and trading standards officers is also important.

The internal report of the home accident surveillance system on babywalkers indicates this dissociation between data collection and clinical assessment of the need for babywalkers.² There is no evidence that babywalkers are of any benefit to infant development. It seems unnatural to bypass or speed up the crawling stage of infant life, and evidence is cited by Dr Birchall and Mr Henderson that these devices are detrimental to development. It is plausible that there is an association, as yet untested, between the use of babywalkers and the apparent increase in the incidence of congenital dislocation of the hip.

Improved design standards will not prevent entrapment injuries or tipping down steps or other obstacles. Design changes cannot affect the amusement older children find in pushing a child around in a babywalker. Neither is more research needed to establish the developmental consequences of using these devices. They are, quite simply, unnecessary. The injuries that result from their use are preventable and should not be allowed to occur. These products should be removed from the market. In the mean time doctors, nurses, health visitors, and others with child health responsibilities should advise parents against wasting their money and endangering their children by buying or using babywalkers.

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Vertebral osteomyelitis in the elderly

We agree with Mr P Sells's suggestion (11 June, p 1668) that the frequency of orthopaedic topics in Lesson of the Week may have implications for undergraduate teaching. It was not solely our intention, however, to reiterate general points about vertebral osteomyelitis. Our purpose was to make the point that vertebral infection in the elderly is most commonly caused by Gram negative organisms. This has not been reported previously.

We thank Dr Anthony J Richards (11 June, p 1668) for mentioning the important role of bone scanning. Despite the uncertain specificity of technetium-99m pyrophosphate bone scanning in osteomyelitis and its limited usefulness in diagnosing osteomyelitis when other disease affects the bone, scanning should be performed when clinical findings suggest osteomyelitis and radiographs are not diagnostic or are normal. Uptake of isotope becomes abnormal before changes are evident in radiographs, but a normal scan does not exclude the diagnosis. None of our patients had a bone scan as needle biopsy was performed when osteomyelitis was considered. Gallium-67 citrate scanning, indium-111 labelled leucocyte scanning, computed tomography, and magnetic resonance imaging require further evaluation before their role is established in routine practice.¹

Mr George Bentley (11 June, p 1669) described the roentgenological changes of vertebral osteomyelitis but stated that it can almost always be diagnosed by correct interpretation of radiographs. While this is probably true in 90% of cases four weeks after the onset of symptoms, it is probably untrue in 66% of cases within 10 days of the onset of symptoms.¹ Silverthorne and Gillespie stated that needle biopsy was unsuccessful in 0% to 80% of the cases that they reviewed.² Series reviewed by us have reported negative needle biopsy cultures in 75%,³ 42%,² and 37.5%⁴ of attempts. When culture

is negative histological confirmation of infection may be available, as in our fourth case. The choice of antibiotic will depend on culture of blood or material from a potential primary focus or on the most likely organism from an epidemiological basis, which in the elderly must include Gram negative organisms.

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Dialysis hypotension

Dr John R Bradley and others (11 June, p 1634) show that dialysis hypotension is associated with an appropriate increase in peripheral vascular resistance and a paradoxical fall in venous tone. Because venodilatation occurred equally with acetate or bicarbonate dialysis fluid they conclude that the known vasodilator effect of acetate is not responsible. Bicarbonate dialysis fluid, however, also contains a low concentration of acetate (about 3 mmol/l), which may be able to exert a pharmacological effect.

We found that acetate concentrations in arterial blood from two out of 12 randomly selected patients dialysed against bicarbonate increased to 1.5-2.0 mmol/l.¹ This increase is of similar magnitude to that observed in 75% of patients during dialysis against acetate.^{2,3} Many factors contribute to dialysis hypotension,⁴ but acetate may be implicated even during dialysis against bicarbonate.

Blood acetaldehyde concentrations also increase during acetate dialysis,⁵ possibly as a result of retrograde metabolism along the ethanol pathway. The various deleterious effects previously attributed to acetate may actually reflect accumulation of acetaldehyde.

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Towards bloodless liver surgery

Messrs J L Dawson and E R Howard (11 June, p 1619) provide a timely reminder that all is not well in hepatic surgery in Britain. Excellent results can be achieved by resection of hepatic secondaries from colorectal primary tumours, with up to 33% of patients surviving five years.^{1,2} Two years ago we began a study to determine whether we could perform hepatic resection with minimal morbidity

and mortality. Two main criteria were addressed. Firstly, how would we obtain a Cavitron ultrasonic surgical aspirator for ultrasonic dissection and the equipment for intraoperative scanning? Secondly, how would we acquire the surgical and radiological expertise to maximise the advantages of the new equipment?

No money was forthcoming from the district budget, so we approached the local charities. The Basingstoke Medical Trust and the Wessex Cancer Trust provided our intraoperative ultrasound scanner. The Basingstoke Surgical Cancer Project was formed, and over the past 18 months it has almost paid for our Cavitron ultrasonic surgical aspirator.

To justify this support we visited Erlangen in West Germany several times, and under the guidance of Professor Johannes Scheele we became familiar with the modern approach to liver resection and, in particular, the use of the ultrasonic dissector. Professor Scheele made several visits to our unit and has helped our radiologist to set up the necessary support team in hepatic radiology and especially in intraoperative ultrasonography. We received invaluable assistance from the computed tomography department at the Royal Marsden Hospital.

Less than two years later we have performed 20 hepatic resections in 17 patients. The diameter of the largest resected nodule has been 9 cm and the mean blood loss during resection has been 1.7 litres. There have been no perioperative deaths and no episodes of rebleeding or bile leakage. One elderly patient died after 34 days from hepatic insufficiency after extended right hepatectomy, and the other 16 patients were discharged after a mean hospital stay of 11 days.

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1 Adson MA. Resection of liver metastases—when is it worthwhile? *World J Surg* 1987;11:511-20.

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Frontal meningiomas presenting with psychiatric symptoms

Messrs R S Maurice-Williams and G Dunwoody (25 June, p 1785) suggest that psychiatrists "should have a good grounding in clinical neurology" and "remember that psychological symptoms may be a mode of presentation of physical disease of the brain." I accept these comments but think that they should be reciprocated.

The lack of a "good grounding" in psychiatric conditions has led these authors to simplify the problems of differential diagnosis. They suggest that certain features of presentation should indicate organic disease. This is not necessarily the case. Patients presenting with a major depressive episode may have many of the signs and symptoms which the authors indicate as pathognomonic of a central nervous system lesion.¹ Patients may have led a "well ordered life previously" and have no history of mental illness. Their symptoms can also cause, rather than be the result of, family conflict, especially where symptoms have led to a reversal of roles. Patients and families often find it more acceptable to frame psychological symptoms as having a physical aetiology. Apathy and indifference may occur in depressive illness. This general loss of drive can lead to neglect of personal appearance and professional duties. Although in the early stages of a major depressive episode