fetal monitoring these should be respected, though they should be fully informed about the risks they should refuse electronic fetal monitoring when its use is indicated by the obstetric circumstances. To some extent objections to electronic fetal monitoring may reflect antipathy towards the stark atmosphere of many delivery wards, and progress towards a better environment for women in labour” may help to make electronic fetal monitoring more acceptable.

The consensus among obstetricians is that electronic fetal monitoring is the method of choice in high risk pregnancies, but routine electronic fetal monitoring in low risk cases remains controversial. The objectives for future work must be to develop methods which improve diagnostic accuracy, avoid unnecessary obstetric intervention, and increase acceptability to patients.

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Getting the balance right

Not infrequently the BMJ is asked to print a letter to the editor commenting on an article that has appeared in a journal that has no correspondence column, a request that we usually decline because it is none of our business. A recent complaint about the Drug and Therapeutics Bulletin raises such important issues, however, that we believe we are justified in extending the debate to our readers.

Last October the Drug and Therapeutics Bulletin devoted an entire issue to the interval recommended between routine dental check ups.1 Concluding that six monthly checks were no longer needed for either caries or periodontal disease, the article stated that “The good news is that an annual visit to the dentist should suffice for both.”

Such a statement reads as if it were the final truth. Yet the fact is that the topic is still highly controversial and far from settled, as the subsequent expert comments in the British Dental Journal have shown.14 No such comments have appeared, however, in the Drug and Therapeutics Bulletin, which does not print letters and publishes only the occasional correction of fact. It might be argued that the failure to have a space for comment is the editor’s prerogative, yet in this case there are grounds for asserting that questioning should be possible. Firstly, the article’s conclusion has highly important implications and attracted a lot of media attention. Secondly, the bulletin is sent free of charge to every general practitioner in Britain, paid for by the Department of Health.

On the issue of dental check ups the debate goes back at least nine years, when in the Lancet under the heading of “Questionable routines” A Sheiham, now professor of community dental health and dental practice at The London Hospital and University College London, reviewed the value of screening for dental caries, periodontal disease, malocclusion, and oral malignancies.15 He concluded that there was no evidence that six monthly dental checks were needed, yet it was clear from the subsequent correspondence in the Lancet that the issue was still controversial: some writers agreed with Sheiham’s arguments, but they pointed to too many generalisations and assumptions in his article and to conclusions not following from the data.

Eight years later, however, the controversy was obscured in the Drug and Therapeutics Bulletin by the way the article was edited. I have seen the various stages of this, and the sequence illustrates the need for giving both the pros and cons of any contentious case. Take the changes made in one crucial passage in the Drug and Therapeutics Bulletin article:

Author’s submitted version—“As there is no scientific case for altering [the six monthly dental check for adults] specifically with respect to caries, it would seem correct to recommend its maintenance. . . .”

Propositional draft—“These findings suggest longer intervals between check ups and a policy of minimal intervention.”

Author’s correction—“These findings do not suggest longer intervals between check ups as part of a policy of minimal intervention. . . . It would seem appropriate to maintain the status quo at six months . . .” (italics added).

Published version—“Routine six monthly screening is not needed either for caries or periodontal disease.”

In a detailed critique of this article in the British Dental Journal R J Elderton, professor of conservative dentistry at Bristol, concluded that it was backward looking and left little scope for the inevitable move towards a preventive future for the dental service.16 His crucial argument, however, was that it was a one sided thesis which few dentists were likely to find logical; moreover, it had drawn heavily and irrelevantly on a study carried out over 15 years ago in the Indian Health Service in Arizona, New Mexico, and South Dakota—whose
Malignant otitis externa

Otitis externa may cause severe pain and irritation, but it never threatens the patient’s life or general health. Nevertheless, a rare form of necrotising infection of the external auditory meatus spreads into the surrounding tissues and carries a high mortality. This malignant, or invasive, otitis externa is generally a disease of elderly diabetics,1 2 though it may occur in younger diabetics3 and elderly people who do not have diabetes.4 5 A similar, but not identical, condition has been described in children.6 Pseudomonas aeruginosa has been isolated from virtually all the reported cases.7 The response to metronidazole in some cases has suggested that anaerobic organisms may also play some part.8

Once established the infection may spread, destroying the bone of the external auditory meatus and subsequently other parts of the base of the skull. This extension of the infection is facilitated by fissures in the floor of the cartilaginous portion of the external auditory meatus (the incisura of Santorini). The infection may spread to the soft tissues, including the parotid gland. Facial palsy is frequent and paralysis may also develop of the 9th, 10th, 11th, and 12th cranial nerves.9 Other complications include mastoiditis,10 meningitis,11 thrombosis of the sigmoid sinus,12 and septic arthritis of the temporomandibular joint.13

The diagnosis should be considered in any elderly patient with external otitis which does not respond to local treatment or is associated with unusual features such as parotid swelling or facial palsy. Men are more commonly affected than women.12 Examination of the external auditory meatus shows oedema of its wall, profuse discharge, and granulations on its floor. Probing the wall of the canal deep to the granulations shows local erosion of bone. The chief differential diagnosis is neoplasia of the temporal bone.

Where public policy is concerned, moreover, the need for a wide expression of views is paramount. Semi-official publications which aim at summarising the current scientific consensus must surely recognise an obligation to admit the possibility of error.

The Drug and Therapeutics Bulletin performs a valuable service in informing its readers about the uses, side effects, and contraindications of drugs old and new. It submits the drafts of its articles to a number of experts in the subject under discussion. No amount of care and peer review of draft articles, however, can take the place of open debate and in not having a correspondence column I believe the bulletin does its readers a disservice. So I have two major reservations about the present policy of the Drug and Therapeutics Bulletin: as an editor, I believe that the balance on any subject is difficult if not impossible to achieve without a forum for discussion; as a taxpayer, I am concerned that the government pays to send a free copy of the bulletin in its present form to every general practitioner in the apparent belief that its opinions are non-controversial.

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