

be readily swayed by the patient's own wishes regarding home or hospital treatment.

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Herts

Are dietitians a luxury?

SIR,—In your leading article (20 November, p 1214), you urge dietitians to agree on the future of their profession.

Since reorganisation of the Health Service and with the appointment of district dietitians, whose brief is to co-ordinate the dietetic services in their district and advise on nutrition policy, dietitians now have the opportunity to use their valuable expertise in both hospital and community. A small but significant group of dietitians (and nutritionists who work outside the NHS) have been working for the past 20 years in the community with health and social workers and others who advise people on their nutritional problems. They work at the field level as well as acting as advisers. These dietitians are continually assured by the response that they receive that the support they offer is important if the community is to be influenced by the correct nutritional thinking of the day.

In the present economic difficulties of the NHS the importance of preventive medicine has been yet again underlined by the recent publication "Prevention and Health: Everybody's Business."¹ If this is to be our guideline in medicine today nutritional guidance by alert and well-informed dietitians and nutritionists is imperative and certainly not a luxury.

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¹ Department of Health and Social Security, *Prevention and Health: Everybody's Business*. London, HMSO, 1976.

*.*This correspondence is now closed.—
Ed, *BMJ*.

Sodium valproate: dosage for children

SIR,—Attention has been drawn by Dr D A Winfield and his colleagues (23 October, p 981) to the case of a 6-year-old boy (which was originally reported at a symposium held in September 1975)¹ who developed thrombocytopenia while under treatment with sodium valproate. This patient, weighing 20 kg, had been receiving 400 mg of the drug four times a day, a dosage which is greater than the maximum now recommended, and a plasma level of 244 µg/ml was found. It was on the basis of this and other reports appearing at about the same time²⁻⁵ that the recommended maximum dose for children was related to body weight rather than age.

The purpose of this letter is to draw attention to the revised recommended children's dosage for sodium valproate. The initial dose for children over 20 kg should be 400 mg/daily irrespective of weight, in divided doses with spaced increases until control is achieved (usually within the range 20-30 mg/kg daily). Children under 20 kg should receive 20 mg/kg daily, and in severe cases up to 50 mg/kg daily may be given. A dose of 50 mg/kg daily should be exceeded only in patients in whom

plasma levels are measured; plasma levels of 200 µg/ml should be exceeded only with caution and with monitoring for haematological function.

It is also recommended that pending investigation sodium valproate should be withdrawn if spontaneous bruising and bleeding are observed and that patients receiving sodium valproate should be monitored for platelet function before major surgery.

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¹ Espir, M L E, *et al*, in *Sodium Valproate (Epilim)—Some Clinical and Pharmacological Aspects*, Proceedings of a Symposium, Nottingham, p 145. MCS Consultants, England, 1976.

² Sutor, A H, and Jesdinsky-Buscher, C, *Medizinische Welt*, 1974, 25, 447.

³ Sutor, A H, and Jesdinsky-Buscher, C, *Fortschritte der Medizin*, 1976, 94, 411.

⁴ Voss, H von, *et al*, *British Medical Journal*, 1976, 2, 179.

⁵ Stolzis, L, and Scheffner, D, *Bibliotheca Psychiatrica*, 1975, 151, 161.

Survival at sea

SIR,—Your interesting leading article on this subject (30 October, p 1026) states that the recommendation adopted by the Royal Navy was that "the most economical and least risky way of providing water within limitations of weight and space was to take it as such, supplemented by lightweight plastic solar stills."

Recent RAF trials¹ show that the output of the most modern solar still in good sunny weather will be about 750 ml per day. Each still weighs 920 g and occupies 2750 cm³. The same space occupied by chemical desalination kits will produce 12 700 ml of water. It would therefore take 17 good, sunny, distilling days to get more water to drink. On a weight basis, 920 g of chemical desalination kit will produce 3689 ml of water—or five days' output from a solar still.

Desalting apparatus is therefore now the main source of water in RAF liferafts, and solar stills are being withdrawn. Canned water is also supplied to supplement the desalinated water, especially for seasick or injured survivors as the desalted water, though quite safe, is unpleasant to drink on account of its metallic taste. The only real disadvantage of desalination apparatus is that it is expensive—one six-pint (3.4 l) kit costs as much as two solar stills.

However, by far the greatest number of deaths occur from the effects of cold and exposure and the greatest contribution to the preservation of life will be made by the prevention of these dangers following shipwreck or aircraft crash.

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¹ Heald, M A R, *Water Sources in Liferafts—a Comparison*. Royal Air Force School of Combat Survival and Rescue Trials Report SCS 24/75, 1975.

D-Penicillamine

SIR,—Following a brief article in the *Daily Mail* (2 December, p 19) there appears to be consternation among patients being treated with D-penicillamine. As doctors have no way of assessing the facts, I wish to explain. On 18 November Dr D M Geddes, Professor

Margaret Turner-Warwick, and I presented a paper to the Heberden Society in which we reported six patients with obliterative bronchiolitis, a condition rarely diagnosed in adults. Five of the six patients had undoubted seropositive rheumatoid arthritis, and it was this interesting association that was the main purpose of our paper. Four of the rheumatoid patients have died of their lung disease without evidence of vasculitis or other systemic features of rheumatoid disease. Since two of the rheumatoid patients developing this rare syndrome had never received penicillamine, clearly this drug alone cannot be held responsible. Nevertheless, extensive inquiries are being conducted throughout Britain and elsewhere to learn whether there have been other examples of obliterative bronchiolitis in patients treated with D-penicillamine, and the results will soon be available. Also, physicians hope to study the position prospectively, forewarned of the difficulties in diagnosis.

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Preoperative skin preparation

SIR,—It has been stated¹ that shaving the operation site on the day before surgery may encourage the growth of skin organisms in the minor abrasions caused and that shaving immediately preoperatively in the vicinity of the operating theatre is preferable. This hypothesis was apparently not originally based on any experimental data but has nevertheless become an accepted statement in standard medical² and nursing³ textbooks and a journal.⁴ Another report,⁵ quoted in your recent leading article (2 October, p 773), provides some experimental evidence of an increased rate of wound infections in cases in which a longer time had elapsed between shaving and the operation, but the numbers in the study were small and no bacteriological data were recorded.

We were therefore interested in the paper by Mr S J A Powis and others (13 November, p 1166) in which bacterial skin counts are compared from two groups of patients who had been shaved a mean of 20 h and 3.3 h previously respectively. Skin pathogens were present in a much higher proportion of the patients who were shaved earlier. This contrasts with the findings⁶ of a study, supervised by one of us (AHL), in which 65 patients had paired bacterial skin counts recorded immediately after shaving and again the following day before surgery. In 77% there was a decrease in bacterial count in the second culture, while there was an increase in only 9%. The remainder showed no significant change or could not be counted owing to overgrowth of *Proteus* sp. The decrease was in most cases considerable, and Wilcoxon's matched pairs test showed a highly significant difference ($P < 0.001$). The trend was independent of sex, site of operation, hairiness, or whether the patients bathed between the two measurements.

The reason for the difference between these results and those of Mr Powis and his colleague is not clear. In their paper the groups are not strictly comparable as patients were not randomly allocated to early or late shaving, and this was carried out on different wards