

save in exceptional circumstances. Whatever the great but unsuspecting British public may think, two anaesthetics are very often better than one both for the patient and the dentist—not to mention the long-suffering anaesthetist.—I am, etc.,

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PHILIP AYRE.

SIR,—Dr. G. H. Stuart in his letter (25 January, p. 238) aptly and concisely details the inequalities which may arise from the present system of remunerating dental anaesthetics on an item-of-service basis. If, however, the present already unsatisfactory system is perpetuated there is a very good case for increasing the fees, not only to compensate for the considerable rise in the cost of the agents currently used but also to offset the fall in their purchasing power since 1948. The cost of modern techniques now accounts for 30% or 40% of the lowest anaesthetic fee.

I cannot believe that six or seven shillings is a true value of the responsibility one is asked to accept. An increase in anaesthetic fees cannot be expected, however, if the fees for other dental services have to be reduced so that the global sum remains constant.

To encourage the adoption of modern anaesthetic techniques for dentistry the post-graduate study of this subject should be stimulated by an increase in courses and possibly by the award of a diploma. The higher standards set by the properly trained must be accompanied by higher rates of remuneration for both the anaesthetist and the dentist. The necessity to provide the adequately trained with a suitable environment will ultimately lead to the provision of dental clinics. The operating, recovery, and other facilities which these could provide are necessary before the treatment accorded the patient reaches a standard equivalent to hospital practice. But this is surely no less than his due?—I am, etc.,

ALAN L. STEAD.

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SIR,—The gradual reduction of anaesthetic mortality in the dental surgery over the last 15 years is put forward by Mr. S. L. Drummond-Jackson (23 November, p. 1341) as evidence of improvement in dental anaesthesia. The striking increase in the number of dental clearance cases admitted to hospital during this period has, however, in my opinion made a more important contribution to this lower mortality rate. By 1958, for example, I estimate that well over 100,000 dental clearance cases were operated on in hospital because of the problems of anaesthesia in the dental surgery,¹ and there has been a substantial annual increase both before and since that year. Since 1949, for example, the number of dental cases admitted to the hospitals of the Manchester Regional Hospital Board has increased almost sixfold, and this factor is probably even greater in many other regions.

The problems of dental surgery anaesthesia can in my experience be solved by tracheal intubation, as in hospital, and there is no fundamental need to go on admitting these patients to hospital. In my original paper on this subject² I recommended intubation for difficult extractions, regardless of the total

number proposed, as well as for multiple extractions, because the increased operating-time and haemorrhage, which so often are prominent features of such cases, can be reduced and made harmless by tracheal intubation. The risk of death is greatly above average in these cases if they are not intubated, as is recognized by their admission to hospital in numbers which grow from year to year. This risk is considerably greater than the 1 in a million quoted by Mr. Drummond-Jackson, which is based on too short a period to be acceptable, knowing the marked annual fluctuations in dental anaesthetic mortality. It is a risk, moreover, which is completely out of proportion to the nature of the disease, and a risk which only skilled tracheal intubation can be certain of overcoming. I see no good reason why we should not aim at and attain 100% certainty and safety in dental anaesthesia.

In practice difficulty with an extraction can be predicted by the dentist in a high proportion of cases, if he takes the trouble; and in addition I have no hesitation in recommending intubation if the dentist suspects that there will be difficulty, without being certain, as in my opinion proper caution demands an occasional unnecessary intubation rather than an unnecessary risk of death. The decision when to intubate must always be the responsibility of the anaesthetist, whatever official policy about this may be adopted by the Ministry.

The number of cases so far known to have been intubated in the dental chair is some 10,000. They come from the high-risk section of dental anaesthetic cases. There has been no mortality and no time limitation on the dental surgeon. This number is too small for statistical comparison, but statistics can only provide wisdom after the event. There is certainly no statistical evidence against the safety of skilled tracheal intubation for anaesthesia in the dental chair.

I am not convinced by Mr. Drummond-Jackson's explanation of the astonishing lack of interest by most dental surgeons in the application in the dental surgery of methods of anaesthesia they cannot use themselves. Intubation for anaesthesia in the dental chair confers benefits which are striking and obvious, except to those who do not wish to see them. The present problems of dental anaesthesia have warranted large-scale admissions to hospital, yet very few dental surgery anaesthetics are given by specialists. I find this a glaring anomaly.—I am, etc.,

Whitefield, Lancs. ARNOLD M. DANZIGER.

REFERENCES

- ¹ Danziger, A. M., *Brit. dent. J.*, 1961, 110, 248.
² — *ibid.*, 1962, 113, 426.

Staphylococcal Toxoid for Furunculosis

SIR,—Few dermatologists, I believe, would disagree with Dr. L. Forman (7 December, p. 1472) about the ineffectiveness of staphylococcal toxoid in recurrent boils. A fair number of these cases are referred to skin clinics having had toxoid or vaccine as well as the almost inevitable courses of systemic antibiotics, which are merely of temporary benefit. Whatever the immunological aspects the common-sense therapeutic approach is an external one, since chronic furunculosis is a surface autoinfection with staphylococci seeding from place to place. Thus, in conjunction with measures to control predisposing

factors, topical antibacterials (neomycin, hexachlorophane) should be employed aimed at the eradication of reservoirs and the disinfection of boil-bearing skin (by 70% alcohol, gentian violet, antibiotic sprays). Surgeon-Commander Broughton's method on these lines (18 January, p. 182) of "all over" treatment, as for scabies, with an antibiotic ointment according to the sensitivity of the organism seems reasonable, though one might perhaps be a little chary of applying chloramphenicol all over every day for as long a period as 10 days.

Incidentally, sticking plaster and macerative dressings, such as mag. sulph. paste and kaolin, should be avoided on boils as they foster further furuncles in the soggy surrounding skin and furunculosis may be started in this way.—I am, etc.,

London W.1. E. W. PROSSER THOMAS.

SIR,—Surg. Cdr. R. H. Broughton reports in his letter (18 January, p. 182) that he has successfully treated cases of furunculosis with an "all-over" antibiotic ointment. A similar method is quoted in Sutton's *Diseases of the Skin*, suggesting that a nightly inunction of the whole body with a thin layer of "vioform" cream may cure furunculosis.¹

Neither Sutton nor Surg. Cdr. Broughton make any reference to clothing. In view of the persistence of the staphylococcus it is considered advisable to deal with clothing, and in particular sports clothing, concomitant with the "all-over" treatment? If so, what measures are suggested?—I am, etc.,

A. G. JARRAMS.

British Forces Post Office 38.

REFERENCE

- ¹ Sutton, R. L., *Diseases of the Skin*, 11th ed., 1956. Mosby, St. Louis.

Student International Conference

SIR,—This year the British Medical Students' Association is host to forty foreign students, who will be attending the Student International Clinical Conference. This conference is organized annually by one of the member associations of the International Federation of Medical Students' Associations, which represents 26 nations. The subject matter for this three-week conference is to be "Tropical Medicine," and we will combine this conference with our annual National Tropical Medicine Conference. Considering the ever-increasing opportunities for newly qualified doctors to work in developing countries, we felt that it was fitting that Great Britain introduce the subject to students who have no access to a school of tropical medicine in their own country.

Our difficulty is to arrange an interesting programme and at the same time keep the cost within reach of the individual student. We are therefore appealing for financial support. I earnestly hope that your readers can support us in our venture, and any contributions, however small, will be gratefully received.—I am, etc.,

London W.C.1.

IAIN CHALMERS.

Correction.—In the last line of the letter by Dr. G. L. Davies on Ingrowing Toenails (25 January, p. 243) the phrase "the edges cannot keep growing into the flesh" should have read, "the edges cannot help growing into the flesh."