article by Jenny Simpson tempts questions about how to develop beyond Clinical Directors.


My first pessimistic thought on being asked to review this book was that it sounds thick and uninteresting. It is neither, firstly it is concise, being both brief and informative, and secondly it is written by people ‘doing the job’ and largely avoids academic discourse.

Thirdly, it is a comprehensive introduction to the major issues impacting upon the NHS.

Arranged in a series of mercifully short chapters, it deals admirably with longer standing issues, eg, case mix, coding and contracting and introduces the new and some would say black arts of marketing and being a Clinical Director!

If there is a criticism to be levied it is that a short book of 150 pages can only begin to explore how the issues interact and often conflict in an increasingly busy and sometimes overstretched NHS, although Tim Scott’s final chapter highlights some of this dissonance. Some things need to be experienced to be properly savoured.

Although Navigating the NHS is presented as briefing notes for hard pressed medical trainees, it will be a very useful introduction for anyone new to the NHS, be they clinicians, managers, non-executive Directors, or lay readers, and will be of particular interest to senior registrars going for their first Consultant interview!

The house officer


It is amazing how much you can forget in that short time between the end of finals and the beginning of house jobs. As you are handed your bleep it becomes a real struggle to remember the numerous causes of finger clubbing or the characteristics of Von Hippel–Lindau syndrome and you wonder if you’ll survive. This book reassures you that these things aren’t what being a house officer is about. Its concise and relevant information is easily accessible and the range of topics is wide enough to enable you to cope with most problems, from anaemia through to skin rashes.

The chapters on practical procedures and approaches are particularly useful. They accurately explain how different procedures and investigations are performed. The practicalities of medicine are often glossed over in undergraduate teaching, so unless you’ve seen, for example, pleural fluid being aspirated or a tuberculin test being performed as a student then encountering these things for the first time can be daunting.

The book has some welcome additions, like diagrams of anatomical systems to help explain procedures to patients, and chapters on self-care and coping with death and dying. The layout of the book is user friendly and being pocket-sized it can be easily carried around. The use of colour would no doubt have enhanced its appeal but it manages well without it. Overall, this is an excellent book for those starting out on the wards and the authors are to be congratulated for recognising the important topics.

A GEORGE
Royal Liverpool University Hospital, Liverpool L7 8XP, UK

Letters to the Editor

Post-prandial syncope due to nitrates in food

Sir,

A case is reported of a 58-year-old man who suffered a syncopal episode after eating some sausages. The high nitrate content of these may have been responsible, causing hypotension via production of nitric oxide. Although nitrate-induced methaemoglobinemia is rare, this potentially fatal condition should also be suspected.

At a physician’s summer party, an otherwise healthy 58-year-old man consumed 10 sausages over a 20-minute period. He had no significant medical history and was taking no medication. Shortly afterwards, he fell to the ground without loss of consciousness and remained there for approximately 10 minutes during which time a doctor recorded his vital signs. The patient appeared flushed and had a blood pressure of 80/60 mmHg. He was alert and had no neurological deficit. Recovery was rapid and two minutes later his blood pressure was 125/60 mmHg. His progress was uneventful thereafter and no abnormalities were found at follow-up.

The preserving and colour-stabilising properties of nitrates and nitrates in cured meats dates back through the ages of time to the saline deserts of Hither Asia. The upper legal limit of nitrate concentration in meat is 200 ppm. Each sausage eaten here had a nitrate concentration of 150 ppm and the 10 sausages consumed were calculated to be equivalent to 68 mg of ingested nitrate. A review of the literature suggests that the patient may have been fortunate to avoid more serious complications. Nitrate is converted to nitrite in the gut and in turn can form methaemoglobin, displacing the oxygen dissociation curve to the left. Symptoms are due to hypoxia and occur at concentrations of methaemoglobin above 10%. Treatment includes oxygen, gastric lavage, intravenous methylene blue (a coenzyme for the reduction involved in methaemoglobin breakdown) and, in very serious cases, exchange transfusion. Although nitrate-induced methaemoglobinemia is rare, it should be considered in cyanosed patients in the absence of other cardiac or respiratory problems.

Work by Cederqvist et al1 has demonstrated that in vivo formation of nitric oxide from organic nitrates and nitrates with a significant correlation between nitric oxide formation and hypotension. The authors concluded that nitrates exert effects via nitric oxide production. The effects in man of ingested nitrate do require further investigation but nitric oxide formation leads to a significant change in blood pressure.

While the aetiological role of the sausages in the syncopal episode described cannot be firmly established, it is possible that the high nitrate–nitrite level in the meat resulted in a nitric oxide–induced hypotensive episode causing the syncope. This is distinct from reports of acquired methaemoglobinaemia causing cardiopulmonary catastrophe.

JUSTIN STEBBING
Department of Accident & Emergency Medicine, St George’s Hospital, London, UK

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3 Cederqvist B, Persson MG, Gustafson LE. Direct demonstration of NO formation in vivo from organic nitrates and nitrates and correlation to effects on blood pressure and to in vitro effects. Biochem Pharmacol 1994; 47: 1047 – 53.


Hyperhomocysteinaemia

Sir,

It was with great interest that I read the article by van den Berg and Boers1 on hyperhomocysteinaemia. Although the title was somewhat provocative, it was appropriate and also timely. An association between hyperhomocysteinaemia and premature coronary artery disease was first reported two decades ago,2 but homocysteine has emerged as the new player in the field of coronary risk factor only recently.3

The causes of hyperhomocysteinaemia are multifactorial and the authors gave a comprehensive review of the various risk factors. They noted that possible relationships between hyperhomocysteinaemia and vascular risk factors for vascular disease have been studied but no such relation was established for tobacco smoking. However, a group of investigators from Hong Kong4 have recently reported that cigarette smoking was a risk factor. They noted a strong correlation between hyperhomocysteinaemia, smoking and coronary artery disease. Furthermore, according to these authors, only smoking...