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CURRENT RECORDS

## LEADING ARTICLES

Mechanisms in Pernicious Anaemia page 757	Restless Legs page 758	M.R.C. and
the Squeeze page 759	The Jet Set page 759	Cancer Report page 760
Acanthoma page 761	Technicians' Crisis page 761	Clear cell
		Control of Oxygen Therapy page 762

## PAPERS AND ORIGINALS

Curiosa et Exotica WILLIAM ST. C. SYMMERS, SEN.....	763
Benign and Malignant Breast Disease in South Wales: A Study of Urinary Steroids	
E. H. D. CAMERON, K. GRIFFITHS, E. N. GLEAVE, H. J. STEWART, A. P. M. FORREST, AND H. CAMPBELL.....	768
Skin Collagen and Thickness in Women with Hirsuties	
SAM SHUSTER, MARTIN M. BLACK, AND EVA BOTTOMS.....	772
Osteoporosis, Skin Collagen, and Androgen MARTIN M. BLACK, SAM SHUSTER, AND EVA BOTTOMS .....	773
Restless Legs Syndrome, with Particular Reference to its Occurrence after Gastric Surgery	
N. K. BANERJI AND L. J. HURWITZ .....	774
Treatment of Zoster with Idoxuridine in Dimethyl Sulphoxide. Results of Two Double-blind Controlled Trials	
B. E. JUEL-JENSEN, F. O. MACCALLUM, A. M. R. MACKENZIE, AND M. C. PIKE.....	776
Cyanide Self-poisoning M. LEE-JONES, M. A. BENNETT, AND JANET M. SHERWELL.....	780

## PRELIMINARY COMMUNICATIONS

Dipeptide Absorption in Cystinuria M. D. HELLIER, D. PERRETT, AND C. D. HOLDSWORTH.....	782
---	-----

## MEDICAL MEMORANDA

Irradiation-induced Constrictive Pericarditis in Intestinal Lymphangiectasis	
H. M. PALMER, J. B. COCKING, AND I. G. EMMANUEL.....	783
Parachlorophenylalanine Treatment in Carcinoid Syndrome CH. SHEBA AND M. SHANI.....	784
Primary Coliform Peritonitis in an Adult B. T. JACKSON.....	786

## MIDDLE ARTICLES

Democratic Direction SIR JAMES HOWIE.....	793
Restless Legs Syndrome in Chronic Pulmonary	
Disease J. D. SPILLANE .....	796
Personal View HENRY R. ROLLIN.....	799
Christmas Quiz (See Special Plate): Answers ....	811

BOOK REVIEWS .....	791
--------------------	-----

## NEWS AND NOTES

Motoring—Reliability Through Regular Maintenance..	810
Epidemiology—Coxsackie B Infections .....	811
Medical News .....	812

## CURRENT PRACTICE

Childhood Enuresis ROY MEADOW.....	787
Any Questions? .....	790

CORRESPONDENCE .....	800
----------------------	-----

OBITUARY NOTICES.....	807
-----------------------	-----

## SUPPLEMENT

General Medical Services Committee.....	67
Public Health Committee .....	72
Private Practice Committee.....	73
H.M. Forces .....	74
Association Notices.....	74

# Correspondence

*Correspondents are asked to be brief.*

<b>Profession or Technocracy?</b> R. Gibson, F.R.C.S. F.R.C.G.P. ....	800	<b>Calcium Metabolism in Patients with Epilepsy</b> A. Richens, PH.D., M.R.C.P., and D. J. F. Rowe, B.Sc. ....	803	<b>Emphysema in Coalworkers</b> M. C. S. Kennedy, M.R.C.S. ....	805
<b>Accident and Emergency Services</b> M. Ellis, F.R.C.S.; J. M. Potter, F.R.C.S. ....	800	<b>Fibrosing Alveolitis and Renal Tubular Acidosis</b> A. M. Zalin, M.B. and others ....	804	<b>Cerebral Malaria and Intravascular Coagulation</b> D. Paar, M.D., and others ....	805
<b>Amphetamines Outmoded</b> Sir Edward Wayne F.R.C.P. ....	801	<b>Ileorectal Anastomosis for Ulcerative Colitis</b> T. Rowntree, F.R.C.S. ....	804	<b>Hospital Staffing</b> S. C. Simmons, F.R.C.S. ....	805
<b>Ban on Amphetamines and Barbiturates</b> H. J. S. Matthew, F.R.C.P. ED. A. J. Gardner, M.B.; G. Scott, M.D. ....	801	<b>Coagulation Failure in Pregnancy</b> D. F. Hawkins, F.R.C.O.G. ....	804	<b>Shortage of Technicians</b> W. H. Finch ....	806
<b>Beta-blockers in Hypertension</b> J. C. M. Wilkinson, D.M. ....	802	<b>Alcoholism and Industrial Absenteeism</b> M. M. Glatt, M.D., D.P.M. ....	804	<b>Mileage Allowances</b> A. W. Fowler, F.R.C.S. ....	806
<b>Effects of Tetracyclines</b> F. J. A. Bateman, M.B.; J. Moodie, M.B. ....	802	<b>Immunization Schedules</b> R. Debré, M.D., and F.-M. Levy, M.D. ....	805	<b>Doctor's Pensions</b> M. H. Hughes, D.M., F.R.C.PATH. ....	806
<b>Hyperpyrexia after Anaesthesia</b> J. C. Robertson, M.B. ....	803			<b>Salmon and Cogwheel</b> H. P. Ferrer, M.B. D.P.H. ....	806

## Profession or Technocracy?

SIR,—I congratulate you on your splendid leading article (28 November, p. 507). In the last resort the doctor places his loyalty to his patient above loyalty to any employer or union. This is what professional independence is all about.

I emphatically do not agree with the Monopolies Commission that transactions for the supply of professional services are merely business transactions; and equally I do not agree with the philosophy behind the Industrial Relations Bill, which appears to be based on a division of the whole of society into only two groups, employers and trade unionists.

We shall naturally meet the request of the Secretary of State for Trade and Industry that we should examine our ethical practices, and we shall consider whether

any of them need modification *in the interests of our patients*. We shall also take every step to secure amendments to the Industrial Relations Bill that will safeguard the position of professional workers in general and doctors in particular. We have already discussed several possible amendments with Ministers and their officials.

There is no danger that we shall allow the time-honoured ethical code of our profession to be thrown overboard or that we shall allow doctors to be swallowed up as a hopelessly outnumbered minority in lay-controlled trade unions.—I am, etc.,

RONALD GIBSON,  
Chairman of Council,  
British Medical Association.

London W.C.1

## Accident and Emergency Services

SIR,—The working party of the Central Committee for Hospital Medical Services has produced its report on accident and emergency services, recommending a career structure in this specialty leading on to consultant status and responsibilities. In committee the reports was passed by a not very large majority (*Supplement*, 19 December, p. 63).

It would seem that, despite the report sponsored by the Accident Services Review Committee,<sup>1</sup> a blistering leading article in the *Lancet* (24 October, p. 861), and your own leading article (10 October, p. 68), all united in deploring the present state of affairs, there is still a substantial number of people in the country who want to carry on as before and are unable or unwilling to see that anything is wrong. If some of the opponents of the working party's report were to spend three consecutive hours in the casualty department of their own hospital they would soon learn what is wrong, and realize that many patients present urgent problems that will take all the wisdom and experience these critics possess to achieve a satisfactory solution. Juniors confronted with such problems need help and guidance from an experienced senior, a consultant, who is in the department and readily available. There are enough experienced people around to take on such consultant posts straightaway

in many hospitals, and an adequate number of young men willing to train on for such consultant posts in the future. With such a consultant present in the department the present scarcity of applicants for the junior posts will soon disappear, for young men, when they find they are to be taught, guided, and helped, will be eager to take on the work for the wide experience and training offered, and not because the royal colleges makes them do it.

The example from my own hospital shows that this is not wishful thinking, for in the near 20 years that I was the consultant in the department there was never any scarcity of applicants for the junior posts. When I retired last year, the board succumbed to the prevailing climate of opinion and placed the department under the care of the orthopaedic department and not of any one consultant. By common consent, the standard of work deteriorated, but what was worse the junior staff began to disappear. At first no local graduate applied for a junior post, and then last August there were no applicants at all for the four junior posts. The board appreciated the crisis and quickly advertised and appointed (from a considerable list of experienced applicants) a new consultant to be in charge of and in the department. In the short time since the appointment the standard of work has

improved enormously, but, also, local graduates are now applying for the vacant posts.

The report of the working party is to be circulated. With the example of the General Infirmary, Leeds in mind, it is to be hoped that the regions will implement the proposals. In a very short time I am sure that they will find that, far from worrying about the cost of another consultant, they will be wondering how they could have afforded not to have had such a consultant before.—I am, etc.,

M. ELLIS,  
President,  
Casualty Surgeons Association.

Leeds.

## REFERENCE

- 1 Accident Services Review Committee of Great Britain and Ireland, *Report of a Working Party*. London, British Medical Association, 1970.

SIR,—Your leading article (10 October, p. 68) and the correspondence since (24 October, p. 242; 14 and 28 November, pp. 429 and 557) have underlined yet again the continuing unease at the parlous state of accident services in this country. Those of us who disagree with perhaps the majority of orthopaedic surgeons believe—and you clearly imply—that the situation will never be much improved until traumatology is allowed to achieve the specialty status that it so clearly deserves if there is to be any sort of serious career structure in this now overwhelmingly important branch of medicine.<sup>1</sup> May I point out what I consider to be three errors that creep into debates on this subject?

That the problem is essentially one of finance. Certainly large earmarked grants from the Departments of Health would be helpful, but I doubt whether these would, as things are, be enough to attract staff or do much else to improve the situation. Money is always short; but there are priorities, and who is to plead locally among his colleagues for the accident service if, as you remind us in the same leader, the working party<sup>2</sup> found that consultant participation in the accident and emergency services was "generally inadequate"?

The idea that accident surgery should be done by young consultants is favoured by Mr. S. N. Chatterjee (14 November, p. 429) and is attributable to Professor R. B. Duthie. It is at first sight an attractive one—particularly, one imagines, to older