National standards for public health specialists

Sir,

The publication of draft national standards for specialist practice in UK public health reported by Dr Golding in this issue (p. 198) brings close the satisfactory culmination of a debate which I first encountered in 1967, about the place of public health practitioners from disciplines other than medicine.

They have been integral to public health since the start of the NHS. They have been employed by medical colleagues some of whom, paradoxically, have resisted furtherance of their careers thus making the debate contentious. Nevertheless, those resisting change might have drawn comfort from the strength of the multidisciplinary Royal College of Pathologists and Royal Institute of Public Health and Hygiene.

A decade of changes in academic departments and in the public health staffing of NHS authorities has culminated in the government's policy to introduce, for the first time, public health specialist posts to the NHS, equivalent in standing to consultants in public health medicine. Associated standards will bring benefits for the NHS and the public who will be able to develop confidence in the education, continuing professional development and governance of all specialist public health staff, not simply those in public health medicine.

In February 2001 International Epidemiological Association representatives from eight European countries met in Copenhagen. They agreed the need for certification to identify those practitioners whose performance was underpinned by a guaranteed standard. Thus the benefits of the tripartite group's valuable work could well contribute to the wider European debate.

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Impaired renal function and cardiac troponin

Sir,

This review (Vol 62(2), 2001, p. 86) extends the relevance of cardiac troponins beyond the customary arena of acute coronary syndromes. The prognostic value of this parameter has been validated not only in uraemic patients with subclinical heart disease, but also in patients with idiopathic dilated cardiomyopathy (Sato et al, 2001).

In the latter, troponin T levels (quantified by second generation immunoassay) which are persistently >0.02 ng/ml, despite conventional heart failure treatment, appear to be associated with increased risk of cardiac complications such as hospitalization for relapse of heart failure, atrial fibrillation and death. The authors hypothesized that, in dilated cardiomyopathy, persistently elevated troponin T levels signified subclinical myocyte degeneration (Sato et al, 2001).

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Sato Y, Yamada T, Taniguchi R et al (2001) Persistently increased serum concentrations of cardiac troponin T in patients with idiopathic dilated cardiomyopathy are predictive of adverse outcomes. *Circulation* **103**: 369–74

Nasal septal perforation and oxygen cannulae

Sir,

A 67-year-old lady with chronic obstructive pulmonary disease (COPD) and respiratory failure requiring long-term oxygen therapy (LTOT) was reviewed at outpatient clinic. She complained of nasal blockage, crusting, discharge and epistaxis. On examination, an ovoid 2.5 cm perforation and crusting discharge was noted in the anterior nasal septum. Investigations were normal. Further conversation with the patient revealed that her oxygen had not been humidified.

The Nocturnal Oxygen Therapy Trial Group (1980) has shown that oxygen supplementation improves survival and quality of life in hypoxaemic respiratory failure. There have been no reports of nasal septal perforation as a consequence of this therapy. A study of oxygen supplementation in children found that the occurrence of ulceration was low (6.7%) with no reports of septal perforation (Muhe et al, 1997). Septal perforation occurs as a result of surgical or digital trauma, cautery, cocaine misuse, infection, nasal sprays or chromic acid fumes (Younger and Blokmanis, 1985).

Facer and Kern (1979) identify inflammatory disorders as aetiological factors, e.g. Wegener's granulomatosis, systemic lupus erythematosis, rheumatoid arthritis and sarcoidosis. Foreign bodies, especially watch batteries, have caused septal perforation in children (Brown, 1994). There was no evidence for any of these aetiologies in this case.

We suggest that drying of the nasal passages secondary to unhumidified oxygen and mechanical erosion secondary to nasal cannulae caused this lady's nasal septal perforation. COPD patients requiring LTOT are high risk for surgical repair. Prevention is therefore preferable for this preventable yet unpleasant complication and we urge caution while using LTOT in this patient group.

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