

# BRITISH MEDICAL JOURNAL

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

DEC 14 1984

PROCUREMENT SECTION  
CURRENT SERIAL RECORDS

SATURDAY 1 DECEMBER 1984

## LEADING ARTICLES

|   |                   |      |                                  |            |      |
|---|-------------------|------|----------------------------------|------------|------|
| Perinatal mortality surveys             | ALISON MACFARLANE | 1473 | What can we do about measles?    | N D NOAH   | 1476 |
| How hard do general practitioners work? | JOHN BAIN         | 1474 | Skin disease: the link with zinc | J A SAVIN  | 1476 |
| The rules of the game                   |                   | 1475 | Consensus on cabbage             | TONY SMITH | 1477 |

## CLINICAL RESEARCH • PAPERS AND SHORT REPORTS • PRACTICE OBSERVED

|  |  |      |
|--|--|------|
| Cardiac abnormalities and exercise tolerance in patients receiving renal replacement therapy                             | ROBERT E BULLOCK, HUSSEIN A AMER, IAN SIMPSON, MICHAEL K WARD, ROGER J C HALL                    | 1479 |
| Primary biliary cirrhosis, dark adaptometry, electro-oculography, and vitamin A state                                    | A N SHEPHERD, G J BEDFORD, A HILL, I A D BOUCHIER  | 1484 |
| Factors affecting development of peritonitis in continuous ambulatory peritoneal dialysis                                | T H J GOODSHIP, A HEATON, R S C RODGER, M K WARD, R WILKINSON, D N S KERR                        | 1485 |
| Aetiology of pressure sores in patients with spinal cord injury  | C THIYAGARAJAN, J R SILVER   | 1487 |
| β Blockers and loss of hearing   | R FÄLDT, H LIEDHOLM, J AURSNE  | 1490 |
| Influence of non-steroidal anti-inflammatory drugs on diuretic treatment of mild to moderate essential hypertension      | P P KOOPMANS, TH THIEN, F W J GRIBNAU  | 1492 |
| Do antihypertensive drugs precipitate diabetes?  | C BENGTSSON, G BLOHMÉ, L LAPIDUS, O LINDQUIST, H LUNDGREN, E NYSTRÖM, K PETERSEN, J A SIGURDSSON | 1495 |
| Nodular malignant melanoma and multiple squamous cell carcinomas in a patient treated by photochemotherapy for psoriasis | DANIEL KEMMETT, HIFZIYE RESHAD, HARVEY BAKER   | 1498 |
| Experience with routine reuse of plastic insulin syringes  | EVA LESTER, F J WOODROFFE, A J GRANT   | 1498 |
| Failure of single dose amoxycillin as prophylaxis against endocarditis   | DAVID W DENNING, MARIE CASSIDY, ANGUS DOUGALL, W STEWART HILLIS                                  | 1499 |
| Familial membranous nephropathy  | C D SHORT, J FEEHALLY, R GOKAL, N P MALLICK  | 1500 |
| List size and patient contact in general medical practice  | D WILKIN, D H H METCALFE   | 1501 |
| Repeat prescriptions: was Balint right?  | PHILIP M J TOMBLESON   | 1506 |

## MEDICAL PRACTICE

|   |   |      |
|---|---|------|
| Medical Education: Teaching terminal care at Queen's University of Belfast: I—Course, sessional educational objectives, and content               | W G IRWIN                                 | 1509 |
| For Debate: Certifying death in infancy   | MAUREEN J SCOTT                           | 1511 |
| Hospital Building in the NHS: Ideas and designs II: harness and nucleus   | JANE SMITH                                | 1513 |
| Lesson of the Week: Insertion of intrauterine contraceptive device in a patient with a ventricular septal defect: need for antibiotic prophylaxis | M D GAMMAGE, LAURENCE LIBMAN, W A LITTLER | 1516 |
| Personal Paper: Violence  | RICHARD SAVAGE                            | 1518 |
| Clinical Algorithms: Suspected Cushing's syndrome   | KENNETH C MCHARDY                         | 1519 |
| Consequences of assessment and intervention among elderly people: a three year randomised controlled trial  | C HENDRIKSEN, E LUND, E STRØMGÅRD         | 1522 |
| Morbidity and mortality of car occupants: comparative survey over 24 months   | M S CHRISTIAN                             | 1525 |
| Consensus development conference: coronary artery bypass grafting   |   | 1527 |
| Medicolegal: Jury dismissed in the Dr Gee case  | CLARE DYER                                | 1530 |
| Medicine and the Media—Contribution from  | RICHARD SMITH                             | 1529 |
| Personal View   | BARBARA SAVILL                            | 1534 |
| Correction: The UK cardiac surgical register  | ENGLISH ET AL                             | 1517 |

|                                 |      |
|---------------------------------|------|
| CORRESPONDENCE—List of Contents | 1535 |
|---------------------------------|------|

|          |      |
|----------|------|
| OBITUARY | 1547 |
|----------|------|

## NEWS AND NOTES

|              |      |
|--------------|------|
| Views        | 1544 |
| Medical News | 1545 |
| BMA Notices  | 1546 |

## SUPPLEMENT

|  |      |
|--|------|
| The Week   | 1550 |
| "No notes Clarke" dazzles select committee       |      |
| WILLIAM RUSSELL                                  | 1551 |
| Management budgets in the NHS                    |      |
| PHILIP DAVIES, MALCOLM PROWLE                    | 1552 |
| Curbing "large discounts" on drugs               | 1554 |
| Telephone answering services: GMSC approves code | 1555 |
| Accountability arrangements for FPCs             | 1556 |

## CORRESPONDENCE

|   |   |  |
|---|---|--|
| <b>Admission to medical school</b><br>R M Murray, FRCPsych; S Shaunak, MB... 1535   | <b>Treating fissure in ano in outpatients under local anaesthesia</b><br>M J Notaras, FRCS... 1539  | <b>Total and free thyroid hormone concentrations in patients receiving replacement treatment with thyroxine</b><br>C J Pearce, MRCP, and R L Himsworth, FRCP... 1541   |
| <b>Limiting prescribable NHS drugs</b><br>I Oswald, FRCPsych; R G Priest, FRCPsych 1536   | <b>Effect of cimetidine on upper gastrointestinal bleeding after renal transplantation</b><br>C C Doherty, MD... 1539                     | <b>The care of infants with gastroenteritis</b><br>H G Easton, MD... 1541  |
| <b>Mechanism of polyuria and natriuresis in atrioventricular nodal tachycardia</b><br>M D Penney, MRCPATH, and M Rizeq, MB 1536 | <b>Nocturnal deaths among patients with chronic bronchitis and emphysema</b><br>V G Tirlapur, MB... 1540                                  | <b>Diarrhoea, dehydration, and drugs</b><br>T H Hughes-Davies, FRCP... 1542  |
| <b>Apnoea alarms</b><br>B M Wright, MB... 1536  | <b>Midazolam in intensive care</b><br>J W Dundee, FFARCS, and others... 1540  | <b>Job sharing and the future of community health doctors</b><br>Rosemary J E Kirkman, FRCOG, and others 1542  |
| <b>Rifampicin in non-tuberculous infections</b><br>R de Soldenhoff, DTM&H... 1537   | <b>Pulmonary thromboembolism presenting as abdominal pain</b><br>J A Morecroft, MB, and R E Lea, FRCS; B Sethia, FRCS, and others... 1540 | <b>Mental Health Act</b><br>Anonymous... 1542  |
| <b>Which patients are cured of breast cancer?</b><br>T J Anderson, FRCPATH, and others; I S Fentiman, FRCS, and others... 1537  | <b>Day hospital rehabilitation—effectiveness and cost</b><br>P Murphy, MRCP, and G S Rai, MD... 1541                                      | <b>Points</b> Essential medicines in the Third World (M R H Khan; P Srinivasan); Psittacosis (H Kawane and others); Carpal tunnel syndrome (E G L Bywaters); Contraception and the mentally handicapped (G T Layer); Labelling of lignocaine ampoules (A Murray Wilson); Late failure of vasectomy (S S Schmidt); Informed consent in surgical trials (M Baum); Catheter blocking with lipid during parenteral nutrition (F E Williams); Is there a link between cot death and child abuse? (I M Calder and others) ... 1543 |
| <b>ABC of poisoning: opioids</b><br>T D Scannell, MRCPsych, and M Lipsedge, FRCPsych; J D Watson, FFARCS, and others 1538       | <b>Do emergency tests help in the management of acute medical admissions?</b><br>A D S Smith, MB... 1541                                  |  |
| <b>ABC of poisoning: paracetamol</b><br>P Ruthnum, MRCP, and K M Goel, FRCP 1538  |   |  |
| <b>Hyperviscosity syndrome in IgE myeloma</b><br>N West, MRCP... 1539   |   |  |

We may shorten letters to the editor unless the authors specifically state that we may not. This is so that we can offer our readers as wide a selection of letters as possible. We receive so many letters each week that we have to omit some of them. Letters must be typed with double spacing between lines and must be signed personally by all their authors, who should include their degrees. Letters critical of a paper may be sent to the authors of the paper so that their reply may appear in the same issue.

Correspondents should present their references in the Vancouver style (see examples in these columns). In particular, the names and initials of all authors must be given unless there are more than six, when only the first three should be given, followed by *et al*; and the first and last page numbers of articles and chapters should be included.

## Admission to medical school

SIR,—St Mary's Hospital Medical School is to be congratulated on opening its selection process to scrutiny (3 November, p 1201; 10 November, p 1288; 17 November, p 1365) and on the general fairness that appears to operate between applicants. But paradoxically it is that very fairness in relation to social class which requires to be questioned. Dr I C McManus and Professor P Richards show that those who are accepted as medical students do not differ significantly in their social class origins from the applicants as a whole. Unfortunately, the applicants are overwhelmingly from the upper social classes: 83% of the applicants come from social classes I and II although these two social classes represent only 18% of the British population.

Surely medical schools can no longer continue to select students from such a small proportion of the nation, nor should the schools continue to ignore the adverse consequences of their current policy. It may not matter to the working class patient that his appendix is likely to be removed by a surgeon with social class I parents, but within psychiatry and general practice it is crucial that doctors have an empathic understanding of the social and cultural backgrounds of their patients. A survey which my colleagues and I carried out among 79 psychiatrists at the Maudsley Hospital revealed a huge preponderance of doctors raised in the higher social classes.<sup>1</sup> Yet our hospital is

situated in a decaying inner city area with a predominantly working class and immigrant population. Such a gross mismatch of background between patients and their doctors cannot fail to result in difficulties in communication and bias in the treatment offered. For example, psychotherapy is more often offered to native Britons and to those from the higher socioeconomic groups.<sup>2,3</sup>

Gross inequalities in health still exist in Britain, partly because the poor do not make adequate use of the available services.<sup>4</sup> Perhaps working class patients would be more willing to consult a doctor from a similar background to their own. Perhaps, if more general practitioners grew up in the inner city, more might be enthusiastic about practising there.

Dr McManus has himself shown that the social class bias of medical students cannot be adequately explained in terms of class differences in intelligence.<sup>5</sup> Surely it is time actively to recruit more working class students. Undergraduate medical schools should not only treat the 4% of their applicants from social classes IV and V like gold dust but also inform comprehensives more clearly of their enthusiasm for accepting working class students into medicine.

ROBIN M MURRAY

Institute of Psychiatry,  
London SE5 8AF

<sup>1</sup> Toone BK, Murray RM, Clare A, Creed F, Smith A. Psychiatrists' models of mental illness and their personal backgrounds. *Psychol Med* 1979;9:165-78.

<sup>2</sup> Cooper B. Psychotherapy, psychiatric epidemiology and health services. *Soc Psychiatry* 1984;19:93-5.  
<sup>3</sup> Kingsley S. *Mental health services in London*. London: Greater London Council, 1984.  
<sup>4</sup> Black D. *Inequalities in health*. London: DHSS, 1980.  
<sup>5</sup> McManus IC. The social class of medical students. *Med Educ* 1982;16:72-5.

SIR,—The detailed audit of the admission policy of St Mary's Hospital Medical School by Dr I C McManus and Professor P Richards astonishingly omitted any reference to applications from the coloured sections of British society. Their demographic analysis defined an arbitrary "north," excluded all "non-British" applicants (presumably overseas students), and then made no mention of race, name, or place of birth.

Such an omission only fuels the concern prompted by the disturbing reports in the *Guardian* on the wide discrepancy between London schools in the percentage of students with Afro-Asian and Arabic sounding names qualifying from them.<sup>1-3</sup> Collier and Burke sifted through the finals lists for three years (1982-4) and found a highly significant difference in the proportions of students with Afro-Asian or Arabic names, ranging from 5% (Westminster) to 16% (Royal Free); St Mary's averaged 7%. Although I do not know what proportion were overseas students, it is hard to believe that such a discrepancy arose because of educational or cultural differences between coloured and white applicants. The league table further supports the suspicions