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reconstructive possibilities, debridement to be carried out with greater confidence, and bone fixation to be designed with soft tissue repair in mind. What is required is the courage to cooperate.

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1 Caudle RJ, Stern PJ. Severe open fractures of the tibia. *J Bone Joint Surg [Am]* 1987;**69**:801-7.
2 Byrd HS, Spicer TE, Cierny G III. The management of open tibial fractures. *Plast Reconstr Surg* 1985;**76**:719-28.
3 Godina M. Early microsurgical reconstruction of complex trauma of the extremities. *Plast Reconstr Surg* 1986;**78**:285-92.

Fraud in medicine

SIR,—Dr Stephen Lock gives an accurate and impressive review of the problems of fraud in scientific research (6 February, p 376). He makes, however, the invariable mistake of all who earn their living in the field of original publication, in that he fails to observe that research is not always the highest calling to which a man of science can aspire. One of the reasons why normally honest people resort to fraud of various types is that original research is now used to judge applicants for posts in which there is no real research commitment.

It is this totally unreasonable means of selecting clinicians that induces people to undertake projects to which their only commitment is to obtain preferment. Similarly it is impossible to teach undergraduates unless in possession of an impressive research curriculum vitae.

My personal experience suggests that achievement in research correlates only poorly with both clinical skills and teaching ability. One way of reducing fraud in science is to stop blackmailing people into undertaking research to which they are not intellectually committed and to give to those who are considerably improved facilities.

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Points

Narrowing the health gap

Dr NEIL S COLEMAN (Wentworth Medical Centre, Slough SL2 2DQ) writes: Drs G N Marsh and D M Channing have obviously put in much effort to increase the uptake of preventive care among the deprived patients in their practice (16 January, p 173). However, to send a list of outstanding preventive items for each member of the household to the senior female member would appear to be entering the minefield of risking a breach of confidentiality. Great care and sensitivity would need to be shown by the doctor, particularly in connection with details of requirements for cervical smears and family planning advice. For instance, even an omission of an offer of family planning advice for their younger daughter may indicate to unknowing parents that she is already receiving such advice. Although it would be more expensive, and may not produce such good results, it may be more appropriate to write to each adult patient individually and not just to one member of each household.

Photographs: a tool of discrimination?

Dr JOHN HAWORTH (Carlisle CA1 1DU) writes: Dr T Cundy (16 January, p 213) was perturbed because a house physician who recently applied for a general practice vocational training scheme was asked to provide a photograph of herself with the application form. Dr Cundy felt that this request was open to abuse, most obviously racial. The vocational training scheme that he mentioned is not the only one that asks for photographs with application forms, for the East Cumbria vocational training scheme initiated this procedure while I was scheme organiser some years ago. The reason is not to see from their facial appearance whether the candidates are suitable for their appointments but simply because at the end of a day when perhaps 20 candidates or more have been interviewed it is easier to recall the people one saw earlier in the morning if a photograph is available. It is for this reason, and for no other, that we asked for the photographs. I hope Dr Cundy is reassured by the explanation from this part of the world, even though the explanations put out by the scheme that he mentioned were, to say the least, evasive.

Lumbar puncture in acute meningitis: a lesson to unlearn?

Dr A STANTON (Selly Oak Hospital, Birmingham B29 6JD) writes: In their Lesson of the Week Dr I K Hart and others (2 January, p 51) describe, among other cases, a 15 year old girl who suffered tonsillar herniation consequent to lumbar puncture for pneumococcal meningitis. They dogmatically assert that lumbar puncture is "mandatory in cases of suspected bacterial meningitis." In support of this they cite Clough and Pearce,[1] who in fact said no such thing but merely included bacterial meningitis in a list of indications for lumbar puncture. Coning after lumbar puncture in meningitis is well recognised,[2,3] and recent years have seen the emergence of policies in which lumbar puncture is deferred or avoided in children with a greatly decreased level of consciousness or other signs suggesting acutely raised intracranial pressure.[4,5] Dr Hart and his colleagues give no evidence to support their assertion. The outcome of this case, in which coning occurred in the absence of any perceived clinical evidence of raised intracranial pressure, might indeed be used to argue for greater, not less, restraint in the use of lumbar puncture to diagnose bacterial meningitis.

1 Clough C, Pearce JNS. Lumbar puncture. *Br Med J* 1980;**280**: 297-9.
2 Lorber J, Sunderland R. Lumbar puncture in children with convulsions associated with fever. *Lancet* 1980;i:785-6.
3 Slack J. Coning and lumbar puncture. *Lancet* 1980;ii:474-5.
4 Addy DP. When not to do a lumbar puncture. *Arch Dis Child* 1987;**62**:873-5.
5 Dezateux C, Dinwiddie R, Matthew DJ. Dangers of lumbar puncture. *Br Med J* 1986;**292**:827-8.

Medical research

Mr COLIN P TAYLOR (Longman Group UK, Harlow, Essex CM20 1NE) writes: One published source which does provide details of pharmaceutical laboratories carrying out research and development, charities supporting medical and biochemical research, and research interests and specialties in teaching hospitals and universities is *Medical Research Centres: a World Directory of Organisations and Programmes* (19 January, p 116). This emanates from Longman's research centres database (Reference on Research), which is regularly updated every two years. Entries will indicate, where available, research and development expenditure, numbers of graduate research staff, and a fairly full account of that unit or laboratory's research programme. We believe this compilation goes quite a long way to fill the gap between the *Annual Review of Government Funded R & D* and the currently outdated *Medical Research Directory*.

After the infarct

Dr LORNA D NAISMITH (Southern General Hospital, Glasgow) writes: While summarising the good advice that doctors should give to patients, Dr Peter Blomfield (5 December, p 1431) concentrates mainly on physical management for the more complicated sequelae of an infarction. Most patients need far better psychological follow up than they generally receive, and the more anxious or neurotic the patient the more necessary is psychological rehabilitation.[1] As few doctors or nurses have the time to counsel adequately (repeated counselling is needed in the first five to six weeks) audiocassette tapes have been prepared for patients to listen to with their families in the quiet of their homes.[2] These tapes have been distributed to all general practitioners in Scotland and are available from the Scottish Health Education Group. Patients absorb more information and develop a more positive attitude to their illness by this means than by sporadic verbal advice or booklets.[2]

1 Naismith LD, Macintyre MMJ, Robinson JF, Shaw GB. Psychological rehabilitation after myocardial infarction. *Br Med J* 1979;i:439.
2 Naismith LD. Audio-cassette tapes for patient use after myocardial infarction. *Cardiology in Practice* 1986;March 4:28.

Time to stop putting the clocks back?

Dr MAYER HILLMAN (Policy Studies Institute, London NW1 3SR) writes: The similarity between the figure cited by Dr J G Avery for the projected reduction in fatal and serious injuries that would follow the maintenance of British Summer Time throughout the year (19-26 December, p 1586) and that cited by Dr Jean Wilson (23 January, p 294) should not have led her to assume that both figures came from the same source. Dr Avery quoted a figure from a 1986 study by the Transport and Road Research Laboratory, which took account of such tissues as legislation on seat belts. Indeed, because of the changes in patterns of travel and in legislation since 1970 the study calculated that the estimated reduction would be about 40% of that recorded in 1968-71. It concluded that pedestrians in particular would benefit and that there would be proportionately greater reductions in casualties in northern England and Scotland than in the south of England.

A cure for London's weighting allowance?

Dr C G B SIMPSON (Bronglais General Hospital, Aberystwyth SY23 1ER) writes: Dr Nicholas Davies writes from the Brompton Hospital about the need for higher London weighting allowances as a remedy for the chronic shortage of nursing staff (16 January, p 213). Surely the long term solution is to move out of London those hospitals, such as the Brompton, the National Heart Hospital, the Hospital for Sick Children, that are not local district general hospitals but serve a wider role in the United Kingdom. This would reduce the demand for all grades of staff to live in such expensive areas and would also reduce the pressure on accommodation and house prices in London. The ideal site would be easily accessible from all over Britain and would be reasonably cheap—somewhere near the National Exhibition Centre in Birmingham for example. The new hospital buildings would be a great improvement on their often antiquated predecessors, the money realised by selling the original sites would offset the capital cost, and the running costs would be reduced by not having to pay all those London weighting allowances.

Pickles's practice

Dr H V WYATT (Department of Community Medicine, University of Leeds, Leeds LS2 9LN) writes: Pickles's practice in Wensleydale was indeed a place of pilgrimage (19-26 December, p 1614). Sir Macfarlane Burnet visited Britain in 1946, and "One of the things I had most in mind . . . was to talk epidemiology with Dr W N Pickles."[1] In his autobiography Burnet devotes four pages to his meeting with Pickles and the technique of mapping infections. Burnet took back to Australia the data on influenza, and the paper on epidemic respiratory infection in a rural population by Pickles, Burnet, and McArthur was published in 1947. Burnet visited Pickles again in 1950.

1 Burnet FM. *Changing patterns: an atypical autobiography.* Melbourne: Heinemann, 1968.