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Protection from Occupational Hazards

SIR,—As a lawyer I was most interested in your Legal Correspondent's article "Hepatitis Contracted in the Course of Employment" (4 December, p. 632).

As he so rightly points out, the "fault-liability" concept of the law of negligence renders it ill equipped to deal with the situation where a plaintiff has contracted hepatitis in the course of his employment. As to reform, amendment of existing legislation is, of course, desirable, but in all but

the most exceptional circumstances this is an unbelievably slow process.

Consequently, it is to their professional organizations that doctors should look for protection in this field, through country-wide agreements with their employers. Suffice it to say that even the least militant of the trade unions do an admirable job in protecting the interests of their members in very similar circumstances.—I am, etc.,

VIVIEN M. GALL

London N.W.5

patients as a little trouble spent in prophylaxis can avert a major medical emergency.—We are, etc.,

J. P. BINGLE	S. OLEESKY
P. E. DIPPLE	M. J. RIDDELL
F. E. HIGGINS	J. SHELDON
T. D. R. HOCKADAY	P. H. SONKSEN
J. LISTER	J. A. G. WATSON

Members of the Medical Advisory Committee
of the British Diabetic Association
London W.C.1

Education of Diabetic Patients

SIR,—Many diabetics admitted to hospital in severe ketoacidosis have misguidedly reduced or omitted their insulin in the face of intercurrent illness, or have failed to increase their insulin not realizing there is an increased demand resulting from illness, particularly infection. In such circumstances death from severe ketoacidosis can occur, and this is preventable if the diabetic patient is taught how to manage his diabetes properly in these circumstances.

To try to prevent such disasters, we should like to suggest the following guidelines for management of diabetes in the presence of intercurrent illness.

Patients should be advised that their normal carbohydrate allowance be taken as fluids, which can frequently be tolerated even if solid carbohydrate cannot. One tablespoonful of Ribena, four tablespoonsful of Lucozade, or two teaspoonsful of sugar dissolved in water flavoured with diabetic squash, are each equivalent to 10 g carbohydrate and can be used in place of solids.

The urine must be tested twice daily and if 1-2% glycosuria develops in the presence of infection the insulin should be increased. For adult diabetics on twice daily soluble insulin an increase of about 8 units on each

dose until the urine shows less than 1% glucose, is usually adequate. If this does not rapidly restore control an extra dose of about 8 units of soluble insulin may be given before the midday meal, as long as the urine at that time shows 1-2% glucose.

For diabetics on a single injection of soluble plus a long acting insulin, if the urine before the injection and before the evening meal shows 1-2% glucose, the soluble insulin should be increased by about 8 units in the morning, and an additional dose of about 8 units of soluble insulin should be added before the evening meal. These doses may need further daily increases until there is less than 1% glycosuria.

Increasing the dose of a daily injection of lente or isophane insulin is often not very effective in overcoming a rapid increase in insulin requirements, and if control is not rapidly restored by so doing it is wise to switch temporarily to twice daily soluble insulin.

Finally, if diabetes is not rapidly controlled at home in the presence of intercurrent infection and particularly if there is continued vomiting, the patient should be admitted to hospital. Hospital doctors should always be ready to admit such

Future of British Psychiatrists

SIR,—You are to be congratulated on your attempted apologia for the Royal College of Psychiatrists' fracas in your leading article "Future of British Psychiatrists" (27 November, p. 509). It was most unconvincing, but a brave attempt at a hopeless task.

One feels rather like the little boy who noticed that the Emperor wasn't wearing any clothes in pointing out the realities of the situation, but there has been so much muddled thinking on this subject in recent months that some clarity is called for. There is simply no excuse for the frantic rush with which the new Membership exams have been set up. Such unseemly haste was in response to no perceptible demand from college members or future members, and had little rational basis. To suggest, as your leading article did, that this was necessary "to show junior psychiatrists in good time what would be expected of them" is the very distillate of educational double-think.

Let us be quite clear about this. The M.R.C.Psych. exam, as presently constituted, has no claim to educational respectability, and will of necessity be of very questionable validity and reliability. It was drawn up in isolation and without proper consultation of competent experts in the field of medical educational assessment. Even previous R.M.P.A. considerations of the subject had been disregarded, let alone