biopsy of patients or hyperthermic individuals would provide material of doubtful value for detailed biochemical investigations in vitro.

We have used nitrous oxide in conjunction with thiopentone to anaesthetize more than 150 susceptible pigs without triggering M.H. Our experience in pigs therefore appears to conflict with that of Ellis *et al.*[1] which incriminated nitrous oxide in a single human patient. This suggests that the aetiology is not entirely a pharmacological effect but may be associated with some other aspect of anaesthesia.

The observation of Ellis *et al.* that M.H. may be satisfactorily treated with large doses of glucocorticoids will no doubt lead to the development of several hypotheses on the mode of action of these drugs, as occurred following the use of procaine. It should also be remembered that when no specific therapy could be recommended 36% of the patients survived.[9] Thus isolated case reports should be considered with caution until any new therapy can be critically appraised.[10] —We are, etc.,

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Not Only Leeds but Also . . .

SIR,—I refer to your leading article (8 February, p. 297) entitled "Leeds Infirmary Blues." I question strongly your indications for having chosen the predicament of Leeds in preference to similar states currently enjoyed elsewhere. Does this mean that the *British Medical Journal* has elected to support only this city in its effort to compete successfully for limited available financial resources?

A leading article in the *B.M.J.* could have considerable effect on the Department of Health and Social Security to the advantage of Leeds but perhaps to the disadvantage of other places. For example, Sheffield University also has expanded its medical school and the hold-up of the hospital building programme here will prejudice similarly its success. Precisely the same "cruel accident of timing" has robbed one of the Sheffield hospitals of its most critical stage of redevelopment, seriously jeopardizing medical teaching and patient care albeit in a more subtle fashion than in Leeds. One could cite a comparable state of affairs in Birmingham.

I have no desire to denigrate Leeds but to question your decision to single out this particular case.—I am, etc.,

REGINALD ELSON

Orthopaedic Department,
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Sheffield

SIR,—If the Government cannot afford to finance the hospital project which is so badly needed, why do the citizens of Leeds not raise the money and build the hospital themselves?

A city of half a million people, with a lot of industry, could easily produce £12m. if it made up its mind to do so. Then they could rent the hospital to the N.H.S.—I am, etc.,

R. H. TOWNSHEND

Sheffield

Reorganization and Nurse Training

SIR,—I feel obliged to respond to a number of points made in the letter signed by various consultants working at the North Tees General Hospital (8 February, p. 330).

In the first instance reference is made to a loss of independence and yet, in the reorganized service, the district management team with its medical component is directly responsible to the area health authority for day-to-day management of district services. It seems to me that this, coupled with medical membership of the A.H.A. and the medical advisory machinery, constitutes a substantial degree of "involvement" by any standard.

Then it is asserted, in anything but gallant fashion, that the area nursing officer has no local loyalty even though, in contrast with the bulk of the signatories, her roots are in the area, to which she has returned after a distinguished career elsewhere. I consider this unprovoked attack on my area nursing officer by gentlemen of the medical profession most unbecoming and not one I have come across in some 22 years of voluntary service in the health field.

It is disturbing to note also in the letter an ignorance of what is implied in an area nurse training school. In fact, as was explained at a meeting convened to clear away these misconceptions, it would involve simply a linking together of existing schools and the various area-based training courses under the guidance of a director of nurse education. One might have expected the facts to have been established in the first instance by the signatories of the letter, but at least following clarification at this meeting, which was attended by two of them, the letter should surely have been withdrawn.

The letter goes on to question the good faith of the area health authority and its officers by the most unworthy innuendo that the concept of the Cleveland Area Nurse Training School did not in fact emanate from the General Nursing Council, which had actually earlier been requested by my Authority to approve a continuation of the three district schools, and here one can only call for a withdrawal and apology.—I am, etc.,

CLAUDE FAIRWEATHER
Chairman,
Cleveland Area Health Authority

Middlesbrough, Cleveland

Community Health Specialists

SIR,—Few will agree with the jaundiced view of community physicians as seen through the vaginal speculum by Mr. A. F. Pentecost (8 February, p. 330). The job specification mentioned is either incorrect or quite unusual.

Mr. Pentecost could make three valid points. Firstly, the former flexibility in making community health appointments according to local need vanished with the destruction of the "all-purpose" local authority health services of the former county boroughs. Secondly, there are now no journals specializing in community medicine, so that the previous weekly forum of correspondence and exchange of expert views and experience no longer exists, to the general detriment of the service. Thirdly, continuity of recruiting to community medicine withered some 15 years ago as more attractive conditions were offered in other branches of medicine. For all practical purposes training stopped long before the unification of the N.H.S. The consequences, highlighted by the St. Mary's smallpox episode, are that we are scraping the barrel to find any sort of reasonable candidate for consultant posts. What is even more alarming is the absence of any future replacement for the present generation of ex-medical officers of health.

In reply to Mr. Pentecost's query as to what we do, this week I have had a radio programme on the care of the dying, a series of problems involving alcoholics, drug addicts, geriatrics, mental illness, cruelty to the disabled, meningitis, and hepatitis, a trade union dispute on ward conditions, a matter about our cardiac ambulance, a sitting of the district management team on expenditure, a brush-up on major disaster procedure, and finally the organization of funds for terminal care. I am on 24-hour call one in three for infectious disease and on single-handed permanent call on a 40-mile (64-km) radius for smallpox. By comparison, Mr. Pentecost's forays into the female pelvis represent a limited area of action.—I am, etc.,

W. S. PARKER
District Community Physician,
Brighton Health District

Brighton

SIR,—After witnessing during the past several months the financial poverty of the hospital service I have some sympathy with Mr. A. F. Pentecost's observations (8 February, p. 330) to the effect that further appointments of area specialists in community medicine should be curtailed. The problem is that without substantial assistance area medical officers will be unable to fulfil responsibilities such as "drawing up planning guidelines on area operational health care policies and priorities for district management teams and reviewing and challenging district plans and budgets for the operational health care services" (see the "grey book"). These kind of responsibilities become more complex the greater the number of districts in an area.

Mr. Pentecost says that the time has come to stand out against this whole farce, but the time has long since gone, as the profession would have been better served if he and others had been outspoken before N.H.S. reorganization. Perhaps the solution