

BRITISH MEDICAL JOURNAL

COPYED
2076
SATURDAY 4 MAY 1974

LEADING ARTICLES

- Antibiotics and Farmers** page 235
after Schizophrenics page 236
Methoxyflurane Nephrotoxicity page 239
Urethral Prolapse in Childhood page 240
- Sleeping Sickness** page 236
Abdominal Decompression in Pregnancy page 238
Gonorrhoea of the Pharynx page 239
- Looking**

PAPERS AND ORIGINALS

- Biochemical Basis of Malignant Hyperpyrexia** R. F. W. MOULDS, M. A. DENBOROUGH..... 241
Identification of Susceptibility to Malignant Hyperpyrexia R. F. W. MOULDS, M. A. DENBOROUGH..... 245
Diagnosis and Treatment of Essential Fatty Acid Deficiency in Man
M. PRESS, H. KIKUCHI, T. SHIMOYAMA, G. R. THOMPSON..... 247
Response to Rimiterol and Salbutamol Aerosols Administered by Intermittent Positive-pressure Ventilation
N. J. COOKE, J. A. KERR, R. F. WILLEY, MARGARET V. HOARE, I. W. B. GRANT, G. K. CROMPTON..... 250
Hodgkin's Disease in Patients with Previous Infectious Mononucleosis: 30 Years' Experience
NILS ROSDAHL, S. OLESEN LARSEN, J. CLEMMESSEN..... 253
Prevalence of Hepatitis B Antigen and Antibody in Prostitutes
G. PAPAEOANGELOU, D. TRICHOPOULOS, T. KREMASTINOI, G. PAPOUTSAKIS..... 256
"Anticonvulsant Action" of Vitamin D in Epileptic Patients? A Controlled Pilot Study
CLAUS CHRISTIANSEN, PAUL RØDBRO, OLE SJØ..... 258

MEDICAL PRACTICE

- Blood and Neoplastic Diseases: Blood Formation and the Pathogenesis of Anaemia**
AUDREY A. DAWSON, W. WALKER..... 260
Awareness and Experience of General Practitioners of Selected Drug Interactions
J. C. PETRIE, J. G. R. HOWIE, D. DURNO..... 262
Acute Terminal Ileitis and Yersinia Infection J. F. GURRY..... 264
Independence at Midwich FROM A SPECIAL CORRESPONDENT..... 266
Any Questions?..... 268
Personal View JOHN RAWLINSON..... 269

CORRESPONDENCE—List of Contents..... 270

OBITUARY NOTICES..... 282

BOOK REVIEWS..... 285

NEWS AND NOTES

- Epidemiology—Staphylococcal Skin Sepsis**..... 287
European Parliament—Mutual Recognition of Qualifications..... 287
Medical News..... 287

SUPPLEMENT

- General Medical Services Committee**..... 63
Joint Consultants Committee..... 65
Extra Duty Allowances for Junior Staff..... 67
Joint Working Party on Senior Hospital Medical and Dental Staff..... 67
Annual Report of Council 1973-4: Addendum, Northern Ireland..... 67
Association Notices..... 68

CORRESPONDENCE

Correspondents are asked to be brief

Who is the Dental Anaesthetist of the Future? P. A. Bramley, M.B., F.D.S.R.C.S., and others . . . 270	Chronic Brucellosis E. Williams, F.R.C.P. . . . 274	Vaginal Cytology in Pregnancies Associated with Congenital Fetal Defects D. K. Sen . . . 277
Innocent Praecordial Murmurs in Children H. A. Fleming, F.R.C.P. . . . 270	Circadian Rhythm of Cortisol Secretion in Elderly and Blind Subjects B. D'Alessandro, M.D., and others . . . 274	Can I Have an Ambulance, Doctor? D. E. Ford, M.B., D.PHYS.MED. . . 278
Cervical Cone Biopsy and Fertility M. M. Boddington, M.R.C.PATH., and A. I. Spriggs, F.R.C.P. . . . 271	Reactions to Immunization Jean M. Davies, M.B., D.P.H., and S. J. McClatchey, M.B., D.P.H. . . . 274	Cot Deaths T. Aaneland, M.D. . . . 278
Cervical Injury and Prostaglandins I. L. Craft, M.R.C.O.G., and E. Youssefnejadian, Ph.D. . . . 271	Misdiagnosis in Still's Disease J. M. I. Iveson, M.R.C.P., and J. A. H. Hancock, M.R.C.S. . . . 275	High-dose Frusemide in Renal Failure S. Karayannopoulos, M.D.; S. A. J. Naqvi, M.R.C.P. . . . 278
Meningococcal Disease R. J. Fallon, F.R.C.PATH.; R. B. McGucken, M.R.C.P. . . . 272	Alcoholism and its Identification Surgeon Vice-Admiral Sir Dick Caldwell, F.R.C.P. . . . 275	Hypertension and Myocardial Infarction F. T. B. Lovegrove, M.B. . . . 279
Misleading Discs Mair E. M. Thomas, F.R.C.PATH. . . . 272	Training for General Practice J. M. Aitken, M.B. . . . 275	Care of the Coronary Patient M. E. Benaim, M.R.C.P. . . . 279
Clinical Diagnosis of Reye's Syndrome A. G. Bhagwat, F.R.C.P.(C) . . . 272	British Academy of Psychopharmacology H. Hippus, M.D. . . . 276	Working Hours of Junior Staff A. H. Grabham, F.R.C.S.; G. E. Adkins, M.B., and others; M. D. Leng, M.B. . . . 279
Carcinoid Pulmonary Embolism and Cor Pulmonale R. Shafir, M.D., and others . . . 273	Epidemic Neuromyasthenia J. G. Parish, F.R.C.P.(C) . . . 276	Consultant Contract W. N. Kingsbury, M.B. . . . 280
Urinary F.D.P. Excretion in Glomerulonephritis E. N. Wardle, M.R.C.P. . . . 273	Attitudes to Abortion P. M. Morris, M.B.; P. J. Golding, M.B. . . . 276	Private Beds in N.H.S. Hospitals R. J. H. Smith, F.R.C.S.; M. Spiro, F.R.C.S. . . . 280
Intermittent Calf Compression in Prevention of Deep Venous Thrombosis J. R. O'Brien, F.R.C.PATH. . . . 273	Alternatives to Animal Experiments B. Conyers . . . 276	Car Allowance for G.P.s G. P. Edlin, M.B. . . . 281
	Effects of Entonox on Respiratory Function R. B. Douglas, B.Sc., and others . . . 277	The Obstetric List E. A. Williams, F.R.C.O.G. . . . 281
	Chlorodyne Dependence Jane M. Semmens, M.D. . . . 277	Medical Mountaineers J. M. Gate, F.R.C.O.G. . . . 281

Who is the Dental Anaesthetist of the Future?

SIR,—It would appear to be generally recognized that opportunities for training in general anaesthesia for dentistry are unsatisfactory and may indeed worsen. In view of the potential seriousness of the situation, and in order to encourage young doctors and dentists to enter this field and to obtain the appropriate training, we feel that there is an urgent need to initiate a list of approved dental anaesthetists (both doctors and dentists) similar to the list of general medical practitioners approved for obstetrics.

Admission to this list would follow individual clinical attachment to an established dental anaesthetist of, say, a half-day a week, combined with formal lectures on core subjects such as basic anaesthetic pharmacology, resuscitation, and drug interactions together with such hospital-based experience as is agreed to be relevant. The duration of the training would depend on the judgement of the teachers, who perhaps would be recognized by the Faculties of Anaesthesia and Dentistry. Follow-up, with refresher courses at set intervals, would help to maintain contact with specialists in the field and provide opportunity for discussion and feedback.

Finally, to encourage recruitment to the list of approved dental anaesthetists a fee differential should be made between approved dental anaesthetists and others. A precedent for this has been established with the creation of the obstetric list for general

medical practitioners. This has undoubtedly made a contribution to the reduction of maternal and perinatal morbidity and mortality.

It is realized that limited finances are available and that there will be problems of "no detriment" to existing practitioners. However, we believe that the above proposals present a viable system which will help to combat the present and future deficiencies in the supply and training of dental anaesthetists.—We are, etc.,

PAUL BRAMLEY
R. C. W. DINSDALE
ADRIAN PADFIELD
E. R. PERKS
J. A. THORNTON
ERIC WILKES

Department of Dental Surgery, Anaesthetics, and Community Care and General Practice, University of Sheffield

Innocent Praecordial Murmurs in Children

SIR,—Your leading article (23 March, p. 529) on this subject prompts me to make several points which I think are important. These, which I dealt with at greater length elsewhere¹ are as follows:

(1) An innocent systolic murmur is frequently due to a relatively shallow chest. These come in different shapes but the explanation is not only satisfying to the doctor,

but very reassuring to the patient and the parents, who then realize that there is no mystery about the murmur. There is nothing more damaging to morale than for the patient to be left thinking: "I have a murmur, but the doctors don't really know what it is due to—they say it doesn't matter."

(2) It is wrong to suggest that the murmur will disappear with growth. It should be clearly stated at the initial interview that it *does not matter*, and it therefore does not matter whether or not it goes. Only too frequently it is again heard in pregnancy or fever and there is nothing worse than the anxious question, "Has it gone yet, doctor?" The question should never have arisen if the matter had been properly handled in the first place.

(3) Your article makes no mention of prophylaxis against bacterial endocarditis. The lesion, such as a small ventricular septal defect, may be haemodynamically insignificant, but advice about the risks of infective endocarditis should be given.

For all these reasons I have long suggested that children with murmurs should freely and without delay be referred to a cardiologist so that an authoritative view can be given about innocent conditions and yet important but clinically unimpressive diagnosis like atrial septal defect not overlooked.—I am, etc.,

HUGH A. FLEMING

Cardiac Department, Addenbrooke's Hospital, Cambridge

¹ Fleming, H. A., *Update*, 1972, 4, 561.