ments about the organization of care within practices and agree that evaluating care 'needs to be carried out using hard outcome measures'.

C J PACKHAM

11b Church Street
Eastwood, Nottingham NG16 3BS

Reference

1. Fry J, Brooks D, McColl I. *NHS data book.* Lancester: MTP Press, 1984.

Introduction to psychosexual medicine

Sir,

I read with much interest the replies (March *Journal,* p.126) to my review of *Introduction to psychosexual medicine: for doctors, nurses, students, and other health professionals* (January *Journal,* p.45).

I am reminded that, despite the full title, the book is 'written by doctors primarily for doctors'. My criticism of the book has led to me being labelled a 'red under the bed'. Nothing could be further from the truth, but such comments do tell us a lot about the value systems of some members of the Institute of Psychosexual Medicine.

Since 1976 I have worked alongside doctors in both hospital and primary care settings, first as a qualified nurse, and then as a psychologist. For the past three years I have been witness to the very busy and often hectic lives of general practitioners. I have always admired the way these professionals share their medicine with both their colleagues in other health professions and with their patients. I would do them all a disservice to recommend a book that does not easily relate to the praticalities of their every day practice life. If this results in being identified as an academic Luddite then so be it.

PAUL MCDONALD

Department of General Practice
Queen's Medical Centre
Nottingham NG7 2UH

Voluntary euthanasia

Sir,

I read the discussion paper by Dr Bliss on euthanasia (March *Journal,* p.117) with interest, particularly since reference was made to the Hippocratic oath. The relevant part of the oath, which was not quoted, is 'I will give no deadly medicine to anyone if asked, nor suggest any such counsel.'

The author wants the rights of children to make decisions for their parents who are incapacitated by age or dementia to be recognized. However, rights can only be recognized and exercised provided the rights of others are not transgressed. Quite simply, the right I have to swing my arm ends where another person's nose begins. To make children the arbiters of life and death for their parents is untenable in a civilized society, particularly one which outlaws the death penalty for criminals. The doctor is not there to act as an executioner at the behest of the younger members of a family.

Let us maintain the Hippocratic tradition.

J H SCOTSON

119 Park Road
Timperley, Cheshire WA15 6QQ

DIGEST

This month • diagnostic testing • febrile convulsions • arthritis • breast cancer • smoking

Routine diagnostic testing

THIS article looks at whether routine diagnostic testing is beneficial to the practice of medicine. Although the comments are mainly levelled at junior hospital doctors the underlying message is applicable to medical practitioners in all fields.

There has been convincing evidence over the years that many common diagnostic tests are a waste of time and money and yet despite this the number of requests for these investigations continues to increase. It is often the junior hospital doctors who are the culprits although most senior medical staff cannot escape cirticism. The article explores the reason for doing so many tests, such as fear of missing a diagnosis, reassurance for the clinician and for the patient as a result of the increase in prevention and screening and also an increasing fear of medical litigation. It is interesting to note that research among medical outpatients has shown that routine haematological and urine tests contributed to less than 1% of diagnoses while 73% of diagnoses were made on basic history and physical examination alone.

It is suggested that investigative departments should screen requests more rigorously and lay down guidelines for the junior staff. In addition, medical students should be taught more about health economics and cost-effective decision-making in their undergraduate career. In the light of the government's strive for cost efficiency and the introduction of practice and hospital budgets, the use of diagnostic tests may well be an area that general practitioners and vocational trainees will have to reassess.

(M K)

Source: Anonymous. Routine diagnostic testing. *Lancet* 1989; **2:** 1190-1191.

Phenobarbitone in the prevention of recurrent febrile convulsions

THE position of phenobarbitone as a useful drug in the prevention of recurrent febrile convulsions has recently been questioned by clinical studies which report behavioural and cognitive side effects as well as experimental work which has shown deleterious effects on developing neurones. Workers in Seattle have carried out a randomized controlled trial on 217 patients aged between eight and 36 months who satisfied the criteria of the National Institutes for Health for consideration of prophylaxis — very young, more than one febrile seizure, family history of epilepsy, lengthy focal or multiple seizures (*Pediatrics* 1980; **66:** 1009). Study subjects received riboflavin as placebo or 4–5 mg kg^{-1} of phenobarbitone per day with riboflavin for two years. The end points were recurrence of seizures and scores on the Bayley scales of infant development and Stanford-Binet scales of intelligence adjusted for age and level of function.

After two years the mean IQ was 8.4 points lower in the phenobarbitone group than in the control group (95% confidence interval, −13.3 to −3.5, P = 0.0057). Six months after medication had been gradually reduced and then discontinued the mean IQ remained 5.2 points lower (95% confidence interval, −10.5 to 0.04, P = 0.052). The proportion of children remaining free of subsequent seizures did not differ between the treatment groups.

The authors conclude that phenobarbitone depresses cognitive performance in children treated for febrile seizures and that this disadvantage, which persists for several months after drug treatment, is not offset by the benefit of significant seizure prevention. They suggest that as other agents have not proven effective further studies are needed to evaluate newer