

## THE JOURNAL EXPLOSION

SIR: There is an alternative to (J. F. Knight's solution (Journal, August 25, 1973) to the dilemma of Dr J. V. Roche regarding the "Journal Explosion" (Journal, July 14, 1973). For over 15 years, thousands of physicians throughout the world have relied upon *Current Contents* (CC) to peruse the contents of the world's leading medical journals. CC is available in two separate editions, one for clinical practitioners and the other for research investigators. The latter covers the preclinical sciences. Not only is THE MEDICAL JOURNAL OF AUSTRALIA in CC, but *British Medical Journal*, *Lancet*, *Journal of the American Medical Association* and every other clinical journal that is well cited in the literature.

CC enables physicians not only to establish their own reading priorities, it also provides a broad survey of what is happening in medicine throughout the world. It is noteworthy that an Australian physician, Solomon Posen,<sup>1</sup> published a paper on how CC could be used to build up reprint collections. The growing popularity of CC in Australasia led to the appointment last year of a full-time representative, Mr F. S. Symes, of F. S. Symes Pty Ltd., 23 Dickson Avenue, Artarmon, N.S.W. 2064, Australia, to whom inquiries should be addressed. (1)

(1) Institute for Scientific Information, E. GARFIELD.  
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<sup>1</sup> Posen, S., and Posen, J., *J. Med. Education*, 1969, 44: 648.

## THE ADOPTED CHILD AND HIS PARENTS

SIR: Dr Clair Isbister's article (Journal, June 9) gives much food for thought particularly as regards the role and problems of the adopting parents. Reading the section covering "The Present Situation" as regards the arrangements for placement in N.S.W., however, one realizes that in the A.C.T. there are a couple of aspects which seem preferable to those described.

In the A.C.T. newborns of single mothers are cared for in the first few days of life in the observation nursery of the Canberra Hospital and discharged to foster parents as soon as the paediatrician thinks they are fit for home care. As elsewhere, the natural mother has a period of 30 days in which she may revoke her decision to have her baby adopted. Towards the end of this period, i.e., at about a month, a social worker brings baby and foster mother to the paediatrician's office and at this stage the paediatrician fills in and signs the medical certificate. Part "A" covering the maternal history has already been filled in by the obstetrician and includes a section for "relevant family history". Part "B" covers physical examination, serological and other tests and a section headed "Comments and brief summary of factors likely to affect placement". Parts "A" and "B", when completed, are forwarded to the Medical Officer in Charge at the Department of Child Health where they are available on application to any doctor treating the child at a later date. Part "C" summarizes the information made available by the paediatrician to the social worker who arranges placement, and is forwarded to the Director of Welfare. Here the task is to indicate which factors could influence the placement of the child for adoption and/or recommend further assessment in a stated period before the child is placed. In the latter case the baby remains with the foster parents until reviewed. The social worker has the task of explaining to the prospective adopting parents any recognized handicaps, and they may seek further explanation from the paediatrician before deciding to take the child or gain a better idea of what is involved if they do.

Separation of parts "B" and "C" avoids misinterpretation by a lay person of medical data.

We still believe it is not in the child's interest for the natural parents or the child to be able to trace each other subsequently, and in a relatively small community this necessitates stringent efforts to protect against links of identity.

No system is perfect and Dr Isbister's article points to gaps in ours, but these A.C.T. provisions might be broadly suitable elsewhere and avoid some of the problems described.

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86 Northbourne Avenue,  
Canberra City, A.C.T. 2601.

HELEN B. WILES.

## THE HOUSE DUST MITE IN THE BABY'S ENVIRONMENT

SIR: Dr Mulvey's letter (Journal, June 2) which draws attention to the greatest form of pollution, is very timely and should be noted by the Health Department as a means of relieving the morbidity suffered by over one-quarter of the community in the form of blocked nose, watery nasal discharge, mucus slipping down the back of the throat, wheezing, mostly occurring in the bedroom. Research workers have proved the role of the excreta of the house dust mite in this direction. Numerous mites were placed in a clean glass jar, left there for 24 hours, then removed and a solution made of their droppings. Intradermal skin tests showed parallel findings to house dust mite extract and house dust extract.

Little imagination is required to visualize the millions of mites, living on the 5 grams of epithelial scales rubbed off the average human body each day released into the bedroom when undressing and rubbed into the bedding during the night. These 5,000,000,000 scales plus those from the sheep products, such as rugs, blankets and clothes in the process of wearing away, provide ample food. All that is now necessary is suitable dead air spaces where these creatures can fulfil their idyllic life of reproducing, eating and excreting, assisted by electric blankets, the warmth of the sleepers and various devices to keep the temperature of the bedroom between 12° and 25°C. These dead air spaces are provided by carpets, rugs, blankets, etc., and more particularly by inner spring mattresses which are designed to give maximum pollution constantly for the one-third of one's life that is spent in the bedroom. All the previous

dust (illustrated by that seen on the dressing-room table) having been stirred up, the sleeper by squelching dust from the floor, opening wardrobes and cupboards, is then recycled by squeezing it in and out of the inner spring mattress all night.

The study of fly specks on objects gives some idea of what the mites are doing and when added to by other residents of the houses such as clothes moths, silverfish, carpet beetles and cockroaches, some idea of home pollution can be imagined.

Also recycled is the matter taken in on shoes pulverized into dust, and with tobacco smoke, motor-car exhaust fumes, cosmetics, etc., the insult to a baby's respiratory system can well be imagined. Added to this is the pollution from foods, particularly milk which is at least 2 days old before being used, and the purest milk contains 7,000,000 moulds in a drop. In the pollen season the milk is full of pollen protein from the cow's diet. Different grasses affect the milk proteins as it does the meat of the cow. This is the reason why beef has to be grain fed for 60 days before it will be consumed by the Japanese.

The synergic effect of all the foreign proteins presented to the child in its confined quarters can have a deleterious effect, especially at night, when during the stillness dust precipitates from the air, like muddy water in a glass, until the concentration overtakes the child's threshold for its peculiar allergen.

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B. WILLIAMS.

## THE FORGOTTEN ORIFICE

SIR: When faced with shoulder dystocia, or obstruction, and you haven't an episiotomy or a tear, it is just about impossible to get into the vagina and do the things taught. It is simple to put a finger in the rectum, evade the valves of Houston, and get it alongside the nearest shoulder and force it round from the jammed position whichever way it will rotate. If the uterus does not do the rest for you, very little traction is needed once the jam is unstuck.

What is the risk of sepsis balanced against the death of the baby?

12 The Avenue,  
Midland, W.A. 6056.

H. GREGSON.

Back to E. Garfield's letter

## THE "JOURNAL EXPLOSION"

SIR: I am well aware of the "Population Explosion" and the "Knowledge Explosion" but am presently interested in the "Journal Explosion". At the moment I am receiving about three journals a day from associations, societies, clubs, drug firms, sections and college. Most now seem to have a supplement as well.

Even with the aid of reading in the toilet and bath and while dressing, I still have a pile about three feet high beside my bed.

I wondered if any of your readers have a solution to my problem, which seems to be becoming insurmountable.

Elizabeth Street,  
Moss Vale, N.S.W. 2577.

J. V. ROCHE.

## CONDITIONS OF EMPLOYMENT IN A.C.T. HEALTH CENTRES

SIR: In your columns, Dr Doug Everingham, Minister for Health, states that economy of operation is a major justification for setting up the Melba Health Centre project (Journal, June 16). However, government institutions have a poor reputation for economy, and critics of the scheme believe that private practice can deliver community medicine at less cost.

To answer this important question, the A.M.A. should cooperate in full with the staffing of one or two health centres. In return, the Minister must disclose the cost of establishing and running the scheme.

If a system of health centres is contemplated, this information should be known by the Government, the profession, and the taxpayer.

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G. HEAP.

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THE MEDICAL JOURNAL

### THE JOURNAL EXPLOSION

SIR: There is a fairly simple solution to the dilemma of Dr J. V. Roche (and no doubt most other medical practitioners in Australia) regarding the "Journal Explosion" which he so aptly describes in the Journal, July 14.

It is absolutely impossible to maintain readership of the tremendous volume of medical material that regularly comes to the desk each week. Therefore, it is essential to establish priorities promptly. Decide which journals you desire to use as your basic source of information, and stick to these.

For example, my own particular regular choice is:

1. *British Medical Journal*.
2. *Lancet*.
3. THE MEDICAL JOURNAL OF AUSTRALIA.
4. *AMA Gazette*.
5. *Monthly Bulletin, N.S.W. Branch of the A.M.A.*

Upon arrival these are placed in a special spot reserved for them, and are opened and read at the weekend. I find that pretty well every topic in which I am interested comes to notice sooner or later in one of these publications. The latter two keep me informed of medico-political movements, as well as providing added angles on straight medicine. It is possible to get a sane run down on current

drugs, methods of treatment, recent advances, thoughts of other doctors, and recommendations from the experts and bodies which express opinion worth listening to.

Although many other regular publications are undoubtedly good, I relegate them all to another huge box. I wander through this if and when I get the time. (Say on holidays, or a long weekend when I desire something else to read.)

Incidentally, limiting reading to specific journals, it is fairly easy to devise an indexing and retrieval system that enables one to secure later any particular item in which he was interested and wishes to refresh his memory.

I have used this simple method of coping with the "Journal Explosion" for many years. I no longer have a heap, 3 feet high, of unread publications, and no longer need to read them in the bath, or in the toilet. One can meditate on these occasions instead. A far more pleasing pastime and relaxing too.

I commend this method to harassed doctors with no spare time and an overburdened supply of unopened unread printed matter at their bedside.

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J. F. KNIGHT.