of the heart have returned to normal and the pericardial friction rub has disappeared.

Fifthly, in cardiac tamponade pericardiectomy should follow a preoperative pericardiocentesis with limited fluid aspiration to relieve the cardiac embarrassment. Extensive pericardiectomy has distinct advantages over pericardial fenestration, because recurrence of tamponade from closure of the window is avoided.¹⁵

Lastly, high-dose systemic steroid administration is of little help because of steroid-induced complications such as increased protein catabolism,¹² peptic ulcer, purulent peritonitis, and a rather high incidence of adhesive pericarditis.⁴⁻⁵ The beneficial effect of local administration of steroids is questionable. Only one successful treatment with a follow-up under haemodialysis of more than three months has been reported; in the other patients the cause of uraemic pericarditis was eliminated by successful kidney transplantation shortly after the pericardial rinsing.³

References

¹ Bright, R, *Guy's Hospital Reports*, 1836, 1, 388.

- ² Brunner, F P, *et al*, *Proceedings of the European Dialysis and Transplant Association*, 1972, 9, 3.
- ³ Buselmeier, T J, *et al*, *Proceedings of the European Dialysis and Transplant Association*, 1973, 10, 289.
- ⁴ Compt, C M, Cohen, S L, and Shapiro, F L, *Annals of Internal Medicine*, 1971, 75, 173.
- ⁵ Eliasson, G, Murphy, J F, *Journal of the American Medical Association*, 1974, 229, 1634.
- ⁶ Fürst, P, *et al*, in *Proceedings of the European Dialysis and Transplant Association*, 1975, 11, 417.
- ⁷ Gouley, B A, *American Journal of Medical Science*, 1940, 200, 39.
- ⁸ Kramer, P, *et al*, *British Medical Journal*, 1972, 2, 320.
- ⁹ Kramer, P, *et al*, *Proceedings of the European Dialysis and Transplant Association*, 1972, 9, 278.
- ¹⁰ Langendorf, R, and Pirani, C L, *American Heart Journal*, 1947, 33, 282.
- ¹¹ Lankisch, P G, *et al*, *British Medical Journal*, 1973, 2, 712.
- ¹² Lindsay, J, jun, Crawley, I S, and Callaway, G M, *American Heart Journal*, 1970, 79, 390.
- ¹³ Ribot, S, *et al*, *Clinical Nephrology*, 1974, 2, 127.
- ¹⁴ Richter, A B, O'Hare, J P, *New England Journal of Medicine*, 1936, 214, 824.
- ¹⁵ Singh, S, *et al*, *Journal of the American Medical Association*, 1974, 228, 1132.
- ¹⁶ Skov, P E, Hansen, H E, Spencer, E S, *Acta Medica Scandinavica*, 1969, 186, 421.
- ¹⁷ Wray, T M, *et al*, *Circulation*, 1974, 50, 268.

Letter from . . . South Australia

Inflation down under

PHILIP RHODES

British Medical Journal, 1975, 4, 566-567

The financial crunch has come here, just as it has in Britain. It is probably not so severe, and it may be that the recession is only in its early stages. It is hoped that the world economy will soon recover and so help Australia to avoid the worst effects of inflation and unemployment which have for so long afflicted the United Kingdom. Australia has such vast quantities of raw materials and produce that if only there are enough foreign buyers she can quickly recover. All the developed countries are caught in the same vicious spiral, all being dependent on the others to break out of it.

The history of this particular disease is becoming clearer. After a long period of uninterrupted conservative government the electorate decides on a change and feels that it has developed a heart and a care for the downtrodden, who must be identified and helped. A socialist government comes in, pledged to righting wrongs which have not been recognised by its predecessors. Money is poured into heart-warming social, scientific, and medical projects. The caring revolution is underway and life will be improved for all and become more civilised. Bureaucracy also increases to administer this vast social change. The schools and the universities, and other institutions of tertiary education, must look to their curricula, change their courses, and cross interdisciplinary boundaries, so that people of high calibre shall be produced to take advantage of and feed the burgeoning

technology. There is a bonanza for those in medicine, science, and sociology. Universities and tertiary education in general expand their staffs. Students gain entry to these places almost without let or hindrance, though they must show some academic capability. The faculties struggle and vie with one another to expand their courses and make them more meaningful for the modern world. In this they are helped and kicked by a vociferous student body, who know what the present world is about, whereas the older generation, and especially their teachers, do not. There is a happy feeling of expansion, and whatever is wanted will be provided for. And so it is—up to a point.

The liberation from the old ways breeds a way of thinking that it is right that all should have access to higher education, and that research into anything and everything will make life better. There is pique when a particular project or educational change or reform is refused by denying it funds. When the funds are fairly easy to come by such refusals are made by value judgment of the potential worth of the research. But quite quickly some realise, and it soon becomes apparent to all, that the revolution has outreached itself. It is not only a question of willing the means, it is a question too of finding them. Evidently the caring revolution is utterly dependent on a sound economic basis of society.

The means to support this new type of society can be found by borrowing, printing more money, increasing taxation. These are only temporary for the bills must ultimately be paid, and the ordinary person, the taxpayer, does not like that. He wants the caring society, but does not want to pay for it. Moreover, he is an elector and demands that the government should do something about it, reduce inflation and unemployment. The government has to think about the bases of society, and establish in its own mind what need is primary and what is secondary or even tertiary. It dare not make this philosophy

explicit, but by its actions it does. With pressure from those on whom economic wealth depends, exerted by the unions and business, government is soon made to recognise that education, medicine, science, and sociology are of secondary importance to the immediate welfare of the people. These then are the enterprises which have to go to the wall first. This is exactly what has happened in Australia in the recent budget, which here is presented in August (the financial year ending on 30 June).

Our strikes

We have had our strikes of postal workers, vehicle builders, railmen, and several others. They protest at the fall in value of the dollar and the rising cost of living. Inflation runs at about 18%, and unemployment gradually creeps up to nearly 5%. There is much discussion on wage indexation—keeping salaries and wages in step with inflation—and since a rise in income can move earners into higher tax categories it is suggested that tax scales should be subject to indexation too. The arguments are depressingly familiar to one so recently coming here from England.

The Universities' Commission Report was published before the budget. This was an unusual procedure since its recommendations had financially to be ratified by the government, and the report has to be made to the Minister for Education. In the letter to him were the words, "The Commission has taken into account the need for restraint in the current economic and financial climate." Nevertheless, the general tone of the report was one of cautious expansion, in many subjects, but the University of Adelaide has been designated a "no growth university." So we have reached the limit. The student numbers will not go on expanding. And another phrase is that "development does not necessarily mean expansion." The writing was definitely on the wall, and it caused some consternation. It had been agreed, however, that the numbers of medical students should expand from 120 to 150 a year in 1979, and that there should be an addition to the medical school building. Capital for this would be about \$5 million, and there would also be a further \$2 million or so for building a clinical sciences block at one of our teaching hospitals. Nothing was said about the revenue needed to recruit staff to teach the extra load of students.

Then came the budget. The increased revenue to this university was to be about 5%, or so it is guessed. With inflation at its present rate this is effectively a cut. Worse was to come. Although research grants, through the National Health and Medical Research Council, will rise by 39% to \$24 million in the triennium 1976-8, only \$7 million will be allocated in the first year. The NH and MRC had asked for \$48 million for the three years. The small amount for 1976 could easily mean that many, variously estimated at 200 or more, senior research workers would have to be sacked. Many ongoing projects might not continue to be supported. And similar savage cuts were proposed for the Australian Research Grants Committee, which

funds several scientific projects. There is real cause for anxiety in medical and scientific circles. The Minister for Health took up the cudgels, but he seems to have been able to wring only a further \$850 000 out of the federal treasurer. But every little helps and it seems important to keep present research teams together in the hope that the position will improve before they are finally disbanded. The final blow was that the government suspended the triennial grants to the universities for one year. Normally university finance here is based on a three-year cycle. This is a very short period for any decent forward planning, comparing unfavourably with the quinquennial system in Britain. But one year gives no opportunity to do other than hold the line, if that. There is no room for manoeuvre whatever. The universities still do not know what their funds will be for 1976, though they expect to know very soon. There is doubt about our capital grants for building but nothing has been said about these yet.

Insularity of medicine

It had to happen, because it seems to have happened everywhere else where expansion outruns the economic base. Medicine, science, sociology, and education are all now too greatly dependent on government funds to make them other than subject to political financial factors. What is strange is that so few appear to have recognised the fact. The insularity of medicine, and the other disciplines, is a remarkable sociological phenomenon. Do we ever stop to think where the money is coming from? There is no God-given right of all medicine, science, sociology, or education to go on expanding in whatever direction they wish. It is society, acting through government, which puts the limits on the development in all these spheres. It should cause very little surprise when the limits on growth are made uncomfortably explicit. The corpus of medicine will have to get used to this happening more often, and will have to learn new ways of responding. The coat will have to be cut according to our cloth. The problem is that governments keep changing the cloth just as we are cutting it.

Politics and the economy cannot be kept out of medicine, either in its practice or research, so it is no use baying for the moon. But it may not be too much to hope that governments could afford medicine a more stable background from which to plan. Medicine needs a fairly long-term stability. A possible method of doing this seems likely to come to fruition in South Australia: the objective is to set up a health commission, responsible for all health services in the State, relatively independent of government, except in financing. Everything depends on the commission's being given some long-term finance, which may then be used judiciously in consultation with those responsible for spending the money. It is a consummation devoutly to be wished, but in an age of unstable economics the possibility of such enlightened dealing with medicine must be viewed with some cynicism.

Canadian compendiums warn against using orciprenaline (Alupent) and salbutamol (Ventolin) in pregnancy. What, and how often, are the neonatal complications of using these drugs in the pregnant asthmatic?

A wide search has not found any reference to orciprenaline causing abnormalities in the fetus. Salbutamol treatment has been associated with one case of hare-lip and cleft palate in a New Zealand series.¹ Inquiry from the firm manufacturing Alupent elicited that an occasional fetal abnormality had occurred in the rabbit, rat, and mouse, but only when the dose given to the mother was about 20 to 30 times the dose to be given to women. Similar inquiries from the manufacturers of Ventolin showed that there were no reports of teratogenic effects in rats and rabbits. The drug is marketed with the proviso that "safety in pregnancy has not been established." It is right to be very cautious about the potential dangers of any drug taken in

early pregnancy, but neither drug need be feared if either orciprenaline or salbutamol are the only suitable drugs for a certain patient. There is no firm proof that either drug is safe or unsafe as regards teratogenicity. When these two drugs are used in an attempt to prevent premature labour they cause a rise in both maternal and fetal heart rates, the mother's rising to up to 140/min and the fetus's to about 170/min. This would appear to be sympathomimetic and does not necessarily imply fetal distress. Side effects in the mother may cause the treatment to be abandoned. Liggins and Vaughan² found that intravenous salbutamol failed to prevent labour proceeding in 15% of patients. Side effects were common but never serious.

¹ New Zealand Committee on Adverse Drug Reactions, *Eighth Annual Report*, p 309. Wellington, 1973.

² Liggins, G C, and Vaughan, G S, *Journal of Obstetrics and Gynaecology of the British Commonwealth*, 1973, 80, 29.