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PROCUREMENT SECTION
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SATURDAY 6 OCTOBER 1973

LEADING ARTICLES

- Are PUFA Harmful? page 1 Diagnosis of Childhood Spinal Muscular Atrophy page 2
Does Crohn's Disease Predispose to Intestinal Cancer? page 3 Starting Young page 3
Orthopaedic Training in Developing Countries page 4 Health Commissioner Starts
Work page 5 Hidden Adrenocortical Insufficiency page 5 Cytotoxic Drugs and
Lupus Nephritis page 6

PAPERS AND ORIGINALS

- Spectrum of Asthma in Children—I, Clinical and Physiological Components K. N. MCNICOL, H. E. WILLIAMS..... 7
Spectrum of Asthma in Children—II, Allergic Components K. N. MCNICOL, H. E. WILLIAMS..... 12
Spectrum of Asthma in Children—III, Psychological and Social Components
K. N. MCNICOL, H. E. WILLIAMS, J. ALLAN, I. MCANDREW..... 16
Area Differences in Spontaneous Abortion Rates in South Wales and Their Relation to Neural Tube Defect Incidence
C. J. ROBERTS, SETSUKO LLOYD..... 20
Blast Cells with Monoclonal Surface Immunoglobulin in Two Cases of Acute Blast Crisis Supervening on Chronic
Lymphocytic Leukaemia JEAN-CLAUDE BROUET, JEAN-LOUIS PREUD'HOMME, MAXIME SELIGMANN, JEAN BERNARD..... 23
Pancreatic Exocrine Function in Maturity Onset Diabetes Mellitus J. H. BARON, J. D. N. NABARRO..... 25
Sonar Measurement of Fetal Crown-Rump Length as Means of Assessing Maturity in First Trimester of Pregnancy
HUGH P. ROBINSON..... 28
Meckel's Diverticulum presenting as Fistula-in-Ano IAIN MCKAY, JOHN CALDER..... 31

MEDICAL PRACTICE

- Perspectives in Chemotherapy E. F. GALE..... 33
Trigeminal Neuralgia and Dental Malocclusions G. A. S. BLAIR, D. S. GORDON..... 38
Care of the Elderly in General Practice CHARLES HODES..... 41
Any Questions?..... 43
Personal View CHARLES WRIGHT..... 45

CORRESPONDENCE—List of Contents 46

BOOK REVIEWS 57

NEWS AND NOTES

- Epidemiology—An Outbreak of Psittacosis..... 58
Medicolegal—Doctors and the Courts..... 58
Medical News 59

OBITUARY NOTICES 54

SUPPLEMENT

- Jamaica Medical Congress 1
Round-up 2
General Medical Services Committee..... 3
Hospital Junior Staffs Group Council 5
Association Notices..... 6

CORRESPONDENCE

Correspondents are asked to be brief

Fall-out from Bomb Tests M. A. Denborough, F.R.A.C.P. 46	Short Boys M. E. M. Herford, M.D. 49	Shake Test on Amniotic Fluid and the Respiratory Distress Syndrome S. G. Bhagwanani, M.R.C.O.G. 51
Promotion of Research on Deafness R. Hinchcliffe, M.D.; L. Fisch, M.D., D.L.O. 46	Diseases in the Tropics J. E. Cosnett, M.D. 50	Laterality of Fractures T. G. Williams, M.B., and B. P. Heather, M.B. 52
Neurotoxicity of Intrathecal Chemotherapy for Leukaemia A. M. Marmont and E. E. Damasio. 47	Coronary Heart Disease in Africa J. R. Billingham, M.R.C.P. 50	Enteroviruses in Heart Disease N. R. Grist, F.R.C.P.E.D., F.R.C.PATH., and Eleanor J. Bell. 52
Active Management of Labour G. C. Steel, F.F.A.R.C.S.; E. J. Galizia, F.F.A.R.C.S.; N. B. Eastwood, M.R.C.G.P. 47	Social Workers in Hospitals Gillian Stratford, M.B., and H. A. Waldron, M.B. 50	Radiological Evaluation of Pulmonary Metastases G. Mathé, M.D. 52
Abnormal Mixed Leucocyte Reaction in Bone Marrow Aplasia M. Sasportes, M.D., and others 48	Intracranial Venous Thrombosis and the Pill P. N. Holberton, M.R.C.O.G. 51	Prescription Charge Anomalies D. W. Smith, M.R.C.G.P. 52
Adrenal Failure in Bronchial Asthma N. J. Cooke, M.R.C.P., and others. 49	Smoking Hazards to the Fetus E. M. Ross, M.R.C.P., and others 51	Superannuation and the Elderly G.P. F. Danks, M.B. 52
Problem Oriented Medical Record B. S. Mather, F.R.C.S. 49	Doctors in South Africa G. W. Gale, M.B.; H. M. Woodman, M.D. 51	Pay of Armed Forces Medical Officers Flight Lieutenant P. J. H. Hemming, M.B. 53
	Alcoholism and the G.P. B. D. Hore, M.R.C.PSYCH. 51	

Fall-out from Bomb Tests

SIR,—In your leading article (8 September, p. 510) you give figures for the fall-out from French tests at Mururoa for 1970, 1971, and 1972. It should be remembered that these tests have been going on since 1966, and some years have given much higher readings for fall-out. You also compare the external doses from these tests with the unavoidable exposure to natural background radiation. While all exposures to radiation above the natural background should be a cause for concern, atmospheric nuclear tests are qualitatively different from background effects, because with fall-out internal doses are delivered by radioisotopes inhaled or ingested in air, drinking water, and food. Concentrated and accumulated inside a critical organ, these isotopes can dissipate all their energy in a small volume. Iodine-131 is concentrated in the thyroid gland and strontium-90 in bone. Radiation doses to the thyroid gland in young Australian children resulting from iodine-131 in the milk supply after French tests have been as high as 128 millirads in a single year. It should be remembered also that the radiation waste products after nuclear explosions in the Pacific are carried eastwards by the winds and that radioactive material arrives in Australia only after travelling three-quarters of the way round the southern hemisphere. This means that fall-out over the eastern Pacific and South America is much higher after the French tests than it is in Australia.

While it is true that it is difficult to make a quantitative assessment of the extent of the health hazard from French nuclear tests, the only prudent course seems to be to assume direct proportionality of known biological effects to radiation dosage. Assuming a linear relationship with the dose received and using maximum published figures for radiation risks, a group of distinguished

scientists from the Australian Academy of Science have calculated that as a result of past French atomic tests a total of 26 cases of thyroid cancer and 14 cases of leukaemia and other cancers could occur in the Australian population alone.¹ Unless it can be refuted scientifically, this assessment seems to provide a compelling argument against further atmospheric nuclear tests, whether by France, China, or any other country such as South Africa or Israel, which have been reported as wishing to develop nuclear weapons.—I am, etc.,

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¹ *Biological Effects of Nuclear Explosion Fallout. Report of a Meeting between Australian and French Scientists, Parliamentary Paper No. 29. Canberra, Government Printer of Australia, 1973.*

Promotion of Research on Deafness

SIR,—I wonder whether, on behalf of the "eleven signatories," I might reply to both Sir George Godber and Dr. I. K. Scott (8 September, p. 540).

We are all grateful to Sir George for his promise to meet representatives of this group of doctors and scientists working in the field of hearing disorders and for his reassurance that "the Department cannot be committed to everything contained in Dr. Rawson's report."

The observations made in the first paragraph of Dr. Scott's letter are not points at issue. Indeed, as anyone who has worked in this field for any length of time would indicate, the letter could have been quoting verbatim from utterances of any of the

"eleven," who, moreover, representing various disciplines have not only advocated but do actually pursue this multidisciplinary approach. Thus Dr. Scott is in error in implying that the "eleven" did not welcome such an approach. They are also most appreciative of this recent interest of the D.H.S.S.

With reference to the critical contents of the letter, it is axiomatic that destructive comments must precede constructive comments. Had Dr. Scott continued to read our letter he would have noted that we did indeed advocate, as a constructive comment, that "it would be much more sensible to build up existing centres, especially those where a multidisciplinary research team already exists."

A suggestion that some of the errors might be of little consequence is clearly not acceptable in the light of the two centuries' combined experience of the "eleven."

It is illogical to infer that a "profound understanding of the problems of the deaf" necessarily implies a profound understanding of the problems of research into deafness. In any case, had Dr. Scott followed the recent correspondence in *Hearing*, he would have noted that the personal sentiments of the author of the report are not shared by others. Moreover, the tone of the report contrasts strongly with that of a contemporary publication (*Journey into Silence* by Jack Ashley, M.P.).

Finally, Dr. Scott refers to the letter "signed by eleven members of various departments of audiology. . . ." Unfortunately, their addresses had been deleted before publication. Had he been conversant with this field, he would have realized that the signatories were from a wide range of disciplines and also represented departments of education, otolaryngology, and social and occupational medicine. This point is important since the message that the letter was seeking to convey was that the D.H.S.S.'s report