

authors of this report concluded that it had not been possible to predict the ultimate neurological outcome of a patient with a head injury on the basis of initial examination. They suggested that the orthopaedic surgeon should proceed on the basic assumption of full neurological recovery. Having achieved the best possible resuscitative state a general anaesthetic was permissible if the patient's state remained stable during an immediate observation period. Thus operations on fractured femurs could be performed within eight hours of injury.⁵

We agree with an aggressive approach to operative reduction in cases of injury to major joints associated with head injury. This should reduce musculoskeletal morbidity in the patient with a head injury and will minimise the type of unfortunate consequences shown in the case reported.

References

- ¹ Johnson JR, Bayley JIL. Early complications of acute anterior dislocation of the shoulder in the middle-aged and elderly patient. *Injury* 1982;**13**: 431-4.
- ² Mielants H, Vantrove E, De Neels J, Veys E. Clinical survey of a pathogenic approach to para-articular ossifications in long term coma. *Acta Orthop Scand* 1975;**46**:190-8.
- ³ Wray JB, Davis CH. The management of skeletal fractures in the patient with a head injury. *South Med J* 1960;**53**:748-53.
- ⁴ Bellamy R, Brower TD. Management of skeletal trauma in the patient with head injury. *J Trauma* 1974;**14**:1021-8.
- ⁵ Gibson JMC. Multiple injuries: the management of the patient with a fractured femur and a head injury. *J Bone Joint Surg [Br]* 1960;**42**: 425-31.

(Accepted 29 November 1983)

Letter from . . . Chicago

St Ronald and the dragons

GEORGE DUNEA

Once again we are in the throes of an election campaign. And a wonderful thing it is, even though it tends to become tedious and drawn out and somewhat of a circus. For freedom and democracy have become rare flowers in the world, and the secret police have been knocking at doors in the middle of the night all too often within living memory. And do we not hear all the time about yet another country where the army has put politicians out to pasture, whereas here they merely ask for more money? This year the Pentagon wanted one third of the entire proposed budget of \$975 billion, an annual increase of 18%—this at a time when social programmes are to be cut by another \$4.6 billion. The suspicion also lingers that the job could be done cheaper, yet without having all kinds of wild men storm embassies, burn flags, or take hostages. Not that one would mind spending the money if economists were not so alarmed about the \$180 billion budget deficit, even giving rise to dramatic newspaper headlines such as "Economy on thin ice." But some experts think that deficits do not matter so long as productivity is increasing, the economy is expanding, more cars are being made, more houses are being built, and employment is rising. So we are left rather like the patient who sought a second opinion and is now hopelessly confused.

The campaign, meanwhile, began in February with Mr Reagan, like St George on his splendid steed, announcing that he would run, or perhaps even gallop, because he needed four more years to get the job done. Listing all his achievements, he told how the inflation monster had been put back in his cage and how the high interest rates dragon had been nearly cut in half—no doubt a gory scene in the hands of Raphael or Uccello. But to complete the picture, and to ingratiate himself with the mousy little lady who prays in the background of the paintings waiting to be eaten, he announced that he would move the prayers back

into the classroom and throttle the hideous monster of abortion on demand. But just as St George's horses are of all different colours and face in all different directions, so the diverse political interests will make sure that nothing much will happen this year—except perhaps for minor tax increases and an attempt to close some tax loopholes or perhaps tax health insurance benefits.

In medicine, likewise, everybody is talking about reimbursement by diagnosis. But nobody knows how it is going to turn out—a good reason to stay off the subject for a while. Which leaves more room for all the consumerists, liberals, and environmentalists, who fret and worry themselves to death, an issue recently taken up by Ms Elizabeth Whelan under the title "Living longer and feeling worse about it."¹ Quoting statistics that Americans are healthier than ever, she pointed out that the monsters of infectious diseases have been smitten so badly that only those battening on sex still thrive. Many cancerous dragons have also been beaten back; infant mortality has decreased tenfold since the turn of the century; strokes are on the decline; even heart disease is taking a beating; and fewer anencephalic monsters than ever are being born. Yet instead of rejoicing at our "stellar success" we moan and worry and read books about the poisoning of America, and the plague on our children, and eating being hazardous to our health. For all this pessimism Ms Whelan blames journalists and politicians who are committed to the philosophy that the public craves for bad news and negative reports on the quality of life. And she quotes Dr Lewis Thomas, who thought that "Americans are quickly becoming a nation of healthy hypochondriacs living gingerly and worrying themselves to death."

More visits to the doctor

Americans could also be going to the doctor too often, at least according to the \$78 million study by the Rand Corporation. This was carried out on essentially healthy people who were randomly allocated to different insurance plans. It found that people in plans providing free care went to the doctor more often than those who had to pay a percentage, but they were no

Cook County Hospital, Chicago, Illinois, USA

GEORGE DUNEA, FRCP, FRCPED, attending physician

healthier, except for minor differences in diastolic pressures and visual acuity.² Politicians wishing to reduce the federal deficit by taxing health benefits may well be pleased by this study. But the danger of extrapolating from healthy subjects to the poor, the elderly, and the chronically ill was pointed out in an accompanying editorial by Dr Arnold Relman.

In this context we also learn that the national infant mortality remains too high—about 11/100 000 live births—and is rising in six states and several urban areas. Blaming a 30% reduction in federal funding in three years, child health advocates have pointed to a great disparity between blacks and whites (19.3 v 9.5), with some areas of Detroit having about the same mortality as Honduras. All in all, South Carolina was the state with the highest infant mortality (16/1000 births—12 for whites and 22.2 for blacks) and Illinois ranked fifth but was highest away from the south (13.6 overall—10.7 for whites, 24.5 for blacks). All this is food for thought, though not necessarily for action in an election year.

Then we note among other monsters that each year more than one million Americans are being treated for various cancers. Some 350 000 Americans die yearly from diseases related to the smoking dragon, despite such valiant efforts as marketing a chewing gum containing 2 mg nicotine a piece. This “should be used as part of a program of education, counselling, and support”; and according to the Food and Drug Administration it increases blood pressure but does not cause cancer and should not be taken by pregnant women. For other women (and men) the gremlin of divorce has suffered a setback, the divorce rate having fallen from 5.3 to 5.1/1000 in a year, which translates itself to some 1.1 million couples, more than the 413 000 reported in 1962 and considerably more than the 0.3/1000 marriages in 1867. Also decreasing are road accidents, some 600 000 lives having been saved by the 55 miles an hour law in the 10 years since its introduction, including a 60% to 70% reduction in paralysing spinal cord injuries. But the business of executions is picking up, despite the law’s delays and many last minute cancellations that subject the nearly 1300 Death Row inmates to an intolerably nasty suspense. In addition to the perennial controversy as to whether the death penalty should be applied at all, there is also a lively debate about the method of execution. Whereas burning at the stake was given up in 1822, the experts think that the electric chair is merely a modern day burning that must feel like being dropped in hot oil, the victim being almost certainly conscious of being paralysed and asphyxiated but unable to move. Among other methods the experts picked garroting as the slowest and most painful; the gas chamber as also very unpleasant; the guillotine as quick but not instantaneous; and hanging as causing instantaneous death but unpopular because in the past it was so often botched. All agreed that a lethal injection was the kindest way to go, but now the courts have injected a note of medicolegal confusion by requiring the Food and Drug Administration to make sure that the drugs used conform to the federal requirements of being “safe and effective,” meaning quick and painless. So far no corresponding studies of electric chairs or gas chambers are being contemplated.

Treating deformed babies

Moving to that difficult area at the centre of the Venn diagram where medicine, ethics, and the law overlap, we find continuing controversy about treating deformed babies. Last October I described how the government’s “squeal rule” had been finally overthrown by the courts.³ But as the little pious ladies with St George and the dragon require to be pleased the administration has kept up the good work and come up with new regulations. These did away with the Baby Doe squads of flying investigators, and even conceded that the notice publicising the toll free numbers could be in smaller letters and posted in less conspicuous areas. The predominant reaction, however, was that the regulations were a disappointment, a change in style rather than substance, an unprecedented intrusion into medical

practice, and a misuse of the 1973 Rehabilitation Act that had nothing to do with newborns. Though strongly opposing the threat to punish non-conforming hospitals with loss of all federal funds, the medical societies decided for the time being merely to “carefully monitor” developments, but several court cases are continuing. It was also noted that while under the new regulations complaints were to be handled by hospital ethics committees, the government reserved the prerogative to intervene. Yet such interference may become more difficult after the confrontation over Baby Jane Doe, a newborn infant with spina bifida and hydrocephalus, for whom the parents refused surgery because it would doom her to a life of pain. Despite the findings of no wrongdoing by local state and civil rights groups, federal government officials decided to investigate. But the hospital denied them access to the patient’s records, and subsequently a federal judge also upheld the parents’ right to privacy. This decision, while it is also being appealed in the courts, has meanwhile been hailed as a victory against government interference.

Still from the centre of the Venn diagram, we note that the American Medical Association has come out against surrogate motherhood as posing grave ethical, legal, and psychological risks. Ethicists worry about what would happen if a mother refused to submit to intrauterine surgery for correction of a clearly remediable lesion that could save the fetus. There was much publicity when fundamentalist parents in Tennessee refused to allow their daughter to be treated for osteogenic sarcoma and the courts ruled that treatment should be given. And finally, a 26 year old woman, quadriparetic from birth, wheeled herself into an emergency room in California asking for help to commit suicide.⁴ She had spent most of her life in institutions, yet had finished school and obtained a degree in college. Later she married an ex-convict with whom she had first corresponded, but he had left her after she had a miscarriage and they ran into financial difficulties, and now she had decided to end this life of dependency and humiliation. She wanted to be provided with analgesics and hygienic care while she starved herself, and, as sending away a patient with “suicidal ideation” could be grounds for malpractice, she was admitted to the hospital and has been there for six months. Already the hospital has lost \$100 000 because the state will not pay for what it considers to be a medically unnecessary admission. Meanwhile lawyers, ethicists, and activists have got in on the act, filling reams of paper with the most profound insights. A judge ruled that she could not expect society to help her kill herself; a psychiatrist found that she lacked the physical capacity to commit suicide; but none the less she began to fast. Then the hospital obtained legal permission to feed her through a nasogastric tube, her appeal was turned down by two courts, but the lawyers are still arguing. So far the hospital has not been able to send her out, the “press is constantly interested in what happens,” and the position is unresolved. This reminds me of a similar occasion, when a threatening but well read young man urgently demanded admission to a municipal hospital. There were meetings, telephone calls, angry confrontations. Then 10 erudite lawyers, doctors, and administrators went into a huddle, decided that they were stuck with him, and came out in one body to announce the decision. To their surprise the room was almost empty and the man was nowhere to be seen. On further inquiries the tiny woman guard explained that as it was near the end of her shift she had simply told the man that he had to go home and he had promptly obeyed. That attests to the superiority of a single uniform over the collective wisdom of 10 overeducated men.

References

- Whelan EM. Living longer and feeling worse about it. *Wall Street Journal* 1984 January 1:32.
- Brook RH, Ware JE, Rogers WM, *et al.* Does free care improve adults’ health? *N Engl J Med* 1983;309:1426-34.
- Dunea G. Squeal rules in the nursery. *Br Med J* 1983;287:1203-4.
- Rust M. Patient’s suicide wish troubles hospital, MDs. *American Medical News* 1984 January 20:15-8.