

377

STA/STA

# BRITISH MEDICAL JOURNAL

U. S. DEPT. OF AGRICULTURE  
NATIONAL AGRICULTURAL LIBRARY  
RECEIVED

NOV 26 1974

PROCUREMENT SECTION  
CURRENT SERIAL RECORDS

SATURDAY 16 NOVEMBER 1974

## LEADING ARTICLES

- Professional Independence at Stake** page 363      **Back to the Community** page 364      **Outlook**  
**in Psoriasis** page 365      **Fibrinolysis and Venous Thrombosis** page 366      **Human Tumour**  
**Xenografts** page 366      **Jugular Venous Pressure** page 367      **Screening for Hyperlipidaemia**  
**in Childhood** page 367      **Imported Diseases** page 368

## PAPERS AND ORIGINALS

- Preoperative Disinfection of Surgeons' Hands: Use of Alcoholic Solutions and Effects of Gloves on Skin Flora**  
E. J. L. LOWBURY, H. A. LILLY, G. A. J. AYLIFFE ..... 369
- Disinfection of the Skin with Detergent Preparations of Irgasan DP 300 and Other Antiseptics**  
H. A. LILLY, E. J. L. LOWBURY ..... 372
- Safe Method of Collecting Leukaemia Cells from Patients with Acute Leukaemia for Use as Immunotherapy**  
R. L. POWLES, T. A. LISTER, R. T. D. OLIVER, J. RUSSELL, C. SMITH, H. E. M. KAY, T. J. MCELWAIN, G. HAMILTON FAIRLEY ..... 375
- "Locked-in" Syndrome: Report of Seven Cases**  
C. H. HAWKES ..... 379
- Role of Serial Plasma C.E.A. Assays in Detection of Recurrent and Metastatic Colorectal Carcinomas**  
A. M. MACKAY, S. PATEL, S. CARTER, U. STEVENS, D. J. R. LAURENCE, E. H. COOPER, A. M. NEVILLE ..... 382
- Prenatal Diagnosis of Galactosaemia**  
A. H. FENSOM, P. F. BENSON, S. BLUNT ..... 386
- Gross Impairment of Hepatic Drug Metabolism in a Patient with Chronic Liver Disease**  
K. K. ADJEPON-YAMOAH, J. NIMMO, L. F. PRESCOTT ..... 387

## MEDICAL PRACTICE

### New Alternatives in the N.H.S.

- III. How Many Doctors Do We Need?**
- Could We Cut Hospital Beds by a Third?** J. M. FORSYTHE ..... 389
- What Could the G.P. Treat at Home—with Proper Support?** A. COLLING ..... 390
- Can the Community Cope with Patients Discharged Early from Hospital?** M. BOTT ..... 390
- Do Doctors Need to See Everybody?** R. H. HARDY ..... 391
- How Do Community Hospitals Make Economic Sense?** A. J. M. CAVENAGH ..... 392
- Would Nurses Take Clinical Responsibility if Given It?** JACQUELINE FLINDALL ..... 392
- Discussion** ..... 393
- Imported Infections: Unexplained Fever** A. M. GEDDES ..... 397
- Blood and Neoplastic Diseases: Myeloproliferative Disorders** S. M. LEWIS, L. SZUR ..... 399
- Any Questions?** ..... 402
- Personal View** G. W. ODLING-SMEE ..... 403

CORRESPONDENCE—List of Contents ..... 404

OBITUARY NOTICES ..... 413

BOOK REVIEWS ..... 414

### NEWS AND NOTES

- Epidemiology—Listeriosis** ..... 416
- Consultants' Contract—C.C.H.M.S.'s Statement** ..... 416
- Parliament—Breast Cancer Screening** ..... 416
- Medical News—Careers in Medicine** ..... 417

## SUPPLEMENT

### Owen Working Party :

- Consultant Contract and Private Practice in N.H.S.** 419
- C.C.H.M.S.'s Contract Proposals** ..... 419
- Health Departments' Proposals for a Remuneration**  
**Structure for N.H.S. Paid Consultants** ..... 421
- Health Departments' Views on Item of Service Contract** 423
- Future Arrangements for Private Practice in N.H.S.**  
**Hospitals: Paper by Health Departments** ..... 425
- Juniors Oppose Full-time Salaried Hospital Service** .. 425
- Statement on Future of Working Party** ..... 426

# CORRESPONDENCE

Correspondents are asked to be brief

## Complications of Prostaglandin-induced Abortion

I. S. Fraser, M.B.; I. Z. MacKenzie, M.R.C.O.G., and K. Hillier, PH.D. . . . . 404

## Renal Involvement in Henoch-Schönlein Purpura

J. Haahr, M.D., and others . . . . . 405

## Screening for Sickle-cell Disease

E. R. Perks, F.F.A.R.C.S.; T. H. Howells, F.F.A.R.C.S. . . . . 405

## Keratoconjunctivitis Caused by Adenovirus Type 19

J. Desmyter, M.D., and others . . . . . 406

## New Alternatives in the N.H.S.

G. Teeling-Smith, B.A. . . . . 406

## Economies in the N.H.S.

J. L. Taylor, M.R.C.G.P.; D. Atkinson, M.R.C.G.P. . . . . 406

## Respiratory Recording from the Oesophagus

D. Blatchley, F.F.A.R.C.S. . . . . 406

## Simple Oxygen-failure Safety Device

J. S. Robinson, F.F.A.R.C.S.; H. T. Davenport, M.B., and B. M. Wright, M.B. . . . . 407

## Haemodialysis and Forced Diuresis for Tricyclic Antidepressant Poisoning

N. Wright, M.R.C.P.ED., and D. Cooke, M.B. . . . . 407

## Diagnostic Test for Multiple Sclerosis

H. L. Jensen and others . . . . . 407

## Caecal Rupture in Psychotic Patients

R. D. Last, M.R.C.G.P. . . . . 407

## Psychiatric Manifestations of Giardiasis

A. A. Khan, M.R.C.P.SCH. . . . . 407

## Deaths during Dentistry

J. G. Bourne, F.F.A.R.C.S. . . . . 408

## Delirium after Surgery

D. W. Bethune, F.F.A.R.C.S., and others . . . . 408

## Management of Lithium Treatment

J. L. Crammer, M.R.C.P.SCH. . . . . 408

## Uterine Contractions due to Heparin

K. Shaker, M.R.C.P., and others . . . . . 408

## Treatment of Aspergillosis

R. H. George, M.R.C.PATH., and A. J. Bint, M.B. . . . . 409

## Use of Intravenous Urography

W. F. Hendry, F.R.C.S. . . . . 409

## Alpha-Adrenoceptor-blocking Drugs in Asthma

K. N. V. Palmer, F.R.C.P., and others . . . . 409

## Chemoprophylaxis against Tuberculosis

Colonel E. E. Vella, F.R.C.PATH. . . . . 409

## Variability in Response to Drugs

K. G. Heymann, M.R.C.G.P. . . . . 409

## More about D and V

R. J. F. H. Pinsent, F.R.C.G.P. . . . . 410

## Further Application of the Nitroblue Tetrazolium Test

R. M. Rowan, M.R.C.P.GLAS., and others . . 410

## Transthoracic Electrical Impedance in High-altitude Hypoxia

R. M. Ellis, F.R.C.S. . . . . 410

## False Positive Pregnancy Test in Uraemia

Y. K. Seedat, M.D., F.C.P.(S.A.), and others . 410

## Help for House Purchase

M. D. Rosewarne, F.F.R. . . . . 411

## Government and Profession

A. F. Bushby, F.R.C.O.G.; E. L. Feinmann, F.R.C.P.; C. R. W. Gill, M.R.C.P.; G. B. Stenhouse, M.B.; A. W. Robinson, M.D. . . 411

## Remark on Radio

A. N. G. Clark, F.R.C.P.; E. B. Lewis, F.F.A.R.C.S. . . . . 412

## Doctors' Pay

R. D. H. Ryall, F.F.R.; F. W. B. Breakey, M.R.C.G.P.; P. H. Dootson, M.B. . . . . 412

## Complications of Prostaglandin-induced Abortion

SIR,—Professors S. M. M. Karim and S. S. Ratnam have recently commented (19 October, p. 161) on the occurrence of 13 cases of cervical rupture with intra-amniotic prostaglandin  $F_{2\alpha}$  and they state that they are unaware of any cases of rupture of the cervix which have occurred with  $PGE_2$ .

Over 200 pregnancies have been terminated in this hospital using intra-amniotic  $PGE_2$ , and three cases of rupture of the cervix have been noted. Two of these have already been reported.<sup>1</sup> All cases occurred in primigravidae of between 15 and 20 weeks' gestation who had been given a single intra-amniotic dose of 10 mg  $PGE_2$  without additional stimulation by oxytocin. Perhaps surprisingly none of the cases of cervical rupture occurred in the group of 100 patients who received simultaneous intravenous oxytocin stimulation throughout the induction-to-abortion interval. Only one of these three cases was a "bucket-handle" tear, the other two being lateral lacerations, extending two-thirds of the distance up the cervical canal. No cases of cervical rupture have been seen in 320 cases of extra-amniotic  $PGE_2$  administration. These three cases suggest that the lack of case reports of cervical rupture with intra-amniotic  $PGE_2$  is due partly to under-reporting and partly to the less widespread use of  $PGE_2$  compared with  $PGF_{2\alpha}$ . All doctors who have worked with intra-amniotic prostaglandins will be aware of the gross thinning and "ballooning" of the cervix which sometimes occurs prior to rapid cervical dilatation and abortion and it is easy to imagine how this can occasionally progress to cervical rupture. In my experience this "ballooning" is seen equally frequently with  $PGE_2$  and  $PGF_{2\alpha}$ , and I

think it is unlikely that a specific relaxant effect of  $PGE_2$  on the cervix is playing a significant role.

The great attraction of intra-amniotic prostaglandin administration is that the majority of mid-trimester pregnancies can be terminated by a single injection, whereas the extra-amniotic route at present requires multiple instillations given by a doctor or nurse or the use of a continuous infusion pump. It is to be hoped that the new longer-acting synthetic prostaglandin analogues administered in a gel base will produce reliable termination of pregnancy by a single extra-amniotic instillation.—I am, etc.,

IAN S. FRASER

Simpson Memorial Maternity Pavilion,  
University of Edinburgh

<sup>1</sup> Fraser, I. S., and Brash, J. H., *Obstetrics and Gynecology*, 1974, 43, 97.

SIR,—Your leading article (17 August, p. 428) concerning the incidence of uterine rupture following prostaglandin-induced abortion collates some of the limited data available on this problem but prompts further comment.

In 10 fully documented cases of cervicovaginal fistula<sup>1-4</sup> each patient was a primigravida under 22 years of age of between 15 and 21 weeks' gestation at the time of abortion. Nine of the patients were given  $PGF_{2\alpha}$  (total dose 25-105 mg) intra-amniotically, six of them also received intravenous oxytocin, and one patient received 10 mg of  $PGE_2$  initially but was given a further 25 mg of  $PGF_{2\alpha}$  and oxytocin because of failure to progress. A

further five cases of fistula have been reported<sup>5-7</sup> following intra-amniotic  $PGF_{2\alpha}$  though full details of the patents were not recorded. There have thus far been no published reports of this problem following treatment with intra-amniotic  $PGE_2$  alone and, contrary to the comments in your leading article, none following extra-amniotic administration of  $PGE_2$  or  $PGF_{2\alpha}$ .

We would like therefore to speculate upon the factors that may predispose to fistula formation. Attention has already been drawn to a possible relationship with the young primigravid patient, but we would point out that in the largest single documented series of fistulae<sup>3</sup> only seven multiparae less than 20 years of age were included. Similarly an association between  $PGF_2$  intra-amniotically and fistulae has been shown. Kajanoja *et al.* reported that no fistulae occurred in 31 primigravidae less than 20 years of age treated with  $PGE_2$  intra-amniotically, some with oxytocin, and in our own experience<sup>8</sup> no fistulae occurred in 33 primigravidae under 20 years of age given the same treatment. However, again it must be pointed out that in the literature much smaller numbers of patients have been treated intra-amniotically with  $PGE_2$  than  $PGF_{2\alpha}$ .

It is perhaps significant that fistulae have not been reported following extra-amniotic prostaglandins. It is probable that the retaining balloon of the Foley catheter which is used to administer prostaglandins and which remains against the internal os until some cervical dilatation has occurred improves the polarity of myometrial contractions, thus preventing fistulae occurring. However, the majority of patients treated extra-amniotically have been given  $PGE_2$ . It has previously been shown that strips of