the investigation of suspected myelomatosis. His formal intelligence, as assessed by medical testing, was diminished. He failed the Babcock sentence seven times and could only repeat five numbers forwards and four backwards after several attempts. On the other hand, he had a ready wit and a sharp repartee. His affect was normal. No local abnormalities of the nervous system were detected. There was a vague history of taking quinalbarbitone, amylobarbitone, or carbromal, and also Serensil (ethchlorvynol). After admission he was given no drugs.

Three days later he had his first convulsion without premonition. A tonic phase during which he was cyanosed lasted a few minutes. There was faecal, but not urinary, incontinence. After the fit he was confused and disorientated in time and space, with immediate preictal amnesia. Later the same day he had a second fit and was subsequently given phenobarbitone. Postictal examination of the central nervous system showed hypertonicity and hyperreflexia. The gait was ataxic. No focal abnormalities were found. For four days after the convulsions there was marked mood change and confusion, his affect swinging between ebullience and aggression. He swore at the nurses and tried to strike them and had visual and auditory hallucinations. Eleven days after the fits, on discharge, his mood was normal. Tests following the convulsions—serology of the blood and C.S.F., estimation of the blood bromide, skull x-rays, E.E.G., echogram, and gamma scan—showed no significant abnormality.

His general practitioner later gave us a complete drug history. The patient had been taking various barbiturates for insomnia until April 1967, when they had been discontinued for fear of addiction. Some non-barbiturate hypnotics were tried unsatisfactorily until Serensil, 1 g. *nocte*, was introduced in June. By October he was taking at least 1.25 g. a day.

We believe this to be the first report in Great Britain of ethchlorvynol withdrawal symptoms, although the effects of overdose have been previously described here.

We should like to thank Dr. E. K. Blackburn, under whose care this patient was admitted, for allowing us to report the case.

—We are, etc.,

H. T. ABUZAHA.
M. ROSSDALE.

Royal Infirmary,
Sheffield.

REFERENCES

- ¹ P'an, S. Y., Markarian, L., McLamore, W. M., and Bawley, A., *J. Pharmacol. exp. Ther.*, 1953, 109, 268.
- ² Kuenssberg, E. V., *Brit. med. J.*, 1962, 2, 1610.

Benign Sixth-nerve Palsy in Children

SIR,—Your leading article (27 April, p. 190) on this subject draws attention to the paper by Knox, Clark, and Schuster,¹ who report ten patients with unilateral benign sixth-nerve palsy seen in 13 years. These figures from a large paediatric clinic emphasize the rarity of the condition.

We have recently seen a boy aged 8 years with bilateral (complete) sixth-nerve paralysis. At the onset he had complained of headache as well as double vision, but there was no evidence of infection. The x-rays of the skull and chest and the spinal fluid were normal. The palsy on the right side recovered in a month and the left side began to improve after a month and resolved after two months.

This case further illustrates your point that in an isolated sixth-nerve palsy, even if bilateral, provided that simple tests are negative, it is better to wait for a few weeks

before embarking on special neuroradiological investigations.—I am, etc.,

BRYAN ASHWORTH.

Department of Neurology,
Royal Infirmary,
Manchester 13.

REFERENCE

- ¹ Knox, D. L., Clark, D. B., and Schuster, F. F., *Paediatrics*, 1967, 40, 560.

War in Mesopotamia

SIR,—In reviewing *Surgery on Tresles* (30 March, p. 825) Sir George R. McRobert kindly states "the motorized ambulance performed such prodigious feats." It seems desirable to state that the Army Service Corps drivers and workshop staff were entirely responsible for this. I do not think enough credit has ever been given to the

Army Service Corps supply units, whose returning empty vans almost certainly carried as many wounded and sick casualties as the medical motor ambulance units in Mesopotamia.—I am, etc.,

Edinburgh 9.

W. K. MORRISON.

Prescription Charges

SIR,—In the lists of categories exempt from prescription charge I find no mention of schizophrenia. There are in my practice numerous schizophrenics controlled and at work on large doses of various drugs. These patients are very reluctant to take medication under normal circumstances; if they have to pay 7s. 6d. per prescription I am convinced they will not bother.—I am, etc.,

Sutton in Ashfield,
Notts.

G. STEIN.

Electrocardiograph Service for General Practitioners

SIR,—The letter from Dr. D. S. Short (24 February, p. 507) demands a reply lest it damage a useful service to the public. He claims that there are "serious limitations" to this service, and concludes that a "great deal more knowledge is needed . . . before such a service as this can be unreservedly recommended."

The service is designed to extend the diagnostic powers of the general practitioner in the field of cardiovascular disease and in some other fields such as endocrinology. This object it shares with radiology, haematology, and biochemistry. I suppose it is fair to say that "a great deal more knowledge is needed" in any of these specialties, but it is a *non sequitur* to argue that they can therefore not be unreservedly recommended. What is relevant is to point out that any clinical finding is useless without knowledge on the part of the doctor. An essential part of this service is the provision of courses in E.C.G. interpretation and, possibly more important, a continued co-operation between general practitioners and the local cardiology department.

Dr. Short points out that heart disease can occur with a normal E.C.G. I think it would be difficult to escape this conclusion if one had attended a course such as I have suggested, but the cardiologist must avoid the temptation to sell the E.C.G. to his simple colleagues as a magic black box which will

answer any question. It is more helpful to stress its limitations. I am sure that if Dr. Short is prepared to operate an E.C.G. service in this way he will not only be able to recommend it unreservedly but will wonder how the department ever managed without the co-operation of the local general practitioners.—I am, etc.,

Gleadless Medical Centre,
Sheffield, Yorks.

IAN ROSS-SMITH.

Group Practice Payments

SIR,—The letter of Dr. R. L. Luffingham (20 April, p. 180) on the new criteria for group practice will evoke a very sympathetic response from many group practitioners in the country whose practice conditions cannot easily be made to conform to a uniform code imposed by the Minister of Health. The Charter, which was to revive the spirit and tradition of general practice, is turning sour on us, and the blame rests fairly and squarely on the shoulders of the Ministry of Health. Our negotiators must stand firm at this crucial stage and make it quite clear to the Government that if this policy of equivocation is to continue the flight from general practice will be accelerated.—I am, etc.,

Winster, Derby.

A. D. STOKER.

Points from Letters

Deaths from Asthma

Dr. ALAN AKEROYD (London W.1) writes: The interesting article by Dr. F. E. Speizer and others on asthma (10 February, p. 335) set off a whole series of problems and apparently unsuccessful and dangerous methods of treating the illness, leading to several letters entitled "Deaths from Asthma." . . . The age groups of 10 to 14 and 5 to 34 as mentioned in the original article are not without significance. When will our profession realize and accept that the most effective treatment of asthma is hypnotherapy? Obviously not all cases benefit, but certainly in the age groups mentioned above a very high percentage get considerable relief, and many a complete cure. All allergic conditions have behind them a strong neurotic basis. . . . May I once more urge my colleagues who treat

asthmatic cases to think firstly of the underlying psychological problems of the patient and see this as the primary cause. . . .

Pensions

Dr. J. SHAW (Winchcombe, Glos.) writes: I was interested in the letters by Drs. G. N. Fox, D. R. MacDonald, and J. S. Jones (27 April, p. 245) with regard to pensions, and am surprised at the apathy of the profession and their representatives on this matter. Do they realize that any pension granted to them may become niggardly with increasing inflation, and that they may come to look with envy on those of bank managers and even policemen? . . . I certainly think this is a matter of urgency, not only to us "old 'uns," but to the future doctors now in the embryo stage. . . .