

Preference is given to letters commenting on contributions published recently in the *JRSM*. They should not exceed 300 words and should be typed double spaced

Clinical risks

As Mr Harris (July 1996 *JRSM*, p 149) says, the defence societies used to collect information about the majority of medical negligence claims and from time to time published information about some of the commoner causes of successful litigation. While he may well be correct in saying that it would be helpful if Trusts did contribute to a central register by submitting information about medical negligence claims made against them, this would not be easy and there must be some uncertainty as to how valuable the data would be. For more than 5 years I have been reviewing a substantial proportion of the incoming claims referred to a firm of solicitors defending a large number of Trusts. From over 700 files, the most common single event likely to lead to a successful claim, sterilization failure, has occurred only 10 times. This figure is of course an understatement because Trusts may well settle many such claims without seeking legal advice and in any event I do not see all of the claims received here.

Nevertheless, the firm acts for Trusts serving a population of several million and my data suggest that any Trust receiving more than two or three claims a year, even for such a relatively common problem, would be very unlucky. This certainly does not support the view that Trusts would benefit greatly from publishing specific guidance material.

When I began my work here, I thought it probable that over a period of years I would find examples of many 'typical' situations leading to successful negligence claims but I have not done so.

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Vaches folles?

The letter of Germain Galérant (August 1966 *JRSM*, p 480) reminded me of an event in my early career as an assistant pathologist in Czechoslovakia about 60 years ago. My duties included vaccination against rabies at our Pasteur Unit, and normally I had to treat only a small

number of persons exposed to suspect dogs and other animals. But one day a large group of anxious people arrived for anti-rabies vaccination because they had been drinking milk from an apparently mad cow. Our patients received the prescribed 21 injections and lived happily ever after. Not so the poor cow which was destroyed.

My chief at that time, V Strimpl, had worked on a diagnostic test for rabies. A Czech patriot, he became a victim of the Gestapo in 1942; but that is another story.

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Bone mineral density measurement

If we are to have a rational assessment of the health of post-menopausal women, bone mineral density measurement by dexta bone scanning of the lumbar spine and hip will be essential. The debate on screening (August 1996 *JRSM*, p 457-61) has reached a very convoluted stage, largely because BMD is not seen as part of the assessment for hormone replacement therapy. I predict that, in due course, every woman at the age of 50 will have a measurement at the same time as bilateral mammography screening. It took approximately 25 years for mammographic breast screening to be implemented in a national programme. 10 years later the benefits of this are beginning to come through. Thus, on this basis BMD screening will be available to the general population around 2010. I have little confidence that this prediction will be over-turned but make it in the hope that it will—earlier.

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Correction: when imaging fails

Through an oversight, the list of authors for our paper (July 1995 *JRSM*, pp 409-10) did not include Dr Michael Zatoureff, of 145 Harley Street, London W1. He should in fact have been the second author.

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The world's poor children

Congratulations on an important editorial on an important subject (August 1996 *JRSM*, pp 421-422). However, Dr Costello's article is marred by a statement attributed to Roy Meadow that 'general practitioners were offered bribes'. General practitioners in the NHS have received remuneration from the government for immunizations for over 40 years as part of a complex NHS contract. The payment is for extra work and responsibility. A bribe is defined in the *Oxford Dictionary* as 'money offered to procure (often illegal or dishonest) action ...' and the verb 'to bribe' is defined as to 'pervert by gifts or other inducements the action or judgement'. Use of this word is discourteous to general practitioners who are successfully delivering what the editorial itself describes as 'probably the most important and successful health technology of this century'. The strategic way forward to help poor children in both developed and developing countries is to build up primary care services as advocated by the World Health Organization in the Alma-Ata Declaration of 1977.

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Rotation of the distal radius in Colles fracture

Whilst Dr Khan (July 1996 *JRSM*, p 420) obviously has a long experience of treating Colles fractures, nothing in his letter suggests that they have been adequately treated. The papers by Gupta in 1991¹ and Hollingworth and Morris in 1976² both show the benefit of adequate reduction. The prognosis in almost any condition is of course crucially affected by both the age of the patient and the severity of the presenting condition. For many patients, however, the clinician can make a substantial difference to the outcome, reducing both short- and long-term disability. This is certainly the case in fractures of the distal radius.

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REFERENCES

1 Gupta A. The treatment of Colles fracture. *J Bone Jt Surg* 1991;73B: 312-15