

These studies will of course have to take into account the Department's many responsibilities which did not come within the scope of the chairmen's review.

It is unusual for a Government department to expose itself to external scrutiny and public comment in this way as has occurred with the regional chairmen's study. The report is not a blueprint

for change: it is a helpful contribution to the necessary task of identifying changes which may be needed and finding the best way of achieving them. The resolution of the serious problems of organisation and responsibilities which are indicated in the chairmen's report deserves careful and objective consideration. This it will get in the DHSS—I hope it will get it elsewhere.

Regional chairmen's reply

B BAILEY, H R MOORE, J B KINGSLEY WILLIAMS

Our attention has been drawn to your leader headed "Disease at the Elephant." As the three regional chairmen originally concerned with the inquiry to which you refer, we feel that your article gave a rather one-sided account of the contents of the report, and that we should in all fairness seek to redress the balance.

The inquiry was originated by Dr David Owen at the end of last year; and, as is made clear in the report, all regional chairmen welcomed it and believed it to be almost unique for any Department of State to invite the uninhibited views of a lower tier of management. In common with most of the NHS, we feel strongly that this more open and participative mode of behaviour should receive the credit it deserves.

It would have been possible to quote other extracts from the report which showed the Department and some aspects of its work in a most favourable light. Equally, regional chairmen would not pretend that they have a monopoly of wisdom in

what they have said. What the report tries to do is to give their collective view of how the Department seems to them to operate in its relationship with regional health authorities; and to suggest areas in which considerable simplification and economy could be achieved—to the benefit of all who work in the Service. There was not time to produce detailed recommendations, and the report itself was intended as the first step in a two-stage exercise.

The second stage, to which you refer somewhat slightly in the last paragraph of your article, is designed to produce these detailed recommendations and is under way, under the chairmanship of the Permanent Secretary, Sir Patrick Nairne. Lest it be thought that this is a traditional internal device to avoid facing up to the problem, we should say that we have been invited to join the steering group; and that this body has set itself the target of producing recommendations for specific action by the end of the year.

Regional chairmen have been critical of many aspects of the working of the Department and believe it is too large; but we also hope and believe that great improvements can and will be made. At the same time, in view of the tone of your article, we feel it is only right to record our impression so far that the Department is looking honestly and carefully at what the report has said. At this stage nobody can ask for more; but, of course, the proof of the pudding will be in the eating.

Appointments of authors

B BAILEY, OBE, JP, Chairman, South-western Regional Health Authority
H R MOORE, CBE, Chairman, North-east Thames Regional Health Authority
J B KINGSLEY WILLIAMS, Chairman, Wessex Regional Health Authority

What is the significance of raised serum acid phosphatase concentration in the absence of any clinical abnormalities such as an enlarged prostate?

I doubt if a single abnormal acid phosphatase level in the absence of symptoms means very much. It might possibly be transiently raised in prostatitis, but only repeated high values should be taken to indicate prostatic carcinoma. Sometimes the latter may be so small as to be clinically undetectable even in the presence of metastases. Raised values are sometimes found in association with high alkaline phosphatase levels—for example, in Paget's disease. Haemolysis can produce a falsely high figure owing to release of phosphatases from the red cells.

What is the relative success rate of human tissue grafts for aortic valve replacement and Teflon or mechanical valve replacement?

Most centres that use both types of valves have experienced excellent early results with tissue valves, which, of course, do not require long-term anticoagulation, but there is a higher incidence of late failure after five years. Artificial valves on the other hand, although they last longer, have generally a higher morbidity rate, some of which is associated with lack of good anticoagulant control or platelet emboli. Blood cell trauma is also inevitable but varies considerably from being practically undetectable to creating gross haemolysis. The tilting disc prosthesis has a better reputation for this than the

ball in cage valve. Although few centres as yet have a sufficiently long follow-up, the glutaraldehyde-preserved heterograft porcine valve perhaps embodies the best features of tissue valves with the durability of the mechanical prosthesis.

Pipkin, R D, Buch, W S, and Fogarty, T J, *Journal of Thoracic and Cardiovascular Surgery*, 1976, **71**, 179.
Barnhorst, D A, et al, *Journal of Thoracic and Cardiovascular Surgery*, 1975, **70**, 113.
Björk, V O, Henze, A, and Holmgren, A, *Journal of Thoracic and Cardiovascular Surgery*, 1974, **68**, 393.
Current Status of Cardiac Surgery, ed D Longmore. Medical and Technical Publishing, Lancaster, 1975.

How would you investigate a young man who has non-pitting oedema of face and hands on exertion?

It is difficult to answer without knowing more details. He might have angioneurotic oedema, which may be precipitated by exertion and is often familial.¹ It would therefore be desirable to know something about the family, the nature and periodicity of the attacks, and whether there is an allergic diathesis. Abdominal symptoms are common owing to oedema of the bowel wall that produces characteristic appearances on barium examination. The results of routine investigations are likely to be normal, but it would be worth looking at his immunological state and, if possible, the serum complement components.²

¹ Landerman, N S, *Journal of Allergy*, 1962, **33**, 316.

² Beck, P, et al, *Quarterly Journal of Medicine*, 1973, **42**, 317.