being necessary only in the presence of severe stenosis.

A new hypothesis is important because it may lead to a new form of treatment. The hypothesis may be entirely or partially wrong (hypotheses often are) but the action resulting from it may be right. Accepting the retention of stomach and use of duodenogastric outlet disease, I have used vagotomy in one form or another for every gastric ulcer patient since 1962. The results have been carefully studied and reported. Not one of the 142 patients has needed gastric resection for persistent or recurrent ulceration. A few (about 5%) with persistent or recurrent gastric ulcer after vagotomy and pyloroplasty have later needed a gastrojejunostomy to overcome retention and to cure the ulcer. There has been no recurrence in the 32 patients treated by proximal gastric vagotomy without drainage. Our results of this operation for gastric ulcer are the same as those reported by Johnston and his colleagues in Leeds. Proximal gastric vagotomy preserves the motor function of the pylorus and appears in practice, the best operation for gastric ulcer. Incomplete nerve section is the only cause of recurrent duodenal ulceration after vagotomy and may be important too in gastric ulceration. A peroperative test for completeness of nerve section may, therefore, be as desirable when the operation is done for gastric ulcer as it is for duodenal.

R. S. ARNOT
Groote Schuur Hospital, Cape Town, South Africa

Clinical Assistants in Anaesthetics

SIR,—Dr. M. M. Burrows (23 December, p. 736) thinks that I do "less than justice to the... new hospital practitioner grade." I have three objections to this grade.

(1) It is unnecessary. The clinical assistant grade provides a flexible system for the employment of those whose work in the hospital service is short-term or intermittent. The medical assistant grade is in my view under-used, and many present clinical assistants should actually be medical assistants. For those appropriately qualified and who are prepared to give the appropriate degree of commitment, part-time consultant contracts would be suitable. In an increasing number of trainee anaesthetists with the F.F.A. opting for general practice-stopping, not falling, off the consultant ladder—candidates for such appointments should become increasingly available.

(2) Attempting to limit entry to the grade in principals in general practice seems to be quite wrong. A person's status and rewards in the hospital service should depend solely upon the skills and time he is able to devote to that service. What he does outside the hospital is irrelevant.

(3) Limiting the contract to five sessions seems quite unreasonable. If the hospital practitioner is useful for five sessions he will be even more useful for six.

I think we should fully exploit the existing structure before innovating further categories of employment.—I am, etc.,

D. LINDSAY WALKER
Croyde Hill Hospital, Gloucester

Afternoon Surgeries

SIR,—My partner and I are endeavouring to change our evening surgery to an after-
noon surgery to fall in line with the working hours of all the other branches of medical service. However, the local executive council has refused our request despite the existence of a precedent within our area.

We would be grateful to hear from doctors in other practices who have been successful in the afternoons only instead of evenings so that we can quote their experience in support of our case.—I am, etc.,

R. B. SMITH
Whitemore, Bedlinton, Essex

De Quervain's Disease

SIR,—I would like to write in strong sup-
port of the article by Miss Jean M. M. McKenzie (16 December, p. 659) on the conserva-
tive treatment of de Quervain's disease. Her findings agree with my own experience in the treatment of this condition. During the past few years all patients sent to me have been treated primarily by an injection of prednisolone with local anaesthetic into the common synovial sheath.

Since I adopted this as a routine several years ago operative treatment of de Quervain's disease has almost ceased to figure on my operating lists.—I am, etc.,

H. D. W. POWELL
High Wycombe, Bucks

Fenfuramide and Haemolytic Anaemia

SIR,—It is possible that yet another drug may have to be added to the growing list of preparations capable of causing haemolytic anaemia.

A 46-year-old woman presented on 7 June 1972 with a haemoglobin level of 5-1 g/100 ml, 8-6% reticulocytes, W.B.C. 17,100/mm³, and 22 nucleated R.B.C.s per 100 W.B.C.s. Her R.B.C.s...
Transient Cranial Mononeuropathy

Sir,—I was surprised to read that Dr. J. N. Blau and Mr. R. Kapadia (4 November, p. 259) "conclude that it is reasonable to accept the entity of the cranial mononeuropathies," but still more so to find that they state that "it would clearly be sensible to tackle the aetiology of Bell's palsy because it is the most common of these neuropathies"—in order "to incriminate or dismiss a viral cause for transient cranial nerve lesions." They seem to base their conclusion on the facts that a series of 21 selected patients with unilateral vocal cord palsy 10 recovered more or less completely and 11 did not recover, but no serious diseases had developed after a follow-up period ranging from three months to eight years. This may be true, though I do not understand how one can be sure that a case of disseminated sclerosis could not have remained undiscovered over a period of one year or less (six patients in this series). Examination of the cerebrospinal fluid is not mentioned. Not mentioning the examination of the passive mobility of the cricoarytenoid joint, in a case of arthritis its immobility is so often overlooked because, on inspection only, it is indistinguishable from a palsy of the recurrent laryngeal nerve.

If I nevertheless accept the truth of this conclusion and if I do not criticize the statistics—15 patients who declined to attend were excluded—I still do not see the reasonableness of the conclusion about the entity of the cranial mononeuropathies. There is simply no reason for it; on the contrary, there are reasons to doubt it. The acute and permanent loss of hearing complicating mumps, the usually transient abducens paresis, the zoster paralysis of the facial nerve showing histological changes up to the nucleus of this nerve, the ataxic (Bll's) palsy with, histologically, oedema and never a trace of inflammation,1 the severe but short-lived influenza vertigo—certainly a very impressive entity of diversities. If this diversity of reactions is here proposed as an argument for the existence of viral infections, it can only be because in any symptom of uncertain origin the virus seems to be the modern magic prince.

Beelzebub revived, who explains the problems away.

If one seeks an entity, take Bell's palsy—they are all the same, "like peas in a pod."2

—I am, etc.,

A. M. NUSSEY
Solihull Hospital, Solihull, Warwick

Acute Polyrheumatis

Sir,—We would like to congratulate Drs. S. S. Bedi and G. N. Marsh on their article on acute polyrheumatis (30 December, p. 779). They have, however, omitted to discuss, under differential diagnosis and investigations, the possibility of the patient having gonococcal arthritis, a condition which would, of course, present in exactly this manner in a young female. We have personally seen 10 cases in the past three years, several of which presented as an acute sero-negative polyarthritis unresponsive to anti-inflammatory drug therapy.

In view of the recent dramatic increase in the incidence of gonorrhoea in this country it would seem important that a diagnosis of gonococcal septicisemia with arthritis should be considered in cases such as this.—We are, etc.,

J. R. W. HARRIS
R. S. MORTON
Royal Infirmary, Sheffield

The Chambers Principles

Sir,—The "fundamental principles" of the Chambers Report (Supplement, 25 November, p. 55) have been listed by the Organization Committee and approved by you (Supplement, 6 January, p. 7). The most important principle of all appears to have been left out. It appears in section V, paragraph 3, and reads: "... that there must be an assumption that the Administration intends to co-operate whole-heartedly with the Government in the task of making the National Health Service successful."

Sir Paul Chambers has added ample evidence in his masterly report showing this to be something new. Will someone please see that this essential and novel principle is included?—I am, etc.,

T. MCL. GALLOWAY
Chichester, Sussex