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SUPPLEMENT

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Correspondence

Correspondents are asked to be brief.

Super-specialization in Surgery?

SIR,—The contribution made by Mr. John Charnley (20 June, p. 719) to the surgery of the hip joint is an outstanding one, but I think he is wrong in suggesting that this is related to the special facilities available in a centre devoted entirely to total hip replacement. Surgeons capable of original thought are rare, those capable of translating this into action are even scarcer, but such men will make even the stoniest of hills fertile while the lush valleys below are cropped by their more pedestrian colleagues.

Total replacement of the hip joint has developed on different lines in Norwich in the hands of G. K. McKee and in my own department at Redhill, and in neither has it been necessary to isolate these patients either from the work of the rest of the orthopaedic and traumatic unit, or from the work of a general hospital. Our own rate of joint infection, which is lower than 1%, does not suggest that special theatre facilities are necessary. Sepsis in any orthopaedic procedure is a disaster, and our standards of asepsis should not and cannot vary with the procedure we are undertaking.

The advantages of treating these patients in the orthopaedic department of a general hospital are many, not least of which is the assistance gained from one's colleagues with the many medical and surgical problems encountered in treating elderly patients. Our difficulties, our morbidity, and our mortality are largely associated with intercurrent disease in the elderly, and are not primarily related to operative intervention. Our residents see total hip surgery against the background not only of other orthopaedic procedures but of other operations upon the hip joint. In a specialized unit it is only too easy to be unaware that there are other operations which are performed and which still have some merit. Clearly no surgeon should undertake operations he is incompetent to perform, and training both of those who are still in the apprenticeship stage and those who are fully established but undertaking a new procedure is of the greatest importance.

The concept of a surgical technician, however, as Mr. Charnley advocates, would surely lead to disaster. One can envisage such men only too well performing year after year with great skill and dexterity operative procedures expertly taught by their predecessors. Britain would become a treasure house of surgical antiquities and I doubt if Wrightington would be immune.—I am, etc.,

P. A. RING.

Reigate, Surrey.

Potassium Loss in Diuretic Therapy

SIR,—Dr. J. J. Healey and his colleagues (21 March, p. 716) have demonstrated convincingly the fall in total exchangeable potassium which occurs with diuretic therapy. However, their study is surely too short (5-15 weeks) to allow them to make even a preliminary conclusion that potassium loss of this degree causes no symptoms—indeed the study does not appear to have been designed to test this point.

The authors condemn the use of potassium chloride supplements on the grounds of inconvenience, cost, and gastrointestinal side-effects. The inconvenience to the patients is comparatively trivial and does not make the use of such supplements "undesirable." The cost must certainly be weighed against the desired benefits. The gastrointestinal complications are readily avoided by the use of preparations such as Slow K, which in the experience of the Dunedin Hypertension Clinic hardly ever causes even mild indigestion.

It is certainly reasonable to question the need for the routine use of potassium supplements. However, it is not always easy to predict which patients are going to develop hypokalaemia, nor can one be certain that the maximum degree of hypokalaemia has occurred in the first 5-15 weeks of treatment. The facilities for monitoring serum potassium levels vary, and it may well be a lesser evil that some patients should take potassium supplements unnecessarily than that others should be allowed to be persistently hypokalaemic.—I am, etc.,

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Morphine and Papaveretum

SIR,—The article on narcotic analgesics in "Today's Drugs" (6 June, p. 587) perpetuates a common error in stating that 20 mg. of papaveretum is equivalent to 10 mg. of morphine. The morphine content of the former is in fact greater than commonly supposed. The morphine alkaloid, which constitutes 50% of papaveretum, is in the anhydrous form, while morphine sulphate (as used in clinical practice) contains 5 molecules of water of crystallization. If, therefore, 20 mg. of papaveretum contains 10 mg. of pure morphine alkaloid, the corresponding figure for 10 mg. of morphine sulphate is 7·6 mg. Thus, the true morphine content of papaveretum 20 mg. is