When I presented my prescription for 100 5-mg tablets of dexamethasone to one of the local pharmacists a look of complete horror passed over his face. He rushed into an inner sanctum and reappeared after five minutes, still wearing a most sinister expression. I found later that he had telephoned his union for advice on how to handle this unfamiliar situation. He explained that if he were to dispense these tablets we were entering into what was almost a criminal conspiracy. Certainly, we said, we would both receive an early visit by a man from the Ministry. I crept out in a rather bemused state. Here we have a minority group in the profession who have "restricted," and in fact practically prohibited, the sale of a legal and orthodox drug listed in the British Pharmacopoeia and by so doing prejudicing the law of the land.

And now our crusaders are setting their sights at the barbiturates. They are not likely, I think, to gain the same success as they claim with the amphetamines because most stable-minded doctors will realize that it is better to have at their command two good hypnotics than one. In any case it becomes clear that this group seems to be more interested in bringing about an amphetamine-free world and a barbiturate-free world than in promoting the maximum possible health of their patients. This is a doctrine more appropriate to the puppet than the consulting room. But then, of course, we live in a strange world.—I am etc.,

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Sports Injuries Clinics

SIR,—The case advanced for the development of sports injuries clinics by Dr. P. N. Sperryn and Mr. J. G. P. Williams (9 August, p. 364) is untenable in my opinion. One cannot dispute the existence of sport-specific injuries and other disease processes in the C.S.P. which may not be primary to the sport, but secondary. This is the underlying reason for the optimum treatment of sport injuries. However, the wide range of sporting activities precludes any one physician becoming familiar with more than a few. In addition the common idiosyncrasies of training and competitive techniques employed by different individuals within the same sport limit the usefulness of a mere familiarity with a sport and the statistically most likely injuries therein.

Fortunately, the musculoskeletal system has a limited repertoire of responses (for example, strain, sprain, inflammation) to the unlimited variety of macrotrauma and repetitive microtrauma which it is subjected to. Only the site and not the nature of the pathology is sport-specific. Also, fortunately, the athlete is exquisitely aware of his own training regimen and competitive habits and in which phase of these his injury is most severe. Therefore a adequate history elicited by a conscientious physician working in the musculoskeletal field at large should solve as many difficult diagnostic and therapeutic problems as a stable of sportologists in special clinics. Many of the former group resent having these interesting, intelligent, highly motivated patients skimped off their practices. The activities of many non-athletic groups produce equally activity-specific musculoskeletal problems. The data and philosophy presented by the authors justifying the special status of sport, if extrapolated, should allow special status for other activities equally common and disabiling. Will special clinics to meet the needs of the "weekend gardener" or the "salt water angler" be next?—I am etc.,

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SIR,—Dr. P. N. Sperryn and Mr. J. G. P. Williams (9 August, p. 364) are to be congratulated on pointing out the inadequacy of the facilities afforded in Britain today for treating sports injuries. Indeed, this lack forms part of the hiatus in our Health Service whereby no one consultant bears responsibility for the medical aspects of orthopaedics. I agree that facilities for such clinics are required; for the athlete or ballet-dancer who sprains his back or his knee requires the same treatment as other people; the difference in urgency and in the degree of fitness that needs to be restored. However, I would disagree about priority. As most of these accidents occur on a Saturday, an hour was for many years kept free at our Monday morning clinic at St. Thomas's for this purpose, not least for the members of the hospital's own teams.

The optimum treatment for damage to most muscles is deep massage. Given transversely, this retains (in recent cases) or restores (in chronic cases) the capacity of the muscle to broaden out painlessly as it contracts. For tendons deep friction is again paramount, particularly at the ankle and heel. The normal excursion of a ligament can be maintained by deep friction, which moves it to and fro over underlying bones in imitation of its normal behaviour. Sprains at the neck and back usually respond best to manipulation; hence sportsmen's frequent recourse to laymen. The emergence of the manipulating physiotherapist would render these men superfluous.

The only role for the physician must be prepared to train each fresh physiotherapist who joins his staff how to give effective traction to each localized soft-tissue lesion and how to manipulate joints, particularly spinal. This was my practice at St. Thomas's for over 30 years. The period off work and games for ordinary citizens no less than for sportsmen would be greatly curtailed if this policy gained widespread adoption. It was well worth the extra trouble and made for happy collaboration between surgeon, physiotherapist and orthopaedic teams.—I am etc.,

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SIR,—I read with interest the comments made by Dr. J. G. Bourne (11 January, p. 93) and Dr. S. Mehta (27 April 1974, p. 224) on cases of death during dental anaesthesia. I should like to report a recent fatal case of severe unaccountable collapse following administration of anaesthesia in a dental chair.

A healthy young girl aged 11 needed dental extractions as she was suffering from an alveolar abscess and was in pain. Before anaesthesia I confirmed from the dental records that there was nothing in her medical history to contraindicate general anaesthesia. She was a special patient, in Richmond Accident Hospital, in 1974 and had had a splenectomy as a result. There was nothing else of note in the history.