whether or not to resuscitate is usually made by the consultant in discussion with the house staff and ward sister. May I respectfully suggest that the patient's general practitioner is also consulted, assuming there is time before the crisis arises? This should not be difficult as Sir Richard Bayliss rightly recommends that the decision is made in advance and not left to those on duty at the time. In most cases the general practitioner will have much more knowledge of the patient, his attitudes to life (and death), and his family, than the hospital staff.

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Muscle cramps during treatment with nifedipine

SIR,—On the day I read the short report by Dr Shlomo Keider and others (30 October, p 1241) on muscle cramps during nifedipine treatment, I encountered what seems to be a further case to add to their three patients.

A 59 year old woman was admitted to our ward with severe angina which had become worse after a myocardial infarction two months previously. After the infarct she was started on nifedipine 10 mg three times daily. Two weeks later she began to develop paraesthesia in her right arm and in both legs. Her leg paraesthesia was associated with mild cramping muscle pains which were greatest in the lateral aspects of both calves. These symptoms were new in contrast to the left arm paraesthesia attributable to her angina. Her new symptoms increased considerably one week after doubling the nifedipine dosage so that she was in continual pain, bedbound, and unable to sleep at night. After admission her leg cramps and paraesthesia disappeared within 24 hours of stopping her nifedipine although other treatment was continued. Her right arm paraesthesia also improved substantially, and two weeks later symptoms have not recurred. Because of the severity of her symptoms rechallenge with nifedipine did not seem justified. Serum potassium concentration was normal throughout and she was not being treated with diuretics.

In this case a different symptom—widespread paraesthesia—was as prominent as the muscle cramps noted in the previous cases. Any upper limb paraesthesia in angina patients is readily ascribed to angina and lower limb cramps to possible hypokalaemia secondary to any associated diuretic treatment. The severity of the symptoms in the case described here demanded our attention, but milder cases of these nifedipine side effects may be commoner than we imagine because they are so easy to attribute to other causes.

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Advertisements for doctors with particular religious beliefs

SIR,—It appears that many of those concerned about advertisements for doctors with particular religious beliefs (20 November, p 1513) are making a mountain out of a molehill and that the measure recently passed through Parliament on race relations makes the law appear the proverbial ass.

The argument is all about the use in such advertisements of the word "Christian," which has been used for the past 2000 years in various connections. The word is international, universal, and interdenominational. Its use in connection with nurses, medical students, and doctors is not confined to those in this country who graduated here. There are Christian medical colleges in most foreign countries—for example, Ludhiana and Vellore in India, and Makerere and Kilimanjaro in Africa. Many Christian graduates come from these colleges to Britain and many obtain temporary or permanent jobs in hospitals or in general medical practice. Their lives and work are governed by their faith. Many such doctors are sought after because of their sound medical training, and sometimes they are preferred to those trained here. The quality of their work and their dedication measure up to the highest standards known here.

So the words "Christian doctor" describe many of those coming from other countries and because of the number of other races living here cannot be considered restrictive or as debarring them from applying for jobs advertised under this heading. Perhaps advertisements could indicate that applications from them would also be welcome and would be given consideration.

Choosing a colleague to work in a general medical partnership is infinitely more difficult and important than choosing a colleague for a hospital post; in the latter antipathies between colleagues can be rubbed off more easily because of larger numbers. In a general practice the numbers are smaller, and the greater is the effect of animosities that may arise. If the wrong colleague is chosen disharmony may occur and the partnership may founder. During the course of many years it has been my good fortune both in a number of hospital appointments and in general practice to enjoy the pleasure and good will of Christian colleagues.

If Dr Hall still finds difficulty and if he has not already done so may I suggest that he gets in touch with the general secretary of the Christian Medical Fellowship at 157 Waterloo Road, London SE1, one of whose members is concerned with matching up partners of similar outlooks and ideals.

GERARD HOUSDEN

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SIR,—Every member reading your report of the proceedings of the journal committee (20 November, p 1513) will surely sympathise with its dilemma. But I believe many will consider that the recommendation to the British Medical Association Council requiring that classified advertisements should contain no hint of discrimination is fallible.

Discrimination is a worthy word; indeed "to be possessed of a nice discrimination" was once a measure of praise. No one suggests that partners seeking to fill a vacancy will do so on the basis of casting lots or drawing one application from the bag of unopened letters. In short, discrimination is going to be exercised; whether on grounds of age (to slot into the future structure of the partnership); or of sex (to ensure the continuance of a female (or male) presence); or of compatibility with either the existing partners or the patients or both. And compatibility may well include outlook, conscience, and religious faith.

The *BMJ* is the journal of the British Medical Association, and most of its readers are members. The classified advertisements are one of the major services to the members (often extolled as such in recruiting/sales drives). Surely, it is a disservice to members not to allow the maximum of helpful information to be displayed in those columns (so long as there is no clear breach of the law—on which the parts of the counsel's opinion published suggested there is room for flexibility and justification). Is there not a middle way which would enable the *BMJ* to sleep at night but not stultify the value of its advertisements—by encouraging otherwise excellent but wholly inappropriate applicants from pursuing openings which in fact do not realistically exist for them in any particular instance?

May I suggest as a cockshy a permament and prominent rubric on these lines: The information provided by advertisers in these columns is included to assist both themselves and potential applicants. Advertisements are accepted, however, only on the written undertaking of advertisers that in filling any vacancy there is no requirement as to the sex, race, colour, or faith of the successful applicant.

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SIR,—I read with some misgivings the report of the debate by the journal committee in which the members grappled with the problem of discrimination in advertisements (20 November, p 1513). Their recommendation to the British Medical Association Council that the *BMJ* should not publish an advertisement which carried any hint of discrimination may express laudable sentiments but at the same time may create problems for the Editor. May I ask if an advertisement carrying either of the following two statements would be accepted for publication?

"Practice of three doctors, all St Mary's graduates seek congenial colleague . . .", or

"Practice, E1 Jewish doctor invites applications . . .".

These remarks provide useful background detail of the practices, but both contain the implicit suggestion that preference may be given to applicants of a particular medical school or religious faith.

When doctors advertise a vacancy in a practice I am sure they have a fairly clear picture of the successful candidate, and I would certainly agree with Mr James Kyle when he remarked in the course of the meeting that morally advertisers should make an honest statement of what they want. I hope that the *BMJ* will continue to afford us the opportunity to do so.

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SIR,—I am grateful that the journal committee has considered the question of advertisements which contain discrimination on religious grounds. I would have been very happy to see in print the advertisement with counsel's rider added to it.

The final conclusion seems very strange and seems to undermine the whole purpose of advertising. Surely the whole process of