

148.8
377

STA/STA

BRITISH MEDICAL JOURNAL

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

JAN 3 1975

PROCUREMENT SECTION
CURRENT SERIAL RECORDS

SATURDAY 21 DECEMBER 1974

LEADING ARTICLES

- | | |
|--|--|
| Unity and Diversity in Schizophrenia page 673 | Brain Drain—the Pattern Changes page 674 |
| Byssinosis: Compensation or Prevention? page 675 | Ethics of Selective Abortion page 676 |
| Bone Marrow Transplants in Leukaemia page 676 | Pregnancy without a Uterus page 677 |
| Control of Medicines page 678 | Royal Society Appeal page 678 |

PAPERS AND ORIGINALS

- | | |
|--|-----|
| Clinical Effects of Whole-body Hyperthermia in Advanced Malignancy
R. T. PETTIGREW, JEAN M. GALT, C. M. LUDGATE, A. N. SMITH..... | 679 |
| Prostaglandin-induced Abortion: Assessment of Operative Complications and Early Morbidity
I. Z. MACKENZIE, KEITH HILLIER, M. P. EMBREY..... | 683 |
| Mixed Venous and Arterial Pco ₂ J. D. S. MCEVOY, N. L. JONES, E. J. M. CAMPBELL..... | 687 |
| Interpretation of Serum Creatine Kinase in Suspected Myocardial Infarction
B. B. SCOTT, A. V. SIMMONS, K. E. NEWTON, R. B. PAYNE..... | 691 |
| Pruritic Effect of Bile Salts J. KIRBY, K. W. HEATON, J. L. BURTON..... | 693 |
| Neonatal Hyperthyroidism and Long-acting Thyroid Stimulator Protector J. NUTT, F. CLARK, R. G. WELCH, R. HALL..... | 695 |
| Possible Role of Laxatives in Analgesic Nephropathy J. S. WAINSCOT, RONALD FINN..... | 697 |
| Lacticacidosis, Ketoacidosis, and Hyperalaninaemia in a Phenformin-treated Diabetic Patient
S. BALL, H. F. WOODS, K. G. M. M. ALBERTI..... | 699 |

MEDICAL PRACTICE

- | | |
|---|-----|
| A Memorable Decade in the History of Neurology 1874-84—I J. D. SPILLANE..... | 701 |
| Exeter Project for Handicapped Children F. S. W. BRIMBLECOMBE..... | 706 |
| Blood and Neoplastic Diseases: Solid Tumours in Children J. S. MALPAS, J. E. FREEMAN..... | 710 |
| Any Questions? | 713 |
| Christmas Quiz 1974..... | 714 |
| Personal View K. MAHADEVA..... | 715 |

CORRESPONDENCE—List of Contents..... 716

NEWS AND NOTES

- | | |
|--|-----|
| Parliament—Vaccine-damaged Children..... | 725 |
| Christmas Quiz—Answers..... | 725 |
| Medical News..... | 726 |

OBITUARY NOTICES..... 723

BOOK REVIEWS..... 724

SUPPLEMENT

- | | |
|--|-----|
| Round-up—Review Body; Working to Contract..... | 727 |
| G.M.C. Disciplinary Committee..... | 727 |
| B.M.A. Peripheral Reorganization..... | 728 |

CORRESPONDENCE

Correspondents are asked to be brief

Is Salmon a Scapegoat? J. W. Pauley, F.R.C.P. 716	Uticillin D. S. Reeves, M.R.C.PATH. 718	Ethylloestrenol C. J. Mugglestone, M.B. 720
Peripatetic Psychopenal Disorder E. W. Shepherd, F.R.C.PSYCH. 716	Skin Reactions to Beta-blockers Constance M. Ridley, F.R.C.P. 719	Agoraphobia N. S. Capstick, M.D.; D. Waxman, M.R.C.S. 720
Communications between General Practitioners and Consultants N. V. Birrell, M.R.C.P.; J. M. Bevan, M.A., and K. S. Dawes, M.R.C.G.P.; Margaret B. Noble, M.R.C.O.G. 717	Medical Nemeses C. R. Porteous, M.R.C.O.G. 719	Consultant Contract R. S. Francis, F.R.C.P., and others; E. B. Lewis, F.F.A.R.C.S.; P. A. D. Williams, F.F.A.R.C.S. 721
Accidental Hypothermia: Central Re-warming in the Field E. LL. Lloyd, F.F.A.R.C.S., and J. C. Frankland, M.B., M.R.C.G.P. 717	Acute Calf Swelling B. Thalayasingham, M.R.C.P., and others 719	Needs of Junior Hospital Doctors D. E. F. Newton, M.B. 721
Safety and Fiberoptic Bronchoscopy P. Stradling, F.R.C.P., and G. W. Poole, M.R.C.P.; D. J. Hendrick, M.R.C.P., and J. Cowie, M.R.C.P. 717	Lorazepam Poisoning D. I. Jeffrey, M.B., and M. F. Whitfield, M.R.C.P. 719	Other Health Services N. Kaye, M.R.C.PSYCH. 722
Full View of the Road R. A. Weale, D.S.C. 718	The Roseolar Reaction G. I. Watson, F.R.C.G.P. 719	Weakness in Negotiation M. J. Clay, M.B. 722
	Hernias in Children E. O. Goodrich, jun., M.D. 720	Confinement Fee N. E. Rust, M.B.; D. J. Leeming, M.B. 722
	In Arduis Fidelis Colonel D. Hamilton, M.R.C.P. 720	Knocking the B.M.A. C. D. Campbell, M.B. 722
	Medicine and the Common Market K. Liddell, M.R.C.P. 720	

Is Salmon a Scapegoat?

SIR,—At the meeting to discuss "A new role for the clinical nurse" and "The specialist nurse" at the Royal College of Physicians on 28 November, as reported in your leading article (7 December, p. 550), a strong case was made for providing career opportunities, status, and pay, not less than those at present offered to nurse administrators, for those perverse enough to wish to remain real nurses rather than abandon their hard-won skills for administration. Competent administration is very important, but some of us feel that the new cult of consultation and decision-making within interlocked committees, eternally reporting upwards, downwards, and sideways, has lost its sense of proportion.

I suggested in the discussion that the concept of the specialist nurse was not really new. For at least half a century sisters who spent more than five years on a ward or unit dealing with any specialty such as medicine, surgery, orthopaedics, geriatrics, paediatrics, neurology, psychiatry, the operating theatre, or casualty, etc., have automatically become specialists and acquired special skills, many of which were not applicable to other specialties. I added that if career opportunity was to be offered to the specialist nurse a hierarchical structure, as in Salmon, should be avoided at all costs.

The case for recognition of special skills was cogently put by two nurses, Miss Law and Miss Baldwin, from what may be regarded as the newer specialties of a liver and a renal unit, while the older specialties were represented by a nurse from a midwifery unit, Miss Ashton. These nurses, all in the Salmon 7 grade, said they had found it generally unsuitable for their tasks because of its preponderant administrative component. It seemed that they were clearly asking for new grades with a predominant clinical component comparable to, but not

synonymous with, Salmon 7 and 8 (and I would add 9).

Not surprisingly nurse administrators, who seemed to be in a majority at the meeting, seemed somewhat subdued at this point. I think it is now time to put a direct question to them as they alone have the power of recommendation, if not of yea or nay. Are they, the nurse administrators, now prepared to accept senior sisters or specialist nurses on ward or unit being granted the status and pay equivalent of Salmon 7 or 8 on merit and/or length of service without being compelled to move from that ward or unit where they had acquired their skills and where those skills can be most usefully deployed? If this were done a number of nursing officers, none too happy in their present role, would bring back their invaluable skills to the bedside, now desperately depleted of trained staff, by remustering into the new clinical grade. The cry will be that they cannot be spared from administration, but I remain convinced that the latter is at present top-heavy and that much of the day-to-day work could be done by high-quality secretaries at the direction of nurse administrators.—I am, etc.,

J. W. PAULEY

Ipswich

Peripatetic Psychopenal Disorder

SIR,—As Dr. Henry Rollin has pointed out, the "open door" of the modern psychiatric hospital may become a "revolving door" for a group of mentally abnormal or inadequate offenders who drift between destitution, prison, and psychiatric hospital.

Unaware of the benefits of the "open door" regime (except for easier departure from the grounds) and socially inadequate

because of chronic schizophrenia, limited to subnormal intelligence, or abnormal personality, these citizens, mainly males, break the law and are sent, almost haphazardly, to prison or hospital by the courts. Unresponsive to outpatient therapy (psychiatrists are only human and cannot treat by telepathy), beyond the limited resources of social service departments, unacceptable at or aimlessly leaving those few residential alternatives to the psychiatric hospital, and lacking a conventional home, they repeatedly appear in court. Dr. Rollin has drawn our attention to this group of peripatetic patients and their unmet needs in his book¹ and many articles and has earned respect for his spirited but perhaps premature exposure of this "unacceptable face" of the open psychiatric hospital.

A Lord Chief Justice recommended the greater use of restriction orders to prevent the premature discharge by psychiatrists of dangerous offenders. I believe that care is indivisible from treatment and that to offer the latter we have to accept responsibility for ensuring the former—if necessary by locking a door or two. Unhappily there has been a failure to accept the need for action or even consideration of this problem and I write in the hope that by recognizing the existence of this group of under-treated people we may avoid the alternatives—"hospital prisons" or restriction orders. Neither of these procedures is really necessary, humane, or desirable, but until the community, magistrates, and above all psychiatrists deal more effectively with the situation, so long will this group of drifting patients periodically appear in court.—I am, etc.,

E. W. SHEPHERD

Leavesden Hospital,
Abbots Langley,
Watford, Herts

¹ Rollin, H. R., *The Mentally Abnormal Offender and the Law*. Oxford, Pergamon, 1969.