

plasma cholinesterase level found. In recent papers, Bourne *et al.*<sup>2</sup> and Evans *et al.*<sup>3</sup> presented between them a total of eight patients who showed delayed recovery after succinylcholine chloride administration and in each case were able to demonstrate a significantly low plasma cholinesterase level. In this case it appears unlikely that overdosage was the cause of the delayed recovery, as suggested by Foldes.<sup>4</sup> I feel, likewise, that overdosage with thiopentone and/or hyperventilation by the anaesthetist, as suggested by Richards and Youngman,<sup>5</sup> were not responsible in this case. I am forced to fall back on the theory that susceptibility to the drug can vary in the same patient from day to day, a phenomenon which I have frequently observed in a different guise when using "brevidil E," and which I hope to describe in a later paper.

I am grateful to Dr. G. Edwards, senior anaesthetist at St. George's Hospital, for permission to record this case. I wish also to express my gratitude to Mr. R. J. O. Kekwick for the cholinesterase estimation on this patient.—I am, etc.,

St. George's Hospital, London. S.W.1.

PHILIP WOLFERS.

#### REFERENCES

- <sup>1</sup> *British Medical Journal*, 1952, 2, 162.
- <sup>2</sup> *Lancet*, 1952, 1, 1225.
- <sup>3</sup> *Ibid.*, 1952, 1, 1229.
- <sup>4</sup> *British Medical Journal*, 1952, 1, 1352.
- <sup>5</sup> *Ibid.*, 1952, 1, 1334.

### Postgraduate Dental Education

SIR,—The article by Sir Francis Fraser on postgraduate education (August 30, p. 455) is most interesting and instructive, and indicates what strides have been made in this direction in the last few years.

I should, however, like to draw attention to the fact that, while arrangements have been made under the National Health Service Acts, 1946 and 1947, for general medical practitioners to profit from the "refresher" courses to which Sir Francis refers, no such arrangements have as yet been made for general dental practitioners, who must therefore pay for such courses if they wish to benefit from them. The Acts make no distinction between the two professions in this respect, and in Northern Ireland refresher courses for dental practitioners are paid for out of public funds, but preliminary discussions with the British Postgraduate Medical Federation have not succeeded in bridging the gap between the courses for which a demand exists among the practitioners and the courses on which the Federation considers that public money should be spent.

It is pertinent to recollect that the Acts contemplate that such courses shall be "for the purpose of affording opportunities for persons providing [general services under the Act] to keep themselves informed of the latest developments in professional knowledge." There has been a great advance in dental techniques in recent years, and many new developments in professional knowledge are available to the public within the National Health Scheme, but the only way in which the general dental practitioner can equip himself to put these developments at the service of his patients is by attending courses. It is unfortunate that, unlike his medical colleague, he should be required to pay for such courses himself.—I am, etc.,

London, W.1.

RALPH A. BRODERICK,  
Director, Dental Postgraduate Bureau.

### Complication with Tuberculin Jelly Test

SIR,—Dr. J. D. Lendrum (September 20, p. 649) has performed a valuable service in perfecting the technique of the tuberculin jelly test and in demonstrating its accuracy. Like other authorities, he advocates that the jelly should be applied to the interscapular region. I have now seen two cases where a strongly positive skin reaction in this region appeared to be associated with an underlying pleurisy. In both, the child complained of pleural pain at the site of the skin reaction and later developed an effusion in the corresponding side of the chest. It is, of course, impossible to dogmatize from only two cases, but it would

be interesting to know whether any other of your readers have had a similar experience. I now apply the jelly to the upper arm, which position also has the advantage that the plaster is more easily kept dry.—I am, etc.,

Southampton.

D. A. J. WILLIAMSON.

### Rights of National Service Medical Officers

SIR,—It has come to our notice that officers fulfilling their National Service obligations are occasionally appointed to posts that carry a specified rank and rate of remuneration which are denied to them by the central authorities concerned. They have perforce to seek the assistance of professional organizations to establish their rights in this matter, though these rights are patent to anyone who is familiar with establishment of the units concerned. Already in three instances solicitors have been instructed to make representations to central authorities to observe their own rules and regulations to concede the higher rank to which the medical practitioner is entitled and to make payment of remuneration on the enhanced scale.

The council of the Medical Defence Union feels that this matter is of sufficient importance to warrant publicity in the professional press so that medical officers who fail to receive the acknowledgment of rank and pay to which they are entitled should communicate with their professional organizations as soon as practicable to enable representations to be made on their behalf before valuable time has been lost and some ruffling of tempers has occurred. That this intervention should be necessary is deplorable, since the authorities concerned ought to be anxious to observe their regulations, at any rate to such an extent as to prevent any medical officer from suffering loss of status or remuneration to which he is clearly entitled.

It is hoped that medical officers will not accept these indignities with complaisance, and that they will not hesitate to register their views and to inform those who can help them by intervention on their behalf, and also that the publication of this letter may result in an improvement in the Services whereby medical officers are granted their rights without protestation and protracted correspondence.—I am, etc.,

ROBERT FORBES,  
Secretary, The Medical Defence Union.

### Treatment of Intermittent Claudication

SIR,—May I be allowed briefly to express a different opinion to the one offered in your annotation (September 13, p. 608)? Using an oscillometer, one finds in the majority of people of over 45 years of age a difference in the oscillometry in one limb compared with others; sometimes two limbs may be involved. These differences are accompanied by hardly noticeable but definite changes on the retinal vessels. A few—chiefly the heavy smokers—develop intermittent claudication. It may affect the arteries, and this form will be detected by a fall in oscillometric index, and with improvement of the condition the oscillometric index will become normal or nearly so. Or it may affect chiefly the capillaries—then the oscillometric index will remain minimal, but the walking distance will increase greatly, and clinically the patient will improve. I have treated both forms successfully by prohibiting smoking and by giving oral or parenteral magnesium therapy.—I am, etc.,

London, E.1.

N. PINES.

### Advertisements in the Post-bag

SIR,—I do thank Mr. Douglas Luke (September 20, p. 670) for his letter. But he has quite missed my point. I am not against advertisement of medical wares, and I read all the advertisements in the accredited medical journals with interest and occasional profit. But let it rest there, and what need then is there for the Niagara of extra advertisements through our post-bags? Country doctors, too, read the periodicals.