMS, J. L. DAWSON, I. D. ANSELL, D. B. EVANS, P. T. FLUTE, P. M. HERBERTSON, V. JOYSEY, G. H. W. KEATES,
R. P. KNILL-JONES, S. A. MASON, P. R. MILLARD, J. R. PENA, B. D. PENTLOW, J. R. SALAMAN, R. A. SELLS, AND P. A. CULLUM 541
- Absorption and Utilization of Polyglutamyl Forms of Folate in Man** JANET PERRY AND I. CHANARIN..... 546
- Hypokalaemia, Metabolic Alkalosis, and Hypernatraemia due to "Massive" Sodium Penicillin Therapy**
F. P. BRUNNER AND P. G. FRICK..... 550
- Plasma Levels of Immunoreactive Corticotrophin in Patients with Cushing's Syndrome**
G. M. BESSER AND J. LONDON..... 552
- Pulse Examination by an Ultrasonic Method** S. T. YAO, J. T. HOBBS, AND W. T. IRVINE..... 555
- Transient Synovitis of Hip. A Virological Investigation** N. J. BLOCKEY AND B. B. PORTER..... 557

MEDICAL MEMORANDA

- Localized Anticoagulation of the Limbs** B. N. CATCHPOLE..... 558
- Toxoplasmosis and Myocarditis** D. P. MULLAN, L. HENRY, AND J. K. A. BEVERLEY 559

MIDDLE ARTICLES

- Rationalizing Requests for X-ray Films in Neurology**
J. W. D. BULL AND K. J. ZILKHA..... 569
- Work-load of a Consultant Physician**..... 571
- Control of Amphetamine Preparations** 572
- Conferences and Meetings**
The Quality of Medical Care—Conference of R.C.G.P. 573
- Personal View** GEORGE BIRDWOOD..... 575

BOOK REVIEWS

NEWS AND NOTES

- Epidemiology** 588
- Medico-Legal** 589
- Parliament** 590
- Medical News** 590

CURRENT PRACTICE

- Organic Psychosis—II** W. A. CRAMOND..... 561
- Today's Tests**
Tests for Amyloidosis..... 564
- Any Questions?** 565

CORRESPONDENCE

OBITUARY NOTICES

SUPPLEMENT

- Proceedings of Council**..... 41
- Young Practitioners' Subcommittee**..... 45
- Ophthalmic Group Committee**..... 46

Correspondence

Letters to the Editor should not exceed 500 words.

Damages against Doctors G. H. Alabaster, F.R.C.S.ED.	576	Urinary Tract Infection E. Joan Stokes, F.R.C.P.; L. Parker, B.M., F.C.PATH., and D. M. Jones, M.D., M.C.PATH.	579	Studies on Osteoporosis A. Elkeles, M.D., F.F.R.R.C.S.I.; W. P. Jackson, F.R.C.P.	582
Children in Adult Wards J. T. R. Bavin, D.P.M.	576	Deep Vein Thrombosis N. L. Browne, F.R.C.S.	580	Aids to Resuscitation J. Brook, M.D.	583
Training of Surgeons D. S. Hopton, F.R.C.S.; H. H. Barst, F.R.C.S.	577	Through-knee Amputations J. F. Newcombe, F.R.C.S.; R. T. Burkitt, F.R.C.S.	580	Solvents for Ear Wax J. I. Horowitz, L.R.C.P.I.	583
Brescia-Cimino Shunts for Dialysis J. S. Hanson, M.B., and others	577	Tuberculin Test in Children with Malnutrition A. K. Bhattacharyya, M.D.	580	Hypnosis for Asthma D. Waxman, M.R.C.S.; G. P. Maher- Loughnan, D.M.; D. R. Collison, M.R.A.C.P.	583
Exchange Transfusion and Perforation E. S. Mucklow, M.R.C.P.ED., and D. J. de Sa, M.D., D.PHIL.	577	Pneumothorax and Congenital Diaphragmatic Hernia K. D. Roberts, F.R.C.S.	581	Salaries for General Practitioners T. D. Richards, M.B.	584
Screening for Cervical Cancer A. J. Lucas, PH.D., M.B., and others	578	Bladder Distension and Oedema of Legs K. R. Parsad, L.R.C.P.I.	581	Criticisms of the Green Paper I. S. Hodgson-Jones, M.D., and G. A. Medhurst, M.R.C.S.	584
Inhibition of Lactation by Oestrogens S. J. Steele, F.R.C.S.	578	Treatment of Venereal Disease A. J. King, F.R.C.S.; B. J. Francis, M.D.	581	Junior Doctors and B.M.A. Divisions A. C. M. Inwald, M.B.	585
Cause of Unexplained Anaemia A. S. M. Haque, M.B.	578	Perforated Duodenal Ulcer W. G. Hendry, F.R.C.S.	582	General-practitioner Hospitals? R. M. Emrys-Roberts, M.B.	585
Two-tier System for Drug Testing P. Beaconsfield, F.A.C.S.	579	Chronic Lead Intoxication Mimicking Motor Neurone Disease A. M. G. Campbell, F.R.C.P., and E. R. Williams, M.R.C.P.	582	Responsibilities of Consultants M. Sim, M.D.	585
Tetracycline Diarrhoea R. H. Seville, M.D.	579			Racial Harmony R. A. A. R. Lawrence, M.B.	585

Damages against Doctors

SIR,—When I read from time to time reports on cases in which doctors have been ordered to pay heavy damages, despite good intention, I have been led to wonder whether the best is being made out of the defence in action for malpraxis, either by the individuals directly concerned or by the medical profession as a collective body.

Let no reader doubt that, however careful he be, the same thing could have happened to him in some concatenation of circumstances during his professional experience, had not luck, charity, or tact saved him from the vengeful, disappointed patient, or the colder-blooded speculator, hunting for money, who sees a chance. When reading the reports of such cases by the Medical Defence Union,¹ who pauses to think of the tremendous burden of mind which a doctor must endure who is threatened with a legal penalty of possibly obliterative dimensions? Sleeplessness, ill-informed criticism, anxiety, and, may be, bitterness oppress him as he goes about his daily and nightly work.

It is extraordinary that a so-called "civilized" society, that does not hesitate to destroy human life and to massacre individual happiness on the grand scale, with weapons now cynically termed "sophisticated," can become so exacting in law, where in solitary cases ill result may have been associated with

the best intention. Such contrast ought to bring a better sense of perspective to both the medical profession and to the public which it serves.

Accidents will happen, for humanity is fallible and the human body is more intricate and more sensitive to thousands of subtly intertwined influences than any machine ever constructed among the wonders of this scientific age. So subtle are those influences that the pin-pointing of the exact reactions to injury and the precise cause of death may be far more obscure than evidence declares. However, there is no doubt whatever that prospective heavy damages both hide truth and make evidence unequal in emphasis.

Fear of the law is also responsible for a good deal of unnecessarily immediate x-ray work. Every young doctor is now brought up to know that a jury is sure to pounce on any omission of x-rays that could possibly have been taken. Perhaps some day a thinking lawyer will get the new idea of prosecution for unnecessary irradiation as a result of taking them. My own opinion is that it is time for the profession to revolt.—I am, etc.,

Durban,
South Africa.

GEORGE H. ALABASTER.

REFERENCE

¹ The Medical Defence Union, *Annual Report*, 1968.

Children in Adult Wards

SIR,—Dr. J. Gibson's letter (2 November, p. 324) drawing attention to the social benefits of placing retarded children with adult patients in mental deficiency hospitals is timely, and raises a host of sociological questions, which interestingly enough have been occupying us in the sister hospital to St. Lawrence's. There is no doubt, in my opinion, that segregation within these hospitals is based solely on an administratively

convenient, traditional, unthinking pattern which is antitherapeutic. There is still too much segregation by sex and age. Old ladies live in female geriatric wards; infants in nursery units; children, adolescents, young adults, and the middle-aged all have their age—and sex—segregation. Meanwhile we try to grapple with the problems of providing stimulation and experience to the deprived; of providing substitute mothering to the

young; company and interest to the old; and of combating homosexuality and institutionalization. I believe, with Dr. Gibson, that the remedy for many of these ills is simple. People are born into families of mixed sexes and ages, and there is no reason why retarded people, living in the large units bequeathed to us by the Victorians, should not be provided with a social structure which resembles that of a normal family.

At Leavesden we have found the same benefits described by Dr. Gibson. This is hardly surprising. The mentally defective in hospital have been so deprived that we are in danger of thinking that the provision of facilities for the assembly of plastic toys (which itself is not yet available for all) is a great step forward. The main value of work from an individual viewpoint is that it leads, directly or indirectly, to the formation of social relationships. The institution, as structured traditionally, can be considered to hinder relationships by reason of its ubiquitous restraints. We are planning to extend desegregation as far as possible at Leavesden. It is hoped ultimately to achieve by reorganization completely mixed family units. These will include ages from infancy to old age, and mixed sexes, with the possible exclusion of some adolescents who may prefer peer-group units.

In conclusion it may be regretted that not only is traditional institutional practice founded on segregation from the community, but this segregation is taken to the limit within the institution. Furthermore, our enlightened society is now following suit. The old, the young, the blind, the deaf, the disabled, the mentally ill, the mentally defective are still too often segregated in special residential units; or catered for in special clubs which are society's guilt-ridden attempt to compensate for their exclusion from the community's activities. Before we embark on the wholesale provision of day-nurseries in the community should we not hesitate, and ask