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Pointers

Acute Tubular Necrosis: Follow-up studies by Dr. J. D. Briggs and colleagues revealed that 75% of patients had reduced glomerular filtration rate, but were clinically well up to three years after acute renal failure (p. 513).

Bradford Maternity Experiment: The discharge of mothers from hospital 72 hours after delivery resulted in no greater mortality or morbidity of their babies compared with those born at home, according to Drs. M. W. Arthurton and F. N. Bamford (p. 517). Mr. G. A. Craig and Dr. J. M. B. Muirhead consider the early discharge scheme has not increased maternal morbidity but enabled the maximum number of patients to have the benefit of hospital care (p. 520). Leader at p. 508.

Prognosis in Breast Cancer: Mr. B. S. Thomas and his colleagues confirm the usefulness of a simple ratio of total urinary 11-deoxy-17-oxosteroids to the 17-OHCS in predicting response to endocrine ablation (p. 523).

Mental Function in the Aged: Dr. J. A. C. Ball and Mr. A. R. Taylor found that cyclandelate appeared to improve mental function, probably owing to redistribution rather than increase of blood flow (p. 525).

Tic Douloureux: Review of 10 patients with glossopharyngeal and vagal neuralgia satisfactorily treated by intracranial nerve root section by Mr. Jagdish C. Chawla and Mr. Murray A. Falconer (p. 529).

Foetal Haemoglobin Variant: Dr. L. S. Sacker and colleagues found this in two unrelated families in Hull (p. 531)

Complication of Thyroid Cancer: Nine cases of paraplegia due to spinal metastases described by Dr. K. E. Halnan and Mr. P. H. Roberts (p. 534).

Case Reports: Babies with hypernatraemic dehydration from improper feeding (p. 536). Anaemia in scleroderma (p. 537).

Should the Patient Fly?: Dr. K. G. Bergin outlines contraindications, restrictions, precautions, and facilities available (p. 539).

Hypertension, Anuria, and Uraemia: Clinicopathological Conference at Royal Postgraduate Medical School (p. 544).

Speech in Respiratory Failure: Dr. R. M. L. Whitlock describes attachment to cuffed tracheostomy tube (p. 547).

Medicine in Burma: Professor A. W. Woodruff describes remarkable progress in the absence of extensive foreign aid (p. 551).

Banned Doctor: Letter about Dr. Raymond Hoffenberg (p. 556). Leader at p. 512.

Public Health Service Dispute: "Useful discussion" (*Supplement*, p. 124).

Rise in Industrial Accidents

The latest pair of annual reports from the Chief Inspector of Factories[1 2] show once again that serious accidents are far too common and that much more needs to be done to protect the health and safety of people at work. The number of reported accidents in Great Britain (entailing at least three days' absence from work) again rose in 1966 over the previous year's total. The actual number of 296,610 cannot provide any certain measure of whether the accident rate as such went up or down, partly because the numbers of people exposed to risk are not precisely known, and partly because the extent to which reportable accidents are in fact being reported may be improving. But what is specially worrying is the considerable rise in the number of fatal accidents—from 627 in 1965 to 701 in 1966. An increase of 12% in one year needs serious attention, especially since the general trend since 1948 had for some years been downwards.

Part of the present trouble is due to a continual increase in the exposure of men and women to the risk of accidental injury. New industrial processes are being introduced every year. With them come machines with unsuspected dangers as well as substances with scarcely known toxic hazards. The new technology of which all this forms a part is undoubtedly something with which man must come to terms. But it seems to be too often forgotten that the inventive talents engaged on increasing production should also be used to increase the safety of the new processes. The Factory Acts and the inspectorate can provide no more than the framework within which safe practices must ever be taught, encouraged, and insisted upon at every industrial site. The Chief Inspector emphasizes, as he has before, that top management in a firm must "plan for safety just as they plan for production." And to the planning must be added an impetus from the top to see that the procedures are safely carried out: "The first prerequisite of accident prevention is a safety consciousness on the part of all people working in the factory—from the Managing Director down to the lowest operative." These principles are apt to be neglected more in the small firms than the large. Almost invariably, it is reported, no particular person is made responsible for safety in such careless firms until a serious accident occurs.

That young people in industry are bound to present a special problem should need no emphasis, yet the Chief Inspector has to draw attention once again to the high accident rate among them. Partially trained, inexperienced, and with the natural impetuosity or even recklessness of their years, young people need more supervision than they are receiving among the hazards of working machinery. To deny it to them shows, in the words of the report, "a wanton disregard of moral responsibility," and it lays blame for most of the accidents to the young on the managers, supervisors, or foremen. These experienced people in authority too often fail to give sound guidance or set a good example. Probably the majority of the young people starting life on the factory floor are below the national average in intelligence owing to the opportunities for the cleverer ones to

find work elsewhere, so that a particular obligation to care for their safety must be acknowledged. Nor is the transition from school to industry a smooth passage for some people,[3] coming for many at a time of rapid physiological and psychological development.

When he comes to report on industrial health[2] the Chief Inspector has a story with a happier ending—"With the exception of the lung dust diseases, the grosser forms of industrial poisoning have been virtually eliminated." Cheap to make, expensive to suppress, a multitude of dusts pervade the industrial environment, and a special section of the report by Mr. B. H. Harvey and Dr. W. D. Buchanan is devoted to them. Though initially they present a problem for each individual industry to solve, their effects closely concern the medical men who care for the workers in it, and for them some of the details in the present report will be of interest.

Despite improvement over the years in the industrial environment these reports show clearly that much remains to be done. Moreover, the quality of safety provisions varies enormously throughout the country—from the excellent to the deplorable. No comprehensive industrial health service has yet been set up, though often advocated by the British Medical Association.[4-8] From the latest reports it is evident that the need is still there. Indeed, the practice of many large firms with their own medical staff has abundantly demonstrated the benefits of thorough medical supervision in industry. There should be some way of bringing these benefits to the smaller firms, which, between them, employ the majority of workpeople.

1 *Annual Report of H.M. Chief Inspector of Factories 1966*, Cmnd. 3358, 1967. H.M.S.O., London.
2 *Annual Report of H.M. Chief Inspector of Factories on Industrial Health 1966*, Cmnd. 3359, 1967. H.M.S.O., London.
3 Herford, M. E. M., *Brit. Hosp. soc. Serv. J.*, 21-28 August 1964.
4 *Report of Commitee on Industrial Health in Factories*, 1941. British Medical Association.
5 *Report on a Comprehensive Occupational Health Service*, 1949. British Medical Association.
6 *Memorandum to Ministry of Labour and National Service on Future of Occupational Health Services*, 1953. British Medical Association.
7 *Functions of an Occupational Hygiene Service*, 1959. British Medical Association.
8 *The Future of Occupational Health Services*, 1961. British Medical Association.

Early Discharge of Maternity Patients

It is now some three years since the advantages and disadvantages of the early discharge of maternity patients were discussed in these columns,[1] and in view of the increasing support for the idea since then the two further reports in the *B.M.J.* this week are timely. Both of them are from Bradford—one by obstetricians and the other by paediatricians—and they present an impressive number of cases, for the regimen has now been in use there since 1956 and some 13,000 puerperal patients have been managed in this way. Mr. G. A. Craig and Mr. J. M. B. Muirhead report (page 520) that in their experience planned early discharge does not result in increased maternal morbidity nor does it add to the risks of birth. Discussing the effects on the babies, Drs. M. W. Arthurton and F. N. Bamford report (page 517) that the regimen has had no serious adverse effect and may have contributed to an improvement in child health. But they go on to say: "There is no evidence that early discharge offers any advantage for the individual baby as compared with staying in hospital for ten days, and in fact there are additional risks partly attributable to difficulties in neonatal diagnosis." That the general practitioners welcome and actively support the Bradford scheme can be seen by the report of a survey of 100 cases of early discharge carried out by members of the Bradford Group of the College of General Practitioners.[2]

The latest results are of great interest. Statistically there appears to be no difference between the number of patients readmitted after planned early discharge and those admitted as an emergency after domiciliary confinement. Likewise, the perinatal mortality is the same in the two groups.

The length of time a patient remains in hospital after delivery depends on many factors. While the present shortage of maternity beds undoubtedly plays a large part, to this must be added the rules of the Central Midwives Board—a subject on which Professor P. Rhodes has recently written forcefully.[3] Another factor affecting the situation is the view of the patient herself, and it is the experience of many practising obstetricians that puerperal mothers are asking to be allowed home at an increasingly early date after delivery. The doubts about the dangers to mother and baby from early discharge are largely dispelled by the Bradford reports. However, there is a considerable difference between a scheme of this nature working at a high level of efficiency, as at Bradford, and occasional early discharge of a patient without the complete arrangements that the existence of such a scheme implies.

The patients ideally suited for early discharge are those multiparae whose past history necessitates hospital delivery for fear of a possible recurrence of their previous complication. To this main group might be added those normal multiparae who are apprehensive about home confinements. The selection of these cases can be largely done in the antenatal period. And, though the final decision is not made in the Bradford scheme until after delivery, it would seem advisable that, whenever possible, the mother should be informed of this probability early in pregnancy so that she can make the necessary arrangements for additional help at home in good time.

The success and safety of early discharge depend on close liaison between hospital, district midwife, and general practitioner. It is essential for the hospital to notify both of them by telephone on the same day as the patient is discharged, giving such information as may be needed. The district midwife is an essential part of the scheme; indeed, without her active support it will not succeed. In future it may be found helpful for arrangements to be made to allow either the domiciliary midwife to come into hospital to deliver

1 *Brit. med. J.*, 1964, **2**, 70.
2 Bradford Group of the College of General Practitioners. *Lancet*, 1966, **1**, 536.
3 Rhodes, P., ibid., 1967, **1**, 623.
4 *Recommendations on the Principles and Organization of General Practitioner Maternity Units and their Relation to Specialist Maternity Units.* Royal College of Obstetricians and Gynaecologists. January, 1962.
5 Pinker, G. D., and Fraser, A. C., *Brit. med. J.*, 1964, **2**, 99.
6 *The Planning of Early Discharge Schemes for Maternity Patients.* H.M.S.O. (65), 32.