delayed the summary being typed and sent for up to six months after patients had been discharged. Such a system is anathema to those engaged in clinical care.

We decided to produce short computerised summaries as close to the time of discharge as practicable using purely medical input. This was achieved with a 16 bit MSDOS computer and RML (Nimbus) with a hard disk, using the database language dBASE II programmed by MLJ. A computer novice (JHP) takes some 15 minutes (on average) to produce a complete printed summary. This compared favourably with the 10 hours or more of purely medical time spent with the system described by Dr Llewellyn and others.

Our database includes a current alphabetical list of local general practitioners as well as data on previous hospital admissions. Searches are made by entering data on each admission. It permits searches of any data field and generation of Körner statistics and has resulted in the identification of duplicate case records missed by the hospital patient administration system computer.

Our main current problem is the necessity for medical staff to enter the data, for which they need to be reasonably proficient with the keyboard. This would be solved by adequate secretarial staffing and helped by integration with the database of the hospital patient administration system computer. Fortunately, an increasing percentage of medical staff are gaining keyboard skills.

Although junior staff may well think that computer generated summaries are an imposition on their already overworked schedules, direct experience of the problems, delays, duplications, and even dangers associated with seeing a recently discharged patient with a blank set of notes provides overwhelming evidence of the advantages.

With increasing difficulties in secretarial staffing, which are expected to become worse, hospital administrations should provide the necessary computer terminals, software, and printers to allow hospital doctors to produce immediate discharge summaries and effectively communicate with their colleagues.

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**Children and apathetic**

SitR,—The case report and discussion of pituitary apoplexy by Dr J G Lewin and others (1) is a timely reminder of the need to consider this comparatively unusual syndrome even in patients with little or no previous evidence of pituitary disease. We report a case in which pituitary infarction was precipitated by hypoglycaemia induced by insulin, with only trivial evidence of pituitary dysfunction.

A 50 year old man was referred with a diagnosis of probable hypothalamic disease, on the basis of a serum thyroxine concentration of 34 nmol/l and a raised thyroid stimulating hormone concentration of 10 mU/l (reference range 0.5-3.3). His only complaint was of flushing attacks six months previously, but on further questioning he admitted that he needed to shave only every three days and was sometimes troubled by impotence. He denied headache, visual changes or other symptoms. He was clinically euthyroid, with a small firm goitre. Fundoscopy gave normal results, and eye movements, pupillary reactions, and visual fields by perimetry were all normal.

Thyroid microsomal antibodies were present at a titre of 1/6400. Serum testosterone concentration was low at 1.9 nmol/l and gonadotrophin concentrations were inappropriately low (follicle stimulating hormone 3.4 U/l, luteinising hormone 1.9 U/l). There was no evidence of diabetes or hypopituitarism, and an MRI (RML) of the head showed no evidence of tumour.

Monitoring the acid phase response

An editorial error occurred in this letter by Dr Anthony G Freeman (7 January, p 50). Reference 1, at least in South African practice, should have been reference 2, and the subsequent references should have been renumbered sequentially.

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**An inadequate questionnaire on premature births**

SitR,—We are writing to express our concern at a ‘premature baby survival project’ currently being undertaken by Nicholas Winterton MP on behalf of the House of Commons social services committee’s inquiry into perinatal and neonatal mortality. As part of this project a questionnaire is being circulated to all neonatal units requesting the number and exact gestational age of all babies born at or under 25 weeks’ gestation who have survived. We believe that this questionnaire will lead to a significant underreporting of the number of premature births.

We have not found any previous reports of pituitary apoplexy occurring as a complication of insulin stress testing, but this case illustrates the need to consider it in appropriate circumstances. Our patient suffered damage to the optic pathways and required both urgent resuscitation and neurosurgical intervention.

**Pituitary apoplexy**

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SitR,—I find Dr Peter Arnold’s logic regarding the presence of doctors in South Africa extremely difficult to follow. Of course, some South African doctors are impelled to leave because of the dictates of their conscience. For others there may be a genuine lack of an adequate career in South Africa. Yet if all South African doctors followed Dr Arnold’s advice, and their demands as human beings took precedence over their calling as doctors, they would all leave the country. In hundreds of thousands they would lead the good life on offer in the United States, the United Kingdom, Canada, and elsewhere. As the economy in South Africa declines that is left of the so called enjoyable fruits of the South African apartheid system is a depressing standard of living and an increasing number of patients needing treatment in the public sector.

When I visit the United Kingdom, Canada, and the United States I am impressed by the superior standard of living of emigrating South African doctors. Could Dr Arnold (or anyone else) please tell us who would serve the vast medical needs of the black and coloured populations if all the doctors left? At Groote Schuur Hospital we are now completely integrated, and the modern medical facilities can be offered to all patients, irrespective of ethnic group, at a modest cost. Does Dr Arnold seriously suggest that the doctors who keep these largely altruistic services running should emigrate and leave the patients to look after themselves?

The Declaration of Geneva of the World Medical Association binds the physician with the words:

“The health of my patient will be my first consideration.”

L M OPJE

University of Cape Town, South Africa

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**Correction**

**Postnatal depression of coeliac disease**

An editorial error occurred in the title of this letter by Drs Simon Travis and Paul Caltia (7 January, p 47), which should have been, “Postnatal presentation of coeliac disease.”

**Merit awards**

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