Correspondence

Steroids and Nephrotic Syndrome

Sir,—In your leading article on steroid treatment for nephrotic children (2 March, p. 530) you mention that there is no means of identifying those likely to relapse.

For over a decade I have used a regimen that has successfully achieved this. On discharge from hospital after the initial admission the mother is taught how to test her child's urine with Easby's reagent each day and she is instructed to match the daily dose of prednisolone with the reading obtained. Thus if albumin is present amounting to four parts per thousand she gives four tablets of prednisolone in the following 24 hours, if 10 parts she would give 10 tablets, etc. It is surprising how great are the fluctuations recorded in her daily notebook. With colds and other infections a rapid rise to 12 parts is common, but the prompt administration of an adequate dose of steroid prevents the formation of significant oedema. As the child improves less frequent Easby readings are taken. Experience has shown that the mothers successfully prevent relapses with this regimen, and, since steroids are only given when required, growth inhibition is kept to an absolute minimum. I am, etc.,

LAN G. WICKES.

Dental Anaesthesia

Sir,—A recent press report* concerning an inquest on a patient who died following anaesthesia for conservative dental treatment has prompted us to write this letter.

We wish to make it clear that we strongly deplore the present practice employing the use of intravenous anaesthetic agents (for example, thiopentone, methohexitone) by single-handed practitioners for the purpose of carrying on any form of dental treatment. In our respective dental practices we do make use of general anaesthesia for conservative dental treatment. However, our incidence of general anaesthesia for these procedures is small and we each average about one to two patients per month. It is also worth noting that in the 5% figure quoted in the *Sunday Times* (20 February) the patient's airway was safeguarded by an orotracheal tube and packing.

During the preparation of a cavity in a tooth with the air turbine drill considerable water is used as coolant. Much of this water can be aspirated by the highly efficient aspirator used in most dental practices. This aspirator is many times more efficient than the best suction apparatus found in operating-theatres. Hence, it is still not possible to recover all this coolant, and the top of the pack is invariably wet if a large number of cavities have been prepared. Also, during the packing, condensation, and subsequent carrying of the amalgam restoration, it is possible to dislodge small pieces of material into the mouth, which presents a further hazard. How can the operator—anaesthetist working on posterior teeth safeguard his patient's airway at all times? The answer is he cannot, and recent events prove the point.

Local anaesthesia with efficient premedication is the logical alternative. For the completely unmanageable patient, the subnormal or very nervous patient, an endotracheal anaesthetic. In conclusion let us remember that the experience should not be more dangerous than the disease. We are, etc.,

JOHN E. DE B. NORMAN.
C. R. TURNER.

REFERENCE

1 *Sunday Times*, 20 February, 1968.

Coal Gas and the Brain

Sir,—In the opening sentence of your leading article (17 February, p. 398) you state: "The common methods of attempting suicide in Britain are inhalation of carbon monoxide and the ingestion of barbiturates and aspirin." This may have been true in the distant past but it has not been the recent experience in Edinburgh, and there is no reason to think that the methods used here differ from elsewhere in the country. Kessel* reported that in 1962–3 9% of 522 patients who poisoned themselves used coal gas, while 55% ingested barbiturates. To equate the frequency of carbon monoxide with barbiturates as a means of attempting suicide is clearly misleading. This is further supported by a provisional analysis of the poison used by 974 patients admitted to this unit in 1967.

The admission rate to the Regional Poisoning Treatment Centre has doubled in the past two years, but the greatest number of those who have ingested barbiturates or inhaled carbon monoxide have remained remarkably constant. The increased admission rate can be attributed to poisoning with Mandrax, benzodiazepines, tricyclic antidepressant drugs, and phenothiazines. The Registrar General reports that in 1959 in England and

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**REFERENCE**

1 *Sunday Times*, 20 February, 1968.

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**Dental Anaesthesia**

<table>
<thead>
<tr>
<th>Method of Poisoning</th>
<th>No.</th>
<th>%</th>
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<tbody>
<tr>
<td>Barbiturates</td>
<td>296</td>
<td>29</td>
</tr>
<tr>
<td>Saliyates</td>
<td>141</td>
<td>14</td>
</tr>
<tr>
<td>Mandrax*</td>
<td>107</td>
<td>10</td>
</tr>
<tr>
<td>Benzodiazepines</td>
<td>119</td>
<td>12</td>
</tr>
<tr>
<td>Carbon monoxide</td>
<td>46</td>
<td>5</td>
</tr>
<tr>
<td>Triethyl compounds</td>
<td>9</td>
<td>1</td>
</tr>
<tr>
<td>Phenothiazines</td>
<td>15</td>
<td>2</td>
</tr>
<tr>
<td>Others</td>
<td>14</td>
<td>4</td>
</tr>
</tbody>
</table>

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**The admission rate to the Regional Poisoning Treatment Centre has doubled in the past two years, but the greatest number of those who have ingested barbiturates or inhaled carbon monoxide have remained remarkably constant. The increased admission rate can be attributed to poisoning with Mandrax, benzodiazepines, tricyclic antidepressant drugs, and phenothiazines. The Registrar General reports that in 1959 in England and**