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http://eprints.gla.ac.uk/95632/

Deposited on: 1 August 2014
While the principles of freedom of choice are important, the current trend of increasing motorcycle accidents must be diminished.  

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1 Andrew, T., and Milne, D. Injury. In press
2 Department of Transport, Road Accident Statistics, Circular 4/26, 1976.

Severe hyponatraemia in hospital inpatients

Sir,—Drs S J Iqbal and P J Oiwaj (3 March, p 618) continue to take us to task for having put diuretic-induced hyponatraemia under a "depletional" heading.

We can only reiterate that we ourselves pointed out uncertainties about the pathogenesis of diuretic-induced hyponatraemia in our original paper (4 November 1978, p 1251). As we found that no urinary biochemical measurements distinguish groups of patients otherwise easily distinguished on clinical and radiological grounds, we would prefer to rely on the latter in an emergency. Hence, although we do not feel that our "objectives about patient management" are really different from those of Drs Iqbal and Oiwaj, we must beg leave to differ on how to achieve them.

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Brain failure in private and public life

Sir,—Dr William Gooddy's lecture on brain failure in private and public life (3 March, p 591) will be of great interest to those who, like myself, are approaching completion of the 0-40 mark. Few will quarrel with his main theses—that brain failure is common and has many causes and is (for those escaping other causes of death) ultimately inevitable, that it is more dangerous to the community when missed in an influential person, and that it should be prevented if possible. But his list of symptoms and signs of brain failure calls for comment.

Such symptoms and signs may indeed be indicators of commencing brain failure, but surely many of them are no more than evidences of temporary inefficiency of brain function. Incompetence over familiar tasks, for instance, and transient loss of concentration are common enough at all ages, and surely may be no more than signs of fatigue—due, for example, to lack of sleep, a prolonged spell of enforced concentration, or anxiety from some unrelated cause. I am sure that I cannot be alone in having frequently experienced some symptom or sign such as Dr Gooddy has instanced and inwardly lamented, "I am growing old"—only to recall with a relieved start that I had just that symptom as a child or as a student. I think that the point is worth making, because if we accepted Dr Gooddy's list as indicative of brain failure I suspect that we would most of us sink into a state of apathy and depression, which would perhaps be conducive to accelerated brain failure. Granted that Dr Gooddy referred to his signs and symptoms as "intermittent," saying that the more frequently they occur the more one must be concerned about them; but my own advice to anybody feeling such concern would be to try the effect of a holiday. Dr Gooddy suggests compulsory retirement for politicians, but one feels that decision makers at an earlier rather than a later age to prevent the serious consequences of their brain failure. I think I would rather see a system that debarrs the elderly in influential positions from one making while retaining in them an advisory capacity so that their experience can be utilised.

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Difficulties in diagnosing meningococcal meningitis

Sir,—It is surprising that in their short report "Difficulties in diagnosing meningococcal meningitis in children" (3 March, p 594), Drs G Gooddy, A J Williams (Children's Hospital, Birmingham), and S Briggs (Royal Children's Hospital, Melbourne) did not refer to immunological methods of establishing the diagnosis of meningococcal infection. It is known that current counter-current immunoelectrophoresis (CIE) on cerebrospinal fluid (CSF) is superior to Gram staining in establishing the diagnosis of meningococcal infection and has the advantages that it is (a) rapid, (b) simple, (c) less affected by prior antibiotic therapy, and it enables the organism to be grouped.1

Used in conjunction with Gram staining and culture the method increases the number of positive diagnoses made. Moreover, meningococci can be detected more often in serum than organisms by blood culture. In particular, in one study of 14 patients with acute meningococcal meningitis (Dr R G Smales and Nicholas Rutter (3 March, p 588) do not refer to immunological methods of establishing the diagnosis of meningococcal infection. It is known that counter-current immunoelectrophoresis (CIE) on cerebrospinal fluid (CSF) is superior to Gram staining in establishing the diagnosis of meningococcal infection and has the advantages that it is (a) rapid, (b) simple, (c) less affected by prior antibiotic therapy, and it enables the organism to be grouped.1

1 Used in conjunction with Gram staining and culture the method increases the number of positive diagnoses made. Moreover, meningococci can be detected more often in serum than organisms by blood culture. In particular, in one study of 14 patients with acute meningococcal meningitis (children with the clinical picture of meningococcal meningococcal meningitis but with no clinical or laboratory evidence of meningitis) antigen was detected in every patient while blood culture was positive in six out of 11 patients tested.

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Whooping-cough vaccination

Sir,—I feel I must take issue with Dr Alastair G Ironside (3 March, p 619), whose argument seems to be that in whooping cough herd immunity is irrelevant to the vulnerable pre-vaccination babies and that prophylactic erythromycin for two weeks is a practical alternative.

He bases his opinion on an unspecified comparison of infant mortality between two "outbreaks," one in a "well-vaccinated" population and the other in an "unvaccinated" one. I feel that this is such an important argument that such opinions must be backed by facts and figures or at least a reference. Those of us, as GPs left with the task of advising our new parents about the best course to take, need to be very sure of our facts. This is an area where "maybe" won't do and I feel it is quite wrong to ask the parents to decide unless they too are in full possession of the facts. So perhaps Dr Ironside would support his opinion, and I for one will revise it if he can produce the facts to prove his point.