the UK? In many countries the cost of alcohol-induced problems exceeds the revenue raised from alcohol taxation.⁷

Let not anyone, even members of Parliament, be surprised that if you give more of a drug you get a greater response. Whatever special aetiological factor—for example, genetic—there may be in alcoholism, this overall dose-response relationship with alcohol and its effects on society are established with a high degree of probability. I do not think that the experiment that the legislators seemed poised to carry out would pass any hospital ethical committee; it's been done before and the risk of a high incidence of adverse effects is too great.

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The North Sea

SIR,—I read with interest your special correspondent's article, "The North Sea" (20 March, p 705), and was impressed by the medical service operated by the eight general practitioners in Yarmouth. In the north-east of Scotland we have a similar set-up, which operates under the aegis of the Institute of Environmental Medicine of Aberdeen University. Unfortunately the institute is not yet as fully operational as it might be and there are still some individual arrangements being made, which tends to fragment and incoordinate medical care. This on occasion leads to duplication of effort and possibly variation in standards.

The NHS does not yet recognise a responsibility below the low-water line, but a recent court decision in Scotland (*Crown Estates v Fairlie Boatyard*) may help to change this situation. One of the problems of treating personnel on rigs and barges is the question of insurance, both accident and medicolegal, of doctors who supply services to off-shore installations, and this might be eased if the NHS were to become responsible for off-shore medical care, as indeed do police forces in their own fields.

I would agree that a national system of monitoring the health of divers should be instituted, especially as the number of divers is relatively small, and I hope that Admiral Rawlins's committee will take up this point. Funds should be made available, preferably from Government sources, for research into the long-term effects of compression, which would include hyperbaric facilities, computerisation, etc. A national register of divers is a must, as it is not unknown that a diver who has failed a medical with one company seeks to be employed by another company and may conceal relevant medical history.

In the article divers are described as "mavericks" and elsewhere as "prima donnas,"

but I feel that it should be the diver's own responsibility to ensure that his medical checks are up to date and that he holds a valid certificate of medical fitness. This responsibility already applies in the case of commercial airline pilots and heavy goods vehicle drivers. The medical records of the former are held and scrutinised centrally, and it takes the examining doctor only a few minutes by telephone to get a full breakdown on past medical history when required.

In the article it is stated that necropsies revealed some degree of right ventricular hypertrophy in otherwise healthy men. An impression I obtained, admittedly from the records of a small number of divers, was that the diastolic pressure was over 80 mm Hg more frequently than I would have expected in a similar number of men in the 20-35-year age group.

The profession should seize this opportunity of serving and investigating this new field of off-shore medicine.

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Renal lesions in a case of septicaemia

SIR,—In replying to the criticisms of Wing Commander T J Betteridge and Squadron Leader D J Rainford (28 February, p 522) I should like to make two preliminary points. Firstly, as many readers will be aware, the published accounts of clinicopathological conferences are edited versions of the proceedings. Some descriptive details are inevitably omitted, while the original presentation itself has to be a concise, didactic account of the pathological findings. Secondly, although histological diagnosis is a matter of subjective interpretation, our opinion is based on the examination of numerous tissue sections and not on two photographs.

The glomerular changes in the case presented were not focal. There was a diffuse increase in cellularity affecting all glomeruli apart from those hyalinised by previous ischaemic damage. While minor variations in the degree of hypercellularity were noted, there was little or no tendency for local or segmental variation within individual glomeruli. A measure of the degree of proliferation is given by total glomerular cell counts. The cells (excluding leucocytes) present in 20 midline sections of glomeruli in 1- μ m sections stained by the periodic acid-Schiff method were counted. The mean cell count (± 1 SD) was 194 ± 18 , which compares with a normal count of 122 for adult females.¹ The hypercellularity was principally a result of endothelial cell proliferation, but there was a definite increase in mesangial cells. Neutrophil polymorphs were present in excessive numbers throughout the glomeruli. Fibrin thrombi and foci of necrosis were not seen.

A diffuse, mild to moderate increase in mesangial matrix and a slight irregular thickening of tuft loops were present. While electron microscopy did not reveal convincing sub-epithelial "humps," it did confirm the presence of finely granular, electron-dense deposits of matrix or basement membrane-like material in the mesangium. It is unfortunate that tissue was not retained for immunofluorescence studies, but this deficiency does not preclude an accurate diagnosis; indeed, the results obtained from necropsy material may well be unsatisfactory.

Our diagnosis of diffuse proliferative glomerulonephritis in a patient with staphylococcal septicaemia and acute bacterial endocarditis of short duration is not "most unusual." Powell found this form of glomerulonephritis

in 16 of 40 patients dying from staphylococcal septicaemia,² and its association with coagulase-negative staphylococcal bacteraemia complicating the insertion of ventriculoatrial shunts for hydrocephalus has been clearly established.³⁻⁵

Most authorities recognise two forms of glomerulonephritis in bacterial endocarditis. Firstly, a focal type ("embolic" nephritis), characterised by segmental fibrinoid necrosis with local proliferation of cells infrequently associated with impaired renal function; and, secondly, a diffuse proliferative lesion, in which elevation of blood urea nitrogen and creatinine levels is common. Heptinstall claims that the focal form is very uncommon in cases of short duration irrespective of the organism.⁶ Diffuse proliferative glomerulonephritis complicating coagulase-positive staphylococcal endocarditis has been well documented⁶⁻⁸ and has been substantiated by animal experiments.⁹

At a clinicopathological conference published in 1960¹⁰ a 52-year-old man was presented who developed staphylococcal septicaemia following a laminectomy and died in renal failure. Post-mortem examination revealed acute bacterial endocarditis involving the tricuspid valve and a diffuse proliferative glomerulonephritis. Our case represents a further example of this interesting but not infrequent complication.

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Sociological realities

SIR,—In your leading article under this heading (3 April, p 790) you ask, "Why then is so little being done to halt the decay and decline of the links between the health and social services?" At a recent half-day meeting in this division between social workers and general practitioners it was striking that there was a much more positive wish to do this among the former than among the latter. It came over strongly that mutual expectations were in conflict and sometimes unreal. The GPs felt that the ideal social worker should be more active and of practical help (like GPs) and the social workers felt the ideal GP should find time to be understanding, tolerant, and willing to listen (characteristics which they value highly in themselves).

This contrast in attitudes is borne out in your article, which fails to recognize the complexity of the roles of the social services in the community. These roles are still in the process of definition, and if doctors wish to enter the debate they will have to find time to sit around and discuss with social workers their differing roles and attitudes as well as the practicalities