access for a large group of patients to a department which is already overstretched to the extent that most ophthalmic departments in this country are quite frightening.

The other important point to make, particularly to general practitioners, is that senile disciform macular degeneration, which is the condition under discussion, is a separate subgroup of the range of degenerations which occur at the macula. Most doctors are aware of the atrophic “dry” senile macular degeneration, but not many, in my experience, are aware of this subgroup, which has a separate and distinct clinical appearance and aetiology. This distinction is important to make because no eye department can cope with a sudden influx of urgent referrals of patients with atrophic macular degeneration over the next few months. It is also important for referring doctors to realise that their patients are not receiving an inferior service from their local consultants merely because the laser is not being fired at them by gay abandon.

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Screening for fetal malformations

SIR,—The letter from Dr R C M Cook and others on screening for fetal malformations makes sound medical and common sense (2 April, p 1149). Their final paragraph echoes a sentiment with which every doctor would surely agree. Indeed, surgeons already regard the fetus with a correctable congenital defect as a “patient.” The authors mention a condition, exomphalos, which can be diagnosed in utero by ultrasound but which must await delivery before surgical treatment can be instituted. There are other fetal conditions which can now be diagnosed and treated in utero. Fetal medicine is one of the most exciting fields in our health care delivery system, and the fetus should now be seen as a small but important patient.

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Cimetidine for symptomatic treatment of duodenal ulcers

SIR,—With the number of patients with duodenal ulcer examined by Dr P Lance and Dr B G Gazzard (19 March, p 937) it is possible that a difference in efficacy between treatment protocols as large as 40%, was missed.

To detect this difference, where success rate in one of the protocols was 15%, and in the other 55%, would require at least 17 (one tailed) or 21 (two tailed) patients in each group. This would give a one in 20 chance (80% power) of missing that difference if it really existed.1 To detect a 20%, difference in efficacy, with the same power, would require 75 (one tailed) or 96 (two tailed) patients in each group.1

The suggestion that cimetidine could be taken only until resolution of symptoms is premature and could be dangerous. A much larger study is needed with endoscopy for both groups being performed after the same time interval.

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High dose of antacid reduces bioavailability of ranitidine

SIR,—Dr G W Mihaly and others (9 October, p 998) showed a reduced bioavailability of ranitidine when this drug was given with high doses of antacids in fasting volunteers. In common prescribing practice, however, the H2 receptor antagonist is given with a meal and the antacid is given one to three hours after the meal. When this schedule of drug administration is followed there is no reduction of bioavailability of ranitidine,1 which is consistent with the suggestion that the interaction between antacids and the H2 receptor antagonists is at the level of gastrointestinal absorption.

On two occasions ranitidine 150 mg was given to 11 volunteers at the beginning of a meal. On one of these occasions the subject also received Link antacid (aluminium hydroxide and magnesium carbonate, neutralising capacity 20 mmol). The subjects took two tablets one and three hours after the meal. Ranitidine concentration in plasma was measured (figure). The arcs under the plasma curve for ranitidine concentration when Link antacid was taken were 24-5 and 217-5 ng/ml h mg/w, whereas without antacid they were 351-7 and 315-3 ng/ml h mg/w. The difference is statistically significant (p=0.005).

A problem is the suggestion that cimetidine lowers the plasma concentration of ranitidine. In the study by Mihaly and others the ranitidine concentration was measured one hour after the dose was given. The subject was then left to fast for another hour. In our study ranitidine concentration was measured for 9 hours after the meal. In agreement with Mihaly and others we found that ranitidine concentrations were not statistically different from those in controls. In the experiment described above, ranitidine concentrations were still 45% higher than those of controls after 9 hours in the presence of antacid whereas after 2 hours the drug concentration was higher only during the first hour. The low antacid levels which we used were adequate to achieve a pH of greater than 4 for 90 minutes. The suggestion is therefore that in vivo the plasma concentration of ranitidine is not altered by the presence of antacid.


Problems of manpower statistics

SIR,—Dr G R Struthers and others (19 March, p 982) have drawn up a table which indicates that there is one current National Health Service senior registrar in rheumatology in the South West Thames region whereas there are in fact three. Their method of obtaining data was “personal contact with individual units.” This illustrates a major problem in all discussions on manpower—namely, how can one obtain accurate and up to date data? In the South West Thames region there are a number of small centres which are scattered over a large geographic area. In these circumstances it is not possible for individuals to have personal contact with all other units. This is just as true of units in the north of the country as it is of units in the south.

There is a need for an organisation like MEDICS which is concerned with the education, information and career structure of workforce in medicine. This organisation has produced a career guide which does provide comprehensive data. We would be happy to provide this guide to Dr Struthers and others and hope that it may help to resolve their problem of obtaining data.

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Correction

Medical effects of nuclear war

We regret that in the letter by Dr A M Carroll (2 April, p 1150) the Medical Campaign Against Nuclear Weapons was wrongly referred to as the Medical Campaign Against Nuclear War.