

Points

Influences on prescribing

Dr CELIA E BANGHAM (Pershore, Worcester-shire WR10 2ER) writes: What a pity that the *British National Formulary* did not get mentioned in the article by Professor Michael Drury and Mr Karl Sabbagh (13 February, p 473). It contains all that is useful from *MIMS* plus a great deal more, and is laid out rationally without commercial bias. I use it every day.

Deferring parity in GP partnerships

Dr J D WIGDAHL (King's Lynn, Norfolk PE33 0RF) writes: It was interesting to read Dr Peter Gregson's letter (20 February, p 600), in which he chides the profession for following "the law of the market place," though it does not surprise me that he writes from Saudi Arabia. In the 1950s there were as many as 70 applicants for a vacancy in general practice, and I for one gratefully accepted 13 years to parity as the norm. However, three years before reaching this pinnacle I found that new partners had to be offered three years to parity and that nobody suggested the need for any ethical persuasion by the BMA against this policy. The arguments for deferring parity were the same then as they are today—super-annuation. Perhaps Dr Gregson and I, however, will both be losers when the Treasury runs out of money to pay this due.

Beta-blockade: winding down the clock?

Dr S H ANDERSON (Glan Clwyd Hospital, Bodelwyddan, Rhyl, Clwyd) writes: Imagine two electric alarm clocks set to ring at the same time every 12 hours. If one could slow down the mechanism of one of these clocks to three-quarters of the normal speed, it is clear that this "treated" clock would now ring every 16 hours, while the "untreated" clock would continue as before. For instance, during the period 1 January to 13 January the overall numbers of alarm calls from the "treated" and "untreated" clocks would be 26 and 21 (or thereabouts).

In the Norwegian multicentre trial of propranolol after myocardial infarction (16 January, p 155) . . . there was an overall reduction in mean heart rate from approximately $72 + 3 = 75$ beats/min in the untreated group to 56 beats/min in the treated group, attributable to beta-blockade. Meanwhile, among the nearly equal numbers in each group who were not withdrawn from the trial over the same one-year period, there were 26 and 20 cardiac deaths, respectively. The reader may have noticed a resemblance between these figures and those quoted for our imaginary clocks. The recent trial of timolol¹ showed a similar and broadly parallel relationship between the reductions in mean heart rate and in overall death rate (mostly cardiac). . . .

The coincidence between results of the two papers are so strong, that one feels there must be some unifying explanation for them. I cannot see that it is necessary to postulate any antiarrhythmic or other special property of beta-blockade as the major factor. Reverting to the clock analogy: on the reasonable assumption, other factors being equal, that each and every heartbeat in a patient who has had a

recent myocardial infarction carries within its electrophysiological sequence a certain measured risk of "setting off the alarm"—that is, the initiation of a sequence of events identifiable immediately or ultimately as "cardiac death"—then all that needs to be said at present is that beta-blockade appears to spread out the risk of such an event over a longer period of time. . . .

¹ The Norwegian Multicentre Study Group. *N Engl J Med* 1981;304:801-7.

Conan-Doyle's MD thesis

Dr GRAHAM SUTTON (Edinburgh EH10 4JP) writes: Minerva (20 February, p 591) may be interested to know that a small part of Sir Arthur Conan-Doyle's MD thesis has already been published. Although it was intended as an academic work there was one point where he forgot this and wrote a short story instead. This, plus various short mystery tales set in Edinburgh and an unknown Sherlock Holmes case, can be read in *The Edinburgh Stories*, published by the same student publication board that Doyle himself worked with all those years ago.

¹ Doyle AC. *The Edinburgh stories*. Edinburgh: Edinburgh University Student Publication Board, 1981.

Leishmaniasis

Dr GINO SCHILIRÒ, Dr ANTONIO RUSSO, Dr SALVATORE MUSUMECI, and Dr GIUSEPPE RUSSO (Clinica Paediatrica, Citta Universitaria, Catania) write: We read with great interest the comprehensive review on leishmaniasis (7 November, p 1245). It was surprising to notice, however, that in the map Sicily is depicted as free of leishmaniasis in contrast with the southern part of the Italian peninsula. Fundamental work on leishmaniasis was done in Sicily, . . . and both cutaneous and visceral forms of leishmaniasis are still present. . . . In the last six years 30 new visceral cases have been diagnosed at this department, and further cases have been admitted to other hospitals.

Smiles about rickets, gloom over whooping cough

Dr J K ANAND (Peterborough) writes: Dr W P Stephens (27 February, p 660) does well to remind us about the body's ability to store vitamin D. I applaud also his sympathy with those who shun Western style diets. But please let us not neglect ultraviolet rays, natural or lamp-produced, as prophylactic as well as curative therapy for rickets and for osteomalacia.

Boeing 747 evolution: is there a god after all?

Dr ALEX G STEWART (Glasgow G77 5BH) writes: Minerva commented (6 March, p 749) on the evolution of a Boeing 747 being comparable to the evolution of living organisms. Has it occurred to her that the Boeing 747 evolution from the junkyard was masterminded by some very far-sighted, intelligent, and capable men? Does this have implications for the evolution of living organisms? Could there be a god after all?

How effective are our child health clinics?

Dr ELIZABETH M HARRISON (Leeds LS17 5NT) writes: Dr W A Hendrickse (20 February, p 575) . . . failed even to mention the aspect of the work in a child health clinic that is not measurable in terms of cost-effectiveness. The average clinical medical officer has more time than the general practitioner both to listen and to talk to the mothers. With the help and support of experienced health visitors, hopefully the clinic doctor sees a major part of his work as identifying early the problems of parenting in its broadest sense. It is also his job to reassure and support mothers that their parenting is adequate for their child. Confidence in parenthood is important.

The social isolation of many family units has forced young parents to become increasingly dependent on professional bodies for guidance and advice. In deprived inner city areas it seems that these agencies are already failing to prevent the escalation of child abuse.

Auditory screening of school children: fact or fallacy?

Dr C G EASTWOOD (Ramsey, Isle of Man) writes: Dr Olga Nietupska and Mr Nick Harding (6 March, p 717) state that the school health service was established in 1967. The school medical service was established in 1907: all that happened in 1967 was a change of name—nothing else was altered. The importance of hearing has certainly been recognised for more than "the past decade." I was a school medical officer from 1936 to 1972, and during my last 25 years I think that the authors of this paper would have been satisfied with our hearing testing.

Jogger's blockade

Dr SIDNEY CROWN (The London Hospital, London E1 1BB) writes: Professor Alasdair Breckenridge casts side-swipes at us joggers (20 February, p 532). As a middle-aged exercise freak I know there are risks . . . but . . . I feel fitter than at any time since I was an undergraduate. My . . . two-mile around-the-houses track today took 18 minutes 37 seconds. . . . I can walk up escalators and run for trains without discomfort. I can think beautiful thoughts as I run . . . I can imagine what it would be like to repeat this run 12 more times; and so I decide not to enter the London marathon. . . .

As a psychotherapist I spend time encouraging patients to fulfil themselves in their work, in their family and at leisure and pleasure. The exercise explosion helps a number of us achieve these goals.

Correction

Management of gastroenteritis at home

An error occurred in the letter by Dr M E Ellis and others (12 December, p 1606). In the first line of the fourth paragraph it was stated that: "Lucozade contains 1072 mmol/l (193 g/l) of glucose." This should be: "Lucozade contains 520-530 mosmol(mmol)/l of glucose, but has a total osmolality of 700-720 mosmol/kg."