Manipulation in Treatment of Low Back Pain

SIR,—I have read with interest the long-awaited results and conclusions of the British Association of Rheumatology and Rehabilitation trial of treatments for low backache (26 April, p. 161).

Two members of the British Association of Manipulative Medicine council were elected to the original planning committee for the trial but did not complete their stint of duty because from their reports it appeared to the B.A.M.M. council that, through intent or ineptitude in the protocol, the trial was to be biased against manipulation. The criteria for admission to the trial had been established before our members joined the committee, and, though they pointed out that some of the exclusions were regularly treated by manipulation and were not contraindications for this form of treatment, the protocol could not be amended. It might well be thought that hamstringing manipulation in this way gave an automatic advantage to the other treatment methods. If the exclusions were not designed to handicap manipulation, then the B.A.R.R. research committee must have been deeply ignorant of the scope of manipulative treatment, which was an unfortunate start for the trial.

On the question of controls, too, our members thought that the B.A.R.R. committee was disconcertingly ill-informed, for it originally suggested a "placebo" manipulation as control. Apart from ethical considerations it was impracticable and our members secured abandonment of the idea. This was practically their sole contribution, for their other protests passed unheard and it was clear that they would be unable to force the alterations in the trial which were to them so obviously necessary. Originally it had been suggested that B.A.M.M. members should be responsible for most of the manipulation in the trial, but, in view of the faults in the design of the trial and the manner in which the advice of our members—the only manipulative specialists on the committee—was consistently ignored, further co-operation with the B.A.R.R. in the trial was abandoned. So far as we know Dr. Alan Stoddard was the only B.A.M.M. member who took part in the trial, the other manipulators being physiotherapists and B.A.R.R. members with little or no manipulative training.

This is the second inconclusive B.A.R.R. trial, the first being in 1961.¹ Perhaps the B.A.R.R. would be prepared now to co-operate in a trial on similar lines designed by the B.A.M.M.—I am, etc.,

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¹ British Association of Physical Medicine, *British Medical Journal*, 1961, 1, 253.

Approved Names

SIR,—The 1975 *Data Sheet Compendium* produced by the Association of British Pharmaceutical Industry is a most useful volume and certainly up to the standard of its American counterpart, *The Physician's Desk Reference*. Both of these are very well produced, but it is a great pity that they do not contain an index of approved drug

names. Even if the British preparation were to contain the generic and chemical names index of its American counterpart this would be a great help, but the real need is for an index of approved names.—I am, etc.,

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Tepid Sponging in Pyrexia

SIR,—In your leading article "More about Febrile Convulsions" (15 March, p. 591), it is stated that the "accompanying high fever may need tepid sponging as well as aspirin" and that "for the child who has had only one brief fit, advice on tepid sponging and antipyretics is all that is needed." We should like to add a note of caution on the empirical use of tepid sponging in pyrexial states.

We have previously shown that the fever of an acute infective illness in childhood is often accompanied by unrecognized dehydration, particularly when the child has been vomiting or refusing his feeds.¹ The resulting decreased effective circulating blood volume causes peripheral vasoconstriction, which in turn prevents heat loss. Tepid sponging in this situation causes further vasoconstriction and heat retention, the

deleterious effects of which have been demonstrated in adults as well as in children,^{2,3} particularly those who are obese. This situation can be recognized at the bedside by noting a cold periphery or, better, by demonstrating an increased central/peripheral gradient.^{2,3} This is in contrast to the child who is well hydrated and who has the typical flushed, hot extremities. A more logical treatment for the former condition is to restore the effective circulating blood volume, which allows a more effective loss of heat and may make tepid sponging unnecessary.^{1,3}

We would urge that tepid sponging alone should not be uncritically relied upon but that fluid replacement by means of drinks given in frequent small amounts should play an equal or more important role in the home prevention and treatment of pyrexia in childhood.—We are, etc.,

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¹ Aynley-Green, A., and Pickering, D., *Lancet*, 1973, 1, 1132.

² Ross, B. A., Brock, Lord, and Aynley-Green, A., *British Journal of Surgery*, 1969, 56, 877.

³ Aynley-Green, A., and Pickering, D., *Archives of Disease in Childhood*, 1974, 49, 477.

Consultant Negotiations

SIR,—Perhaps you will allow me to say again what others have already said better, on the grounds that it is always embarrassing to be a member of a committee which is called upon to resign. Mr. G. H. Jantet bases his request (10 May, p. 338) on four propositions.

Firstly, he claims that "it has been made to appear that the profession has lifted its sanctions in order to obtain the Review Body award." The fact that this was not the case has been appreciated by almost the entire lay press, and *The Times*, in particular, stressed this point throughout its comments. The only responsible body which attempted to convince the profession and the public otherwise was the Hospital Consultants and Specialists Association.

Secondly, to expect the Secretary of State to say that "a maximum part-time contract was a 9/11ths contractual obligation . . ." is not only naive but indicates a complete lack of understanding of the complexity of the contractual situation. The "option agreement" requires that the choice between whole-time and maximum part-time be made by the successful applicant after appointment. The employing authority cannot be expected to alter an existing work load by 2/11ths to order, and the only way in which this option agreement (considered to be fundamental to the profession's freedom) can work is by the exercise of understanding, goodwill, and good sense on both sides. The Secretary of State, in her letter to the Secretary of the B.M.A. (26 April, p. 202), appears finally to have accepted this concept after earlier refusal to do so; her appreciation of the delicacy of the situation appears, in this letter, to be at least equal to that of her immediate predecessors, and it would be hardly fair to subject her to

sanctions simply on account of the "substantially the whole of the consultants' professional time" phrase, which she had no part in inventing.

Thirdly, the gentleman's agreement with the H.C.S.A. had, as pointed out in the Secretary's footnote to Mr. Jantet's letter, already been broken by the H.C.S.A. on 14 March.

Fourthly, "given that the sanctions had nothing to do with any possible pay award from the Review Body, why was it necessary to act within hours—unless, of course, the two were related?" asks Mr. Jantet. That strange question deserves a comment similar to that made by Groucho Marx to an actress who replied coyly to a question from her interviewer that she was "approaching forty." "From which direction?" asked Groucho. You see, Mr. Jantet, it was Mr. Harold Wilson who decided to announce the Review Body award "within hours" of the decision of the Central Committee for Hospital Medical Services to lift sanctions, not the C.C.H.M.S. who decided to make their decision shortly before Mr. Wilson announced the award, for the simple reason that only Mr. Wilson held the Review Body award and its timing was solely in his hands. We could, of course, have told him that we proposed to lift sanctions and asked him to announce his implementation of the award first; or we could have told him that, since we proposed to lift sanctions, he had better refuse to implement the award on the grounds that it would look better; or we could have passed the buck to the linkmen and hoped that Mr. Wilson would do nothing so indelicate as to announce the award while the linkmen were trying to make up their minds about sanctions; or we could have asked the nasty Review Body Report