Thromboembolism. Four of these patients had normal pulmonary "wedged" pressures (indirect left atrial pressures) and in one there was a slight increase. In the remaining six patients only mildly "wedged" and pressure record could not be analysed because of difficulty in identifying an appropriate wave form. This could have been due to technical imperfection, but an alternative explanation might be pulmonary venous hypertension without left atrial hypertension. The occurrence of pulmonary venous constriction following experimental pulmonary embolism was demonstrated by Daicoff et al. This mechanism could account for pulmonary oedema in the absence of left heart failure and might also account for the difficulty in obtaining an adequate pulmonary "wedged" record.

Although in man the mechanism is obscure, there is no doubt that pulmonary oedema can occur as a result of pulmonary thromboembolism.—We are, etc.,

W. J. WINDERBANK F. M. MORAN
Centre for Respiratory Investigation, 
Royal Infirmary, 
Gloucester

Pathology of Malignant Hyperpyrexia

SIR,—There are two minor inaccuracies which should be corrected in your otherwise excellent leading article (3 February, p. 249).

Firstly, malignant hyperpyrexia was first recognized as a complication of general anaesthesia in the 1930s. At that time ether was probably the agent most frequently responsible. Secondly, Bradley and Murchison? studied muscle biopsy specimens from six patients at risk in two families, not four as stated. At a recent meeting of the Royal Society of Medicine the pathological and biochemical studies performed on malignant hyperpyrexia were discussed in greater detail.—I am, etc.,

W. G. BRADLEY
Newcastle General Hospital, 
Newcastle upon Tyne

Thiocyanate Metabolism in Human Vitamin B1 Deficiency

SIR,—The letter from Dr. A. G. Free man (27 January, p. 231) has reminded me of an article entitled "Optic Atrophy and Pernicious Anaemia; with Special Reference to Sex Distribution and Aetiology," published in the London Medical Journal for 1873. The two cases were described and the sex, age of onset, and smoking habits in 21 others reported in the literature were analysed. Of the total, 22 patients were males; in the only female the diagnosis was in doubt. A positive history of smoking was obtained from 11 males; in the remaining cases no details were given. In the paper attention was drawn to the fact that this rare complication of pernicious anaemia predominately affects males, and the aetiology of this chronic form of retrobulbar neuritis was discussed with special reference to the role of tobacco.

In a publication in an obscure and short-lived journal (under my editorship) provides ample reason why this article has passed unnoticed.—I am, etc.,

DOUGLAS McALPINE
Marnhull, Dorset

1 McAlpine, D., and Goldsmith, A. J. B., "How is your patient with the Memories of the Middlesex Hospital, 1951, 1, 109.

Medical Aspects of Ambulance Design

SIR,—I was very interested in the article on ambulance design by Dr. Roger Snook (2 September, p. 574). Recent experiences have underlined what he says about the motion of the vehicle affecting the condition of some patients and the inadequacies of the way in which vehicles require providing life-support treatment. It would seem that giving a shocked patient a ride in a modern ambulance may well finish him off. How often do we read in the paper "The patient died on the way to hospital"? I know there are many problems attached, and money is not the least of them, but is this in science could we not design an ambulance?—I am, etc.,

R. N. SEYMOUR
Street, Somerset

Staffing of Accident and Emergency Departments

SIR,—I was interested by the suggestion of Mr. J. C. Scott (3 February, p. 292) that casualty work should be an essential prerequisite for entry into general practice. Had such service not been a requirement for the F.R.C.S., then the staffing crisis of casualty departments would have occurred many years sooner and such improvements in the conditions of work of casualty officers as have taken place recently would have been inevitable 20 years ago. Accident departments should be staffed by doctors keen to work there, not by men compelled to do six months' service in inadequate departments with inadequate training and cover. —I am, etc.,

R. K. HOLDSWORTH
Rugby

Disappearance of Diphtheria

SIR,—We appreciated your leading article on "Infectious Disease" (13 January, p. 63) and welcome the series it introduces. In the light of our experience in a laboratory with a special interest in diphtheria we feel that the recent comments on this disease merit some further comment. It is a common assumption that the disappearance of diphtheria was due to immunization, but we do not know why diphtheria declined so rapidly, nor do we know what part was played by changes in the prevalent types of strain.

The isolation of atypical and non-toxicogenic strains first became fairly common about 1935, before either extensive immunization or the use of large group practice and such improvements in the conditions of work of casualty officers as have taken place recently would have been inevitable 20 years ago. Accident departments should be staffed by doctors keen to work there, not by men compelled to do six months' service in inadequate departments with inadequate training and cover. —I am, etc.,

J. P. TURNER
Whitehaven, Cumberland