14 1971

PROCUESMENT SECTION CURRENT SERIAL RECORDS

SATURDAY 2 DECEMBER 1972

LEADING ARTICLES

Hepatitis Hazard in Regular Haemodialysis page 501 Bladder Cancer page 502 **Inquiry into G.M.C.** page 504 Testicle Again page 505 Multiple Sclerosis Page 506

P.H.L.S. Monographs page 503

Immunological Characteristics of Weightless Bones page 503

Trends for Scientific Journals page 504

Torsion of the

Candida Infection page 505

Temperature Change and

PAPERS AND ORIGINALS

Infantile Overnutrition in the First Year of Life: A Field Study in Dudley, Worcestershire A. SHUKLA, H. A. FORSYTH, CHARLOTTE M. ANDERSON, S. M. MARWAH	507
Significance of Milk pH in Newborn Infants V. C. HARRISON, G. PEAT	515
Natural History of Patients with X-ray-negative Dyspepsia in General Practice	
D. W. GREGORY, G. T. DAVIES, K. T. EVANS, J. RHODES	
Viral Infection and Renal Transplant Rejection J. D. BRIGGS, MORAG C. TIMBURY, A. M. PATON, P. R. F. BELL	520
Specific IgM Antibody in Serum of Patients with Herpes Zoster Infections CONSTANCE A. C. ROSS, ROSALINDA MCDAID	522
Benign Obstetric History in Women with Sickle-cell Anaemia Associated with α-Thalassaemia	
A. VAN ENK, A. LANG, J. M. WHITE, H. LEHMANN	524
Procaine in Malignant Hyperpyrexia R. F. W. MOULDS, M. A. DENBOROUGH	526
Alkali Treatment of Renal Osteodystrophy M. C. BISHOP, J. G. G. LEDINGHAM	529
MEDICAL PRACTICE	
Colonic Retention of Barium in the Elderly after Barium-meal Examination and its Treatment with Lactulose	530
Colonic Retention of Barium in the Elderly after Barium-meal Examination and its Treatment with Lactulose B. J. PROUT, S. B. DATTA, T. S. WILSON	
Colonic Retention of Barium in the Elderly after Barium-meal Examination and its Treatment with Lactulose	533
Colonic Retention of Barium in the Elderly after Barium-meal Examination and its Treatment with Lactulose B. J. PROUT, S. B. DATTA, T. S. WILSON. Sjögren's Syndrome GRAHAM R. V. HUGHES, KEITH WHALEY.	533 536
Colonic Retention of Barium in the Elderly after Barium-meal Examination and its Treatment with Lactulose B. J. PROUT, S. B. DATTA, T. S. WILSON. Sjögren's Syndrome GRAHAM R. V. HUGHES, KEITH WHALEY. Making Hospital Geriatrics Work H. M. HODKINSON, P. M. JEFFERYS.	533 536 540
Colonic Retention of Barium in the Elderly after Barium-meal Examination and its Treatment with Lactulose B. J. PROUT, S. B. DATTA, T. S. WILSON. Sjögren's Syndrome Graham R. V. Hughes, Keith Whaley. Making Hospital Geriatrics Work H. M. HODKINSON, P. M. JEFFERYS. Adolescents—Drug Abuse and Addiction PHILIP BOYD.	533 536 540 543
Colonic Retention of Barium in the Elderly after Barium-meal Examination and its Treatment with Lactulose B. J. PROUT, S. B. DATTA, T. S. WILSON. Sjögren's Syndrome Graham R. V. Hughes, Keith Whaley. Making Hospital Geriatrics Work H. M. Hodkinson, P. M. Jefferys. Adolescents—Drug Abuse and Addiction Philip Boyd. Cogwheel and the Medical Social Worker.	533 536 540 543 544

CORRESPONDENCE—List of Contents 546	SUPPLEMENT
OBITUARY NOTICES	B.M.A. Council: Debate on G.M.C
BOOK REVIEWS 557	G.M.S. Committee: Chambers "In Principle" 74
NEWS AND NOTES	Special Representative Meeting (continued) 78
Epidemiology—Salmonella agona	V.A.T. and N.H.S. Dispensing Doctors
Medicolegal—Thalidomide Actions	Hospital Gazetteer81
Medical News	Association Notices 82

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CORRESPONDENCE

Correspondents are asked to be brief

Management by Committee
H. B. May, F.R.C.P546
Acute Osteomyelitis
S. Mullick, F.R.C.S.; R. Merryweather,
F.R.C.S
Vitamin D in Patients on Anticonvulsants
J. Linde, M.D., and others547
ABO Blood Groups and Abortion
A. E. Mourant, F.R.C.P., F.R.S.; D. I. Rushton,
M.R.C.PATH
General Medical Council
I. M. Richardson, F.R.C.P.ED.; A. H. Holmes,
F.R.C.S.ED.; Nora F. M. Wilkinson, M.B.;
P. N. Coleman, F.R.C.PATH547
Head Injuries in Children
Liliana Deciu, M.D548
Australia Antigen in Rheumatoid Arthritis
S. Desche-Labarthe, M.D., and others; A.
Burssens, M.D., and others548
Intestinal Parasites and Au Antigen
Transmission
E. A. Lewis, M.R.C.P.ED., and others549
Trichuris Infestations and Difetarsone
J. Vandepitte, M.D., and D. Thienpont, M.D.549
Myxoedema and Retention of Urine
J. M. Martinez Vazquez, M.D., and others 549
Toxic Amblyopia from Ibuprofen
M. Thompson, F.R.C.P550

Blood Sugar Measurement by Dextrostix
Reflectance Meter Method
P. Bottermann, Th. Zilker550
Mannitol Infusions and Lithium Excretion
A. Obek, M.D., and others550
Cancer Research
G. C. J. Wiernik, M.D550
Pregnancy, Pancreatitis, and the Pill
M. F. Burke, F.R.C.S551
Thermal Injury in Children
H. R. W. Lunt, M.CH.ORTH551
Outpatient Surgery in Children
H. G. Calwell, M.D551
Referring Patients for Electrolysis
I. W. Caldwell, F.R.C.P551
Cutaneous Lesions in Multiple Myeloma
C. F. H. Vickers, F.R.C.P552
Septo-optic Dysplasia
C. Ellenberger, Jun., M.D552
Closure of Colostomy
K. B. Orr, f.R.C.S552
Plasma versus Serum
L. F. Green, B.SC., F.I.F.S.T552
Pulmonary Aspiration after Fibre-endo-
scopy
S. R. Gould, M.B., and D. E. Barnardo,
M.R.C.P552

Creatinine Clearance Tests R. B. Payne, M.D., and others)
Guillain-Barré Syndrome after Measles Gunilla Lidin-Janson, M.D., and Ö. Stranne-	•
gård, M.D553	3
Vasectomy in the Surgery C. G. Brown, M.R.C.S553	3
Defence Societies and Disciplinary Actions	
J. L. Taylor, M.R.C.G.P553	j
Occupational Health Services	
A. R. Broadbent, D.P.H553	į
C.C.H.M.S. and Consultant Contract	
J. A. Fleming, F.R.C.S553	į
New Consultant Contract	
H. A. Lee, M.R.C.P., and others554	Ł
Consultants and Registrars	
N. N. K. Chakravorty, M.R.C.P.ED554	Ŀ
Position of Medical Assistants	
F. R. Goodwin, F.R.C.S.ED554	Ł
Integrated Pensions in the N.H.S.	
E. N. Owen, F.R.C.S554	Ł
Medical Teachers' Salary Awards	
M. D. Buckley-Sharp, M.B554	Ł
"Family Practitioner Committees"	
J. R. B. Dixey, M.R.C.G.P., and I. S. L.	
Loudon, M.R.C.G.P554	ŀ
Loudon, M.R.C.G.F	ľ

Management by Committee

SIR—The Department of Health and Social Security has published its memorandum on management arrangements for the reorganized National Health Service.1 It is of interest to apply this system to a simple hypothetical situation in which a new consultant post is proposed in one of the undergraduate teaching hospitals in London.

The proposition will be initiated in one of the hospital divisions. It will go to the Medical Executive Committee, who will refer it to the appropriate Health Care Planning Team, from whence it will come back to the District Medical Committee, who will transmit it to the District Management Team. The proposition will now leave the District and be considered by the Area Team Officers, who will seek the advice of the Area Medical Advisory Committee before submitting it to the Area Health Authority, who will inform the Regional Medical Officer, who will seek the advice of the Regional Consultative Committees before putting it on the agenda of the Regional Health Authority, who will seek permission from the Department of Health.

Meanwhile the academic side has not been idle. The proposition will have to be considered by the school committees, first the Academic Board, who will seek the advice of the Professoriate Committee before submitting it to the Standing Committee of the School Governors, and then to a full meeting of the Governors (or School Council). It then has to be submitted to the Joint Policy Committee of the Todd pair and thence to the University Steering Committee. We will not bother about the Senate.

Apart from working parties and special subcommittees appointed at all levels it will be seen that the proposition, after 1974, will have to be passed by at least 16 committees before the prospective post can even be advertised. One wonders if the Department of Health ever carried out this hypothetical exercise as a test of the efficiency of their management suggestions.-I am, etc.,

H. B. MAY

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¹ Management Arrangements for the Reorganized National Health Service. London, H.M.S.O., 1972.

Acute Osteomyelitis

-In your leading article (11 November, p. 317) it is stated that drainage by incision or aspiration of a subperiosteal abscess "is not proved to be essential in the treatment of acute osteomyelitis," implying that surgical drainage of a subperiosteal abscess may be unnecessary. This is a view fraught with danger and must be challenged.

If subperiosteal abscess, like an abscess anywhere else in the body, is not drained surgically the risks of toxaemia, bacteraemia, and septicaemia are all increased, enhancing in turn the possibility of establishment of a secondary focus elsewhere in the body, either in bone or soft tissue. Moreover, a subperiosteal collection of pus, if unabated in spite of antibiotics, may cause wide periosteal stripping and consequent damage to the nutrient artery, endangering the blood supply to the bone; and even if abated, it may increase the incidence of residual abscess formation and chronicity. Finally, surgical drainage will allow the all-important specimen of pus to be obtained for culture of organisms and determination of their antibiotic sensitivities, which may be crucial in selecting the drug of choice.

If one agrees with the leader that "we do not know if the use of a powerful antibiotic is sufficient without drainage" in the treatment of acute osteomyelitis with subperiosteal suppuration, it is all the more important to emphasize that the only treatment of a subperiosteal abscess is by prompt surgical drainage.—I am, etc.,

S. MULLICK

Wessex Regional Orthopaedic Centre, Lord Mayor Treloar Hospital, Alton, Hants

SIR,—There must be many orthopaedic surgeons who will take exception to your leading article on acute osteomyelitis (11 November, p. 317).

In my long experience, drilling of the metaphysis has never been harmful and has marked a turning point in the clinical picture. There is no other abscess in the body for which antibiotic treatment only would be advocated, and the secondary changes whch can arise from an acute inflammatory process inside a rigid compartment are, in my opinion, of the greatest importance. These include vascular changes and necrosis of bone, whether or not the antibiotic is effective in controlling the infection.

In recent years a more aggressive attitude has been taken to bone infection of different kinds. It seems strange that we are now willing to make an open attack on spinal disease, whether tuberculous or pyogenic, while at the same time the simple relief of tension of acute osteomyelitis of a long bone is considered immoral.

The penultimate sentence in the article says, "We do not know if the use of a