can in the vast majority of infections be replaced by other antibiotics. Further, a patient who exhibits hypersensitivity to ampicillin is not immune from mononucleosis, nor has it yet been claimed that the occurrence of this disease desensitizes such a patient.

Even accepting that it is of value to the patient to establish that he is no longer hypersensitive to ampicillin, there are other, safer methods of proceeding than beginning with oral challenge with a standard dose. Successful skin testing for penicillin hypersensitivity can be carried out with a synthetic polypeptide penicilloyl-polylysine, and it would surely be prudent to employ the epidermal prick test with this compound or with ampicillin before proceeding to oral challenge.

I would ask Dr. McKendrick whether he proposes that in future every patient who exhibits hypersensitivity to ampicillin during mononucleosis be subjected to challenge with oral ampicillin, and I will be interested to learn what results he obtained in the patients in whom it was not confirmed that the sensitivity is short lived.—I am, etc.,

J. O'GRADY

London W.1

Dr. O'Grady's letter has been shown to Dr. McKendrick, who writes: "In our investigation patients were given an oral test dose of 10 mg ampicillin and were not started with a standard dose. In reply to Dr. O'Grady's question, if a patient has had an ampicillin rash during an attack of mononucleosis but has previously had ampicillin without ill effect I would consider it safe to use oral ampicillin for a future infection in which other indications made it the antibiotic of choice. If the patient has not had ampicillin prior to his mononucleosis I would consider a 10 mg oral test dose 2 months after recovery to be a reasonable procedure."—ED., *B.M.J.*

Hypokalaemia after Pneumoencephalography

SIR,—Last year Dr. M. Podda and colleagues in Milan reported (13 March 1971, p. 587) a significant fall in serum potassium 60 minutes after insufflation of air into the subarachnoid space for diagnostic pneumoencephalography. The amount of air injected varied from 25 to 40 ml. We have determined plasma potassium before and 30, 60, and, in one case, 90 minutes after subarachnoid insufflation of 25 to 40 ml of air in five patients aged between 4 and 28 years. Three of the patients were suffering from epilepsy, one was mentally retarded, and one suspected of having a cerebral tumour. The serum potassium values (mEq/l) obtained for the five patients are shown in the Table.

Initial	30 Min.	60 Min.	90 Min.
3.9	3.9	4.2	4.3
3.8	4.4	4.4	
4.5	4.6	4.7	
4.7	4.6	4.8	
4.2	4.6	4.2	

As can be seen, no fall in serum potassium occurred in our patients. The examinations were all done under general anaesthesia with halothane and oxygen, nitrous oxide being

excluded to avoid expansion of the body cavities by diffusion of this gas. Endotracheal intubation was performed with the aid of intravenous suxamethonium. This agent has been shown to liberate potassium, while the general anaesthetic agents themselves lower serum potassium.¹ Podda and his colleagues do not mention the type of anaesthesia employed in their patients. May we suggest that the anaesthetic used could explain the discrepancy between their findings and ours?—We are, etc.,

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¹ List, W. F., *British Journal of Anaesthesia*, 1967, 39, 480.

Radiology as a Career

SIR,—Many British expatriate radiologists in North America read with interest the article by Dr. A. G. W. Whitfield and his colleagues on radiological training and staffing (29 May 1971, p. 514) and the subsequent correspondence. Some of us receive inquiries about emigration from established consultants and partly-trained radiologists. More recently, bright young British doctors are asking about our four-year training schemes. In Canada there is no longer a shortage of qualified men, and radiology remains one of the most desirable specialties, often attracting the best graduates in a medical year. Perhaps there are some simple but basic differences which explain why radiology as a career in Britain compares so poorly with that in North America.

On the questions of qualification and competence fundamental differences on the importance of examinations exist on either side of the Atlantic. In Canada the competence of the training scheme is examined in addition to the candidates. With careful selection and mid-training evaluation of potential radiologists a pass rate in the final examination of nearly 100% is expected. Each accepted trainee can with normal diligence expect in four years to be registered as a specialist in radiology.

This medical school has an appropriately staffed academic department, where a radiology research laboratory in a multidiscipline medical sciences teaching building adjacent to a major teaching hospital ensures that most recent advances in technology and knowledge will be applied to patient care. Exposure to basic research forms part of training. In turn, the specialty is nourished through close contact with colleagues in other disciplines. It is normal for the radiology research laboratory to be the motivating department in multidiscipline research projects. A qualified specialist may apply for a post in teaching, clinical investigation, or basic research. Others may join established practices or even start new ones. A fee-for-service system ensures that effort and ability will be rewarded. With the recent advent of a comprehensive medicare scheme, scrutiny from within the profession to prevent abuses by a small minority has aided harmony with both politicians and the public. There is no reason why radiology should become less attractive as a career in the foreseeable future.

It is possible that in the British National Health Service the most important priorities—namely, serving the public, efficient training of young doctors in radiology, and en-

suring adequate career prospects—are being overlooked by those in high places? Does not an individual training scheme for each region for selected candidates, almost all of whom will become radiologists, provide obvious advantages and answer many of the problems raised? A multiple choice examination for the whole country might form a small part of the final assessment. One week of consultant duties in a neighbouring teaching or regional department followed by a vote from each qualified member of the staff might complete the evaluation. A radiologist for each region elected by a majority of votes cast by all radiologists and trainees might supervise the scheme. The unheard voices of trainee radiologists should be of obvious significance to those who would wish to preserve the status quo. Can one really look forward to a wind of change which may restore the availability of high quality radiology to all sectors of the British public, or do we still in all honesty advise our colleagues to emigrate?—I am, etc.,

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Writer's Cramp

SIR,—I was much interested in your leading article on writer's cramp (8 January, p. 67) as I have come in contact with several people who suffered from this condition. In most cases the writing was quite reasonable for a time, then the arm muscles began to stiffen, letters were left out or became distorted, and in one case they got smaller and smaller until they were almost illegible. In all these people there was perhaps above average mental quickness, and I thought that the condition was due to the inability of the arm and hand part of writing to keep pace with the mental picture of what the person wanted to say or, alternatively, that the mind was incapable of braking back to keep in touch with the more sluggish arm. I thought it might have some affinity with intention tremor or stammering.

One of my friends was cured by changing from holding the pen between the thumb and first finger to between the first and second finger. This to my mind is a far more effective way of holding the pen, and writing is easier, quicker, and the forearm is more relaxed. It also incidentally enables one to use the thumb and second or third fingers to pick up objects or turn over pages. One does not have to put the pen down or transfer it to the other hand. I believe this method is frowned on in the schools, but it is really far easier and more efficient. Perhaps some research on the best position of the pen would be valuable. Anything which might help to stop the gradual disappearance of the art of letter-writing would be worth doing.—I am, etc.,

O. GAYER MORGAN

Walberswick,
Suffolk

Medical Art Society

SIR,—The Medical Art Society was founded in 1935 under the leadership of Sir Leonard Hill and Sir Harold Gillies for the encouragement of doctors who are amateur artists. Since then the society has opened its doors to dental surgeons.