CORRESPONDENCE

Return to work Felicity C Edwards, DM. 1474	Susceptibility of bacteroides to noxythiolin R H George, MRCPATH, and D E Healing, FIMLS. 1478	The other handicap: brightness F G Herman, FRCPATH. 1481
Ipecacuanha as an emetic for adults S M Gibb, and others. 1474	Drinking behaviour H G Kinnell, MRCP. 1479	"Curing" minor illness in general practice P Catlin, MB. 1482
Babies in the front seat Anne Seymour, FRCS. 1475	Cimetidine and gastric ulcer healing K G Jensen, MD, and others. 1479	Primary care in Kenya J M Gray. 1482
An epidural service J S Crawford, FFARCS. 1475	Depression in men and women M G Brush, PHD, and R W Taylor, FRCOG. 1479	Changing the FRCS exam A G Graham, FRCS. 1482
Bromocriptine and uterine neoplasia M S Rose, MRCPATH; H S Jacobs, MD, and J D Hutton, MRCOG; G M Besser, FRCP. 1475	Anaphylaxis after dichloralphenazone treatment D G Limb, MRCOG. 1480	Training in accident and emergency medicine S M Lord, FRCSGLAS. 1482
Eating bracken shoots I Antice Evans, PHD, and W C Evans, PHD. 1476	Silk sutures in the common bile duct M H Gough, FRCS. 1480	The medical manpower debate L C A Watson, FRCP; D F H Guèret Wardle, MRCP. 1482
Surgeons and money K McPherson, PHD. 1476	Anaphylactoid reactions to dextran 70 G A H Heaney, FFARCSI. 1480	Functional budgeting A Smith, MRCPGLAS. 1483
Dietary cholesterol and atherosclerosis J Yudkin, FRCP. 1477	Lichen-planus-like eruption: a marker for chronic graft-versus-host reaction J H Saurat, MD, and Eliane Gluckman, MD. 1480	Assessment for invalidity pensions I G Mowat, MRCP. 1483
Treating dissenters D Shaw, FRCPsych; C H Maycock, MB. 1477	Adverse reactions to intravenous thiopentone H J E Lewi, MB, and T V Taylor, FRCS. 1480	Confidentiality C Lipp, LRCP. 1483
Pneumoconiosis and chronic bronchitis D C F Muir, FRCP, and others. 1478	Bell's palsy and herpes simplex P Grout, MRCP. 1480	Requirements for temporary registration M R Draper, BA. 1483
Oestrogens for menopausal flushing Jean K M Coope, MB, and L Poller, FRCPATH. 1478	Saliva carbamazepine levels in children G W Rylance, MRCP, and others. 1481	Points from letters Varus and valgus (A P Millar); Oust the louse (H de Glanville); Increases in plasma prostaglandin after vaginal examination and amniotomy (R A Wikner); Of molluscs and men (J J C Cormack). 1483
Ischaemic colitis and drug abuse R S J Briggs, MRCP, and others. 1478	Shortage of anaesthetists C A N Jarvis, MB, DA. 1481	
ECT and the media J F Anderson. 1478		

Correspondents are urged to write briefly so that readers may be offered as wide a selection of letters as possible. So many are being received that the omission of some is inevitable. Letters should be signed personally by all their authors.

Return to work

SIR,—Further to recent discussions in your journal on the subject of return to work I would like to reply briefly to Professor R C B Aitken's letter (12 November, p 1284).

I am glad that Professor Aitken agrees with my contention (15 October, p 1027) that return to work is a most important criterion of outcome and I have stressed the importance of work status being included, particularly where expensive and time-consuming treatments are being evaluated, in any long-term follow-up study. We have been impressed by the positive attitude taken by the many clinical departments with which we have been co-operating, and the extent to which consultants do bear this aspect of their patients' adjustment in mind.

The Employment Medical Advisory Service (EMAS) provides part-time medical and full-time nursing services to 24 employment rehabilitation centres in Great Britain which are managed by the Employment Service Agency (ESA). EMAS is also providing medical advice to the Employment Rehabilitation Research Centre, whose purpose is to evaluate the effectiveness of employment rehabilitation. This research centre is managed by the ESA and is responsible to the Manpower Services Commission.

We would like to think, although ours is a small and specialist service numbering only the equivalent of 100 full-time doctors throughout Great Britain, that wherever and whenever

we can we do provide and encourage specific links between the employment services, the NHS, and industry. We feel that gaining employment for disabled people is much more a problem of close contact with industry and with the personnel and occupational health staff concerned than of an exact knowledge of prognosis in various medical conditions. The ideal is obviously a happy mean—a disablement resettlement officer (DRO) should have a certain standard of knowledge of medical and psychiatric prognosis (and this is what the new national DRO training centre is aiming to provide, with EMAS advice) and should also have extensive involvement with industry (and this is the aim of ESA's recent policy with regard to their DRO service).

Finally, both Drs D A Brewerton and P J R Nichols (15 October, p 1006) and Professor Aitken ignore the fact that industry itself contributes in a major way to placement of employees. There are several major industries in Britain which take an especial interest in rehabilitation and many other industries also have occupational health services, one of whose main functions is to consider the effects of illness or injury on their employees' work. In such industries, and in the several group occupational health services, medical and nursing staff are daily performing such assessments, many of which will result in placing employees in modified work. Because of the nature of our organisation EMAS

maintains very close links with occupational health services throughout the country and through the Society of Occupational Medicine.

FELICITY EDWARDS

Employment Medical Advisory Service,
Health and Safety Executive,
Birmingham

Ipecacuanha as an emetic for adults

SIR,—We wish to take issue with your recent leading article (15 October, p 977) "Emetics for acute poisoning—treatment or hazard?" which concluded with the statement that "for adults there is as yet no convincing evidence on the efficacy of syrup of ipecacuanha, and gastric lavage remains the treatment of choice until further studies suggest to the contrary."

We have recently reported¹ on a trial of the efficacy of ipecacuanha syrup as an emetic in adult patients presenting to the Royal Perth Hospital Emergency Department with a diagnosis of accidental or intentional poisoning. Patients were given either a 15-ml (n=34) or a 30-ml dose (n=33) of syrup of ipecacuanha APF (Australian Pharmaceutical Formulary; 0.14% w/v total alkaloids) together with a 200-ml draught of water. Patients who did not vomit within 30 min of the first dose were given a second dose of equivalent size and a second 200-ml draught of water. At the 15-ml dose level 68% of patients vomited after the first dose (mean time to vomit, 17 min) and a further 20% vomited after a second dose of syrup (mean time to vomit, 45 min after first dose), making a total response in this group of 88%. In the 30-ml dose group 76% of patients vomited after the first dose of