

access to a cottage hospital, it has been shown by Brown (1979) that a great many more minor operations can be done on surgery premises. Brown and Wall agree that there are several advantages to doing their own operating, not the least being the better service they can offer their patients.

Is it asking too much that the new District Health Authorities, with their wide local representation, make it a priority to look at their waiting lists and ways of reducing them? Is it not time that the barriers and difficulties raised by the profession and the DHSS were breached? Is this not a matter where all of us—patients, doctors and administrators—can only gain by change (Owen, 1976)?

S. L. BARLEY
Journal Editor

Rules of evidence

THE editor of the *Drug and Therapeutics Bulletin* has asked us to draw our readers' attention to an article in his issue of 11 September 1981 (pages 75-76) about the danger of giving sugar-containing medicines to children. We are very glad to emphasize this important message, although we must also be allowed to voice our doubts about the admonition, expressed with characteristically terse sternness, that bodies such as "the ABPI, the Pharmaceutical Society and the Royal Colleges of General Practitioners and Physicians should tell their members that sugary liquid medicines do harm".

Our doubts are about the method of telling. We believe that simply to tell a person something may be useful, or it may be utterly useless; if the person is to behave differently, something more than mere telling is usually needed. If this were not true, health education could be reduced to a series of punchy slogans—'Eat Less', 'Don't Smoke', 'Run More'—and the millennium would be upon us. Thus we are unwilling simply to print the *Bulletin's* advice alone, because we do not think the *Journal* can give College members information and expect them to act on it unless we give them evidence so that they can decide for themselves. Fortunately, and again with its customary thoroughness, the article does supply the evidence.

Sucrose consumption increases dental caries (Andlaw, 1977) and the more frequently sugar is consumed, the greater the amount of caries (Gustaffson *et al.*, 1954). Children with chronic illnesses like asthma, epilepsy or cystic fibrosis suffer much more dental decay than other children (Roberts and Roberts, 1979). Nearly all paediatric medicines are sweetened with sucrose, and the *Drug and Therapeutics Bulletin* suggests that a list

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Paediatric medicines and presence of sugar

Preparation	Contains sugar
<i>Antibiotics</i>	
Penbritin (ampicillin) syrup	yes
Vidopen (ampicillin) syrup	yes
Amoxil (amoxycillin) syrup	yes
Crystapen V (penicillin V) syrup	yes
Distaquaine V-K (penicillin V) syrup	yes
Erythroped (erythromycin) suspension	yes
Erythrocin (erythromycin) suspension	yes
Bactrim (co-trimoxazole) syrup	yes
Septtrin (co-trimoxazole) syrup	yes
<i>Anticonvulsants</i>	
Epanutin (phenytoin) suspension	yes
Epilim (valproate) syrup	yes
Zarontin (ethosuximide) syrup	yes
Tegretol (carbamazepine) syrup	no
Phenobarbitone elixir	no

of these should be available from the chief Drug Information Centre in each Regional Health Authority.

In the hope that providing more information will make out telling more effective, we print above, by way of example, part of a list from the Northern Regional Health Authority's *Drug Newsletter* (April 1981, page 27).

Journal policy

The need to pass on the *Drug and Therapeutics Bulletin's* advice gives us the chance to air an important point

about *Journal* policy. It is often suggested, in local faculty meetings and at central College gatherings, that the *Journal* should be the vehicle for promulgating College statements about clinical work and for publishing review articles. The College does indeed make statements from time to time, but has so far stuck to its academic role and has restricted itself almost entirely to pronouncements about educational matters (see, for instance, the document on training for obstetrics published recently with the RCOG in *News and Views*, pages 116-122, February *Journal*). As far as review articles go, we have also usually rejected these for several reasons: the chief one is that we prefer to remain a journal of report, recording the slow and painstaking addition of new information to the structure that is called the scientific basis of general practice medicine. This kind of information is not the statement of an authority made from the eminence of some institutional position; it is, rather, the raw data of research, the findings of general practitioner scientists in the consulting rooms and the domestic laboratories where we see our patients. As general practitioners, we will therefore both understand the basis of the research and be able to question it: we will not be satisfied with mere dogmatic assertions such as "all patients with proven urinary tract infection must receive appropriate antibiotics for one week". We know that patients do not wait for proof of infection before they ask for treatment; we know that antibiotics will be appropriate for reasons other than just bacteriological; we know that few patients (and few doctors) take antibiotics accurately. We therefore ask that a scientific article goes beyond directions, admonitions and exhortations; we ask for the evidence. Review articles, even though they may be hellishly difficult to write well, are very satisfying to read. They give the reader the feeling of having been able mentally to tick off the subject as 'done' for a while. They are usually produced by hospital specialists, and seeing them

arouses, we suspect, ancient fears and feelings born out of an undergraduate anxiety to please our teachers. They tend to invite passive acceptance more than active questioning, disagreement and argument. They have their valued place in several other high-class medical journals, distinguished contemporaries whose efforts we salute but do not wish to copy.

If the place for review articles in this journal is therefore limited, what is the aim of the long editorials such as those on nutritional supplement in pregnancy (January) and on antibiotics (April)? One crucial factor lies in the authorship of these editorials, which, being firmly general practitioner, roots the conclusions in our own discipline. The second aim is to provide what amounts to an annotated bibliography. Thirdly, these editorials aim to provide an up-to-date statement of current thinking about the subject in question.

Journal policy will thus remain much as it has for many years: to record original research from and about general practice, to leave review articles mainly to those journals which already do them well, and to use the editorial columns for occasional review of major topics in general practice medicine.

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Delay in diagnosing testicular cancer

Of 335 patients with germ-cell testicular cancer, 87.5 per cent had symptoms related to the testis. Only 40 per cent of the patients saw a physician within two weeks. Similarly, testicular signs were present in more than 90 per cent of patients, but in only 61 per cent of patients was a correct diagnosis made within two weeks of the initial physician visit. The length of the patient-related and physician-related delay was directly related to the clinical stage of the cancer at diagnosis. The median patient-plus-physician delay for stage I was 75 days, for stage II, 134 days ($p = 0.017$).

Source: Bosl, G. J., Goldman, A., Lange, P. H. *et al.* (1981). Impact of delay in diagnosis of clinical stage of testicular cancer. *Lancet*, 2, 970-972.

Words our patients use

'Slethering', or 'slothering'—dragging a bit, as of a paralyzed leg (South Yorkshire).

'Baith', 'beeling' or 'birling'—septic, as in finger (Scotland).

'Annoyed'—worried or anxious: "The family are very annoyed at the doctor's advice" (Shetland).

'Lisk'—groin (Tyneside).

'Pown'—to be worried or in a muddle (Lancashire).

'Wurch'—to ache (Lancashire).

'Gam'—a funny or humorous person (Lancashire).

'Gobbin'—a simple, silly person (Lancashire).

"I am hully out of repair" or "I am hully queer"—not well (East Anglia).

'Merry-go-wimbles'—borborygmi (East Anglia).