Admissions to Hospital Due to Drugs

Sir,—We read with interest Dr. Natalie Hurwitz's survey (1 March, p. 539) of admissions to hospital due to drugs, in which 25 of the 1,268 (2%) patients occupying 230 beds over 52 weeks were admitted.

In comparison, analysis of admissions to 25 general medical beds at the Luton and Dunstable Hospital during 1966 showed that 85 of 1,786 patients (4.8%) were admitted entirely because of an adverse drug reaction (excluding attempted suicide). But in comparing hospital admissions from different centres allowance must be made for the bed-population ratio, which in our own hospital is very low (1-7 acute beds per 1,000 population). This produces a heavy demand upon beds, and referral to and acceptance by the hospital of all patients is highly critical, probably resulting in a lower incidence of admissions from drug reaction, since the less severe cases remain at home under the care of their family doctors.

In discussing measures for preventing drug reactions Dr. Hurwitz states that previous reactions to drugs should warn the physician of the need for special care. No practical advice is given, however, as to how best to bring such previous information to the notice of the physician. Our own policy is based on the liberal use of red-lettered, sticky-backed sensitivity discs for all patients who produce an adverse reaction to any drug. The disc is placed prominently on the patient's notes and on the outside of the containing envelope folder. It is also our practice to attach a disc to the discharge letter to the general practitioner when a patient leaves hospital having experienced an adverse reaction to a drug.—We are, etc.,

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Maternal Rh-immunization

Sir,—I read with interest the statement by Dr. W. Q. Ascarl and others (15 February, p. 399) that because they had thought that progestins are best avoided in the treatment of pregnancy prurigo, and the simpler measures that you advocated are best adhered to.—I am, etc.,

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REFERENCE


Avulsion of the Upper Limb

Sir,—Reading Mr. J. A. Barclay's letter (15 February, p. 444) reminded me of an incident in Leaves from the Life of a Country Doctor of Dr. J. W. S. Gunn, published in 1872, when he described an urgent obstetric case emerging from the opposite direction, driven at a furious pace. Its driver at once pulled up, signed to my man to do likewise. 'We're just seeking you, Doctor!' shouted the newcomer; 'Tom here has got his arm off! The threshing-mill!' His arm off! Surely not! I ejaculated, with a easy glance at the lad of fifteen sitting beside him, wrapped in a shepherd's plaid. To my amazement the boy shouted indignantly: 'No aff, dae ye say? I'll sure show ye!' Here it's I—and with that he held up in one hand his other arm, completely severed close to the shoulder, and brandished it in our faces. . . .

'I bade them drive on to Peebles and call in another doctor; and promising to return as soon as possible, hastened on with all speed. All went well with mother and child, and in less time than I had ventured to hope for, I was amputating Tom's splintered bone at the shoulder-joint, a fellow-practitioner having driven him to the nearest anesthetic. After two hours' rest we had the lad conveyed home in a cab, surrounded by hot bottles; early next day I drove out to visit him, filled with apprehension lest the combined effects of shock, exposure, and delay should have ended in a fatal collapse during the night. The first object which met my eyes on entering the farmhouse was the redoubtable Tom, sitting up and supping a big bowl of porridge with every appearance of satisfaction. The wound healed rapidly, and in a short time the lad was up and out-of-doors again, wrapped in his plaid, laughing and joking as usual.—I am, etc.,

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REFERENCE