sole responsibility for the labour ward supervised all deliveries.

A policy of active intervention together with the wider use of caudal or epidural analgesia seems to be safe, humane, and desirable, and to represent a significant

advance in the management of the first stage of labour.—I am, etc.,

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and Gynaecology,
Radcliffe Infirmary,
Oxford.

Intermittent Methohexitone

SIR,—I must reply briefly to the letter from Professor John S. Robinson and colleagues (26 July, p. 240) under the above heading, as the authors stated in their original article (31 May, p. 540) that "The so-called minimal-incremental technique of administering methohexitone as described by Drummond-Jackson (1962) was used," and made further reference to "my" supposed technique. It is not the physiological measurements to which objection is taken but

details of the several deaths of which only they seem to have knowledge.

I wish to make it clear that the decision to issue a writ against your correspondents as the authors of the article "Physiological Responses to Intermittent Methohexitone for Conservative Dentistry" (31 May, p. 540) was taken bearing in mind certain interviews given to the lay press and on television which have had the inevitable result of alarming the public. Two examples are: (a) from

Year	Total Deaths	Methohexitone Included	Intermittent Methohexitone	Authority
7 yrs. 1959–1965	51	3	—	Report of a Joint Subcommittee (1967), <i>Dental Anaesthesia</i> , Appendix B, p. 23. H.M.S.O.
1966		0	0	<i>Hansard</i> , 22 July 1969, written answers, column 366
1967		0	0	
1968		3	1*	

* This death is not separately shown in the answer in *Hansard* but is taken from a study of the reports on the three cases shown in the answer.

the physiological treatment given to these patients, as shown by the authors' own text. Safety precautions that are as much part and parcel of the technique as the minimal increments themselves were flouted. Misuse of any anaesthetic technique must lead to unfavourable physiological measurements.

Your correspondents are worried by the dismissal by Dr. J. G. Bourne (7 June, p. 630) of any deaths associated with the technique. Perhaps they will comment on the above official figures (see Table) and give

Birmingham Post, 30 May: "Dr. Wise said all deaths caused by the drug were not being reported although seven people died this year"; (b) from *Daily Sketch*, 31 May: "One of the doctors who investigated the drug said: 'In our opinion it has killed about one in every 7,000 or 8,000 of the people on whom it has been used. That is about one every two or three months. . . .'" —I am, etc.,

S. L. DRUMMOND-JACKSON.

London W.1.

SIR,—Whatever the outcome of critical assessments of this method of anaesthetic administration, it may well prove that we shall owe a debt to Professor J. S. Robinson and his colleagues (31 May, p. 540) for highlighting possible dangers inherent in its use for prolonged operative dental procedures. Indeed, Dr. J. G. Bourne (9 August, p. 359), who has given freely of his time to help dentists in this specialty, has set on record a possible safe limit of 20 minutes' operating (7 June, p. 631), while other authorities seem to favour a lesser period. In this no criticism of the method itself is necessarily implied, but practising dentists should take due note of it, having regard to the pressures inherent in N.H.S. dental practice, in which high productivity in terms of items of service is directly related to income. Advocates of this method have shown an initiative and enthusiasm that is wholly commendable, and, while dental opinions vary as to the quality of conservative service possible in the set-up essential for its safe operation, many must realize how unfavourably the overtones inherent in N.H.S. practice have influenced its potential use.

It is abundantly clear that the good faith of all concerned in this discussion is not in doubt, and, as a certain well-defined, albeit small proportion of our dental patients

might, and do, benefit from this new approach in anaesthesia, the discussion so far has been infinitely rewarding.—I am, etc.,

ROBERT CUTLER.

London S.W.1.

Sympathetic Nervous Overactivity in Tetanus

SIR,—Your leading article (2 August, p. 251) refers to the successful use by Prys-Roberts and colleagues¹ of sympathetic blocking agents to combat this dangerous complication of severe tetanus. They reported at the same time that continuous administration of nitrous oxide or halothane inhibited the sympathetic overactivity; these drugs, however, could not be continued for a long period because of their known toxic effects.

We propose the use of a simple drug which appears to prevent this complication and provides valuable sedation as well, like nitrous oxide or halothane but without side-effects. We have reported² 16 patients with tetanus of maximal severity who received (in addition to the usual treatment by curarization and intermittent positive pressure ventilation) paraldehyde in doses up to 12 ml.

six-hourly by the intragastric or intramuscular route throughout the disease. We originally chose this drug as the safest for continuous sedation; but we also attribute to it the absence of sympathetic overactivity in these patients, who all recovered.—We are, etc.,

LESLIE COLE.

H. R. YOUNGMAN.

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Cambridge.

REFERENCES

- ¹ Prys-Roberts, C., Corbett, J. L., Kerr, J. H., Crampton-Smith, A., and Spalding, J. M. K., *Lancet*, 1969, 1, 542.
- ² Cole, L., and Youngman, H. R., *Lancet*, 1969, 1, 1017.

Translations and the Language Barrier

SIR,—The Postgraduate School of Librarianship and Information Science at Sheffield University has been investigating the use of foreign language publications by research workers. Supported by a grant from the Office for Scientific and Technical Information, the 18-month project, now nearing completion, has covered research work being carried out in all disciplines at Sheffield University, assuming this university to be reasonably typical for Britain. We have interviewed well over 50% of academic staff and research students about their language knowledge, scope of research, and use of foreign language materials, and, of course, we have collected records on all aspects of library use.

A major objective of the project is to isolate the factors militating against the full use of relevant research work published in languages other than English, and to assess the relative significance of these factors. One important aspect is the availability of translation services and the cost, timeliness, and quality of translations made. We should be pleased to hear from research workers in other universities and in industry about their own experiences in obtaining translations (if possible with details of the translations they have had: language, subject, source of translation, speed, full or summary translation, written or oral, length and cost of the translations, quality, etc.), and in any unsuccessful attempts to obtain translations, in particular the language concerned and the sources approached. We would also welcome any suggestions for improving the present situation.—We are, etc.,

W. L. SAUNDERS.

W. J. HUTCHINS.

LISBETH J. PARGETER.

Postgraduate School of Librarianship
and Information Science,
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Yorks.

Iatrogenic Hypothyroid Psychosis

SIR,—Although postoperative hypothyroid psychoses have been previously reported¹ I am unaware of any recorded instance of antithyroid drugs having such an effect. This makes the case history reported by Drs. C. F. Herridge and I. Abey-Wickrama of considerable interest (19 July, p. 154), and one's only regret is that the young woman's clinical state precluded wait-