need for follow-up. Most clinicians will agree that occult hypothyroidism may present in a bizarre fashion. It is amazing how on occasion the patient will, uncomplainingly, put up with the effects of thyroid deficiency.

May I contribute to this very important subject by enumerating some of the safeguards adopted at this endocrine unit in regard to follow-up:

(1) All thyrotoxic patients with a significant titre of thyroid antibodies in their serum are treated conservatively in the first instance. Should for any reason surgery be decided on, these patients would automatically qualify for the permanent follow-up list and the appropriate briefing of their general practitioners.

(2) The histological slides of all toxic patients are reviewed by the clinician. In the event of a significant amount of lymphocytic aggregates and/or germinal centres being found in the sections, then again these patients are transferred to the permanent follow-up list in anticipation of hypothyroidism.

(3) Once a patient has started on thyroxine he or she would be followed up indefinitely, perhaps only on an annual basis or earlier at the discretion of the practitioner.

(4) All cases are followed up for a minimum of three to six months postoperatively, and only those not falling into the above categories and whose euthyroid status is confirmed by the appropriate thyroid function tests and who are found to be normocalcaemic are referred back to the care of their practitioners.—I am, etc.,

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Misuse of Drugs Bill

SIR,—I regret that your leading article (21 March, p. 705) appears to have missed the point of the Misuse of Drugs Bill which is now before Parliament, and to be unaware of the prominent part played by the British Medical Association, through a special panel of its Board of Science and Education, in drawing up the scheme of control and the safeguards for the profession embodied in it.

This Bill does not in any way interfere with the disciplinary jurisdiction of the General Medical Council over the behaviour of the medical profession. Until very recently the General Medical Council had felt unable to deal with any question of the irresponsible prescribing of drugs until a criminal conviction had been recorded, and this had inevitably led to considerable delay in controlling an urgent problem. The present Bill is intended to provide that control.

Under the new Bill it will be possible to detect the irresponsible prescribing of drugs without delay, and when this has been discovered the first review of the facts will be by members of the profession concerned. This will be an exploratory investigation and will not necessarily result in proceedings. All subsequent proceedings under the Bill will be subject to adequate safeguards. Furthermore should a person be found guilty of irresponsible prescribing, the initial sanction will merely be the prevention of that person prescribing the appropriate group of drugs, and not necessarily criminal proceedings or removal from a professional register. These two fundamental matters will remain in the hands of the courts and, in the case of the medical profession, of the General Medical Council as before.—I am, etc.,

RONALD TUNBRIDGE,
Chairman of the Board of Science and Education.

B.M.A. House
London W.C.1.

**We deplored the medical profession's failure to do anything effective about overprescribing doctors in the five years since the Brain report. The complex of tribunals proposed by the new Bill would have been unnecessary had the G.M.C. agreed to an extension of its powers to deal with these doctors—as recommended by the expert committee which reported to the Home Secretary (see leader this week, p. 1). ED., *B.M.J.*

Dangers of Barbiturates

SIR,—Having worked in the field of drug addiction for some considerable time, we have become disturbed by the increasing misuse of barbiturates by addicts. These are taken in large quantities by mouth, but also by injection.

These substances, unlike heroin and methadone (Physeptone), were manufactured for oral use only. Many are put up as capsules, pulvules, or granules (slow release). Mixed with water, an apparently clear solution may be a suspension or contain many bacteria. Such an injection taken intravenously can damage veins and tissues permanently. Numerous deaths have been caused, limbs amputated, and people still in their teens develop abscesses which break down into sores which refuse to heal. We have been told by addicts of the comparative ease with which they can persuade general practitioners to prescribe them considerable quantities of these drugs. On the black market they can be sold for 2s. to 3s. 6d. per tablet.

We would like to suggest:-

(1) That sleeping tablets or capsules containing barbiturate methaqualone or glutethimide be included in restrictive drug legislation.

(2) That general practitioners should refuse to prescribe more than two days' supply of sleeping tablets to patients previously unknown to them.

(3) Chemists should not issue more than a week's supply of these drugs to any patient. This does not mean that the doctor need to interview the patient weekly.

(4) Possession of more than a week's supply of scheduled drugs should be an offence.

Such legislation could limit opportunities for self-poisoning.—We are, etc.,

ELIZABETH TYLDEN.
C. SAVILLE.

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Paracervical Nerve Block in Labour

SIR,—I read the article by Dr. P. J. Murphy and others (28 February, p. 526) with considerable interest. I have not personally experienced maternal haemorrhage with continuous block using the same apparatus, but I agree that the penetration of the tissues is unnecessarily great. If excessive pressure is used the depth of penetration is increased and haemorrhage is more likely to result.

Using the Oxford needle, second paracervical blocks in suitable subjects were found to be as effective as the initial blocks and tachyphylaxis was not noted. Fetal bradycardia associated with paracervical block appears to be quite definitely related to the dose of the analgesic agent, and the risk with 20 ml. of 0·5% bupivacaine is considerable. 0·25% bupivacaine can give a duration of analgesia up to 3 hours using 20 ml. Somewhat more prolonged analgesia can be obtained using 14 ml. of 0·5% bupivacaine given with 1 in 200,000 adrenaline, and I have personally not seen fetal bradycardia with this dose.

I cannot agree that bupivacaine and similar type local anaesthetic agents should not be used for paracervical block provided that the dose is kept within safe limits and that the procedure is only conducted in properly equipped maternity hospitals.—I am, etc.,

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Pathogenesis of Nephrosis

SIR,—I was most interested in your leading article on the pathogenesis of nephrosis (21 February, p. 448) in which you discuss some of the possible aetiological factors of this clinical syndrome.

Our recent experimental work[1 2] in this field leads us to believe that renal involvement, particularly in juvenile lipoid nephrosis, may be secondary to a disorder primarily involving the liver. Rats given a single dose of aminonucleoside intravenously developed a nephrosis, not unlike the clinical form of lipoid nephrosis seen in childhood, after an interval of almost six days. We investigated the prenephrotic stage in these animals, and found increased glycoprotein biosynthesis and liver ultrastructural changes as early as six hours after the administration of aminonucleoside. Renal ultrastructural changes were not observed until 48 hours or more after administration of the drug. Alterations in the polysomal profiles in liver cells was also observed during the first few hours.

It may very well be that the clinical condition seen in juvenile lipoid nephrosis with minimal glomerular changes may be due to a metabolic disorder which primarily involves the liver, and which only as a secondary or terminal event involves the renal glomerulus.—We are, etc.,

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1 Lewin, P. K., and Moscarello, M. A., *Experimental and Molecular Pathology*, 1968, **8**, 21.
2 Kovacs, E. S., Kung, S. D., and Moscarello, M. A., *Canadian Journal of Biochemistry and Physiology*, 1970, **48**, 39.