sounds and cannot be silenced until the oxygen runs out of the cylinder or pipeline completely. The button can be reset when a full cylinder is installed or pipeline pressure re-established.

The patient failsafe system consists of piping oxygen from regulators to each of the other gas regulators, the oxygen pressure acting in place of the usual spring. When oxygen fails the regulators shut off. At the same time as the supply of gases is cut off from the patient an inspiratory valve (which is normally kept closed by these gases) is allowed to vent to atmosphere, ensuring that the patient can still breathe.—I am, etc.,

R. J. DAVIES
Director of Research and Development, Medical and Industrial Equipment Ltd.
Walton-on-Thames, Surrey

Traveller's Ankle

Sir,—I recently wrote to you about this condition (14 July, p. 109), which I had not previously described, and I made a suggestion about how it might be prevented. This was entirely theoretical, for I had not had an opportunity to try it out. I also promised that if any doctor thought my suggestion was worth writing to me and describing the result, I would report a summary to this journal in due course.

Already I have had a great many letters, and it seems that the condition is not as rare as I had imagined. I had remarked that car drivers seemed to be immune, and I guessed this to be because they worked their ankles adequately. One letter was from a doctor who had bought a new car with a self-changing gear. For the first time he had developed traveller's ankle, but only on the left side. As he pointed out, the left foot now had nothing to do.

Another letter came from a doctor who had been medical officer to a bus tour of Europe. On the way out five of his 18 passengers complained of painful swelling of the ankles. In Basle he was shown my letter and told that this was the same condition. They all followed my suggestion, and on the return journey none got ankle swelling.—I am, etc.,

H. Daintree Johnson
London N.6

Postgraduate Training in Developing Countries

Sir,—Professor J. H. Hutchison's Personal View, (4 August, p. 288), the subsequent correspondence (1 September, p. 503; 13 October, p. 108), and your leading article reporting the recent Oxford symposium on orthopaedic training (6 October, p. 4) all discuss different aspects of the same problem.

It is agreed that postgraduate education in developing countries should largely replace in these countries. A majority view holds that help is required from the West in providing at least temporary manpower. Professor Hutchison suggests seconding men of senior lecturer status for three-monthly periods to help in establishing training programmes; he recognized that it is difficult for staff who hold appointments in Britain to be absent for longer periods. At the Oxford symposium it was pointed out that younger men (so far as orthopaedics is concerned) have little experience of the diseases they would meet overseas. Hence it was agreed that senior, experienced teachers should go—and for at least six months and preferably for some years.

Apart from a few retired men, where are such staff to be found? Surely in many branches of medicine a big contribution could be made by a succession of men on one-co-ordinated programme, each going for a shorter period (for example, three months). There are many who would be available provided the schemes were officially organized and had the blessing of their employing authority in this country. Closer co-operation between the Department of Health, the Overseas Development Administration, and other organizing bodies in promoting such programmes would, I am sure, produce an expansion of overseas medical training to the benefit of all concerned.—I am, etc.,

A. G. QUINLAN
Scarborough Hospital, Scarborough

Penicillin in the Treatment of Rheumatoid Arthritis

Sir,—We were interested in your recent leading article on this subject (1 September, p. 464) in which it is stated, in paraphrase, that penicillin might be used only for patients with acute, active, rheumatoid arthritis.

The multicentre trial2 to which you refer was carried out on patients who had rheumatoid arthritis for a mean duration of 11 years (range 2-28 years) and at least 20% of whom had extra-articular manifestations of the disease. Such patients can hardly be said to have early-onset acute disease. This view is confirmed by the statement in the original paper that "all these patients had erosive changes of such severity as to obscure minor differences between pre-treatment and post-treatment films."

In addition to misinterpreting the original study, your article perpetuates the archaic misconception of "advanced, largely burnt-out" rheumatoid arthritis. We presume that by this term you mean to describe low-grade, progressive, granulomatous disease, which in our experience responds well to penicillin therapy.

We would prefer to have conducted your article as a plea for early, active therapy in rheumatoid arthritis and would ourselves support this philosophy. Nevertheless, we must stress that penicillin may be gratifyingly effective in the later stages of rheumatoid arthritis.—We are, etc.,

John Percy
A. S. Russell
Rheumatic Disease Unit, University of Alberta, Edmonton, Alberta


Child Health Records

Sir,—I feel some concern regarding the lack of continuity of child health records at the time of school entry. In many systems currently extant a great deal of clinical and developmental information collected by doctors and health visitors on children in the 0-5-year age range is not available to school medical officers when selections are made for the school entry examination. It has been shown by Lunn1 and others that selective school entry examination is dependent for its efficiency on being integral with a scheme of continuing assessment and screening, and this in turn depends upon good access to information.

In view of the setting up of the new National Health Service Authority under the forthcoming reorganization of the National Health Service it is, I feel, desirable that we reassess the systems used by different health authorities to date with a view to implementing methods giving increased efficiency. I would therefore be grateful to hear of the ideas and experiences of other authorities in the use of 0-16 record cards to replace the separate 0-5 and school 10M records.—I am, etc.,

G. W. ROBERTS
County Health Department, Mold, Flintshire


Tetracycline-resistant Beta-haemolytic Streptococci

Sir,—I was interested in Dr. M. H. Roberts's observation (13 October, p. 84) that the prevalence of tetracycline-resistant beta-haemolytic streptococci in South-west Essex has fallen over the period 1965-72. Records of the tetracycline sensitivity of Lancedfeld Group A streptococci (Streptococcus pyogenes) isolated from specimens received in our laboratory over a period of general practice, have been kept since 1970.

Non-accidental Injury to Children

Sir,—Most paediatricians, medical officers of health, and other interested people will by this time have read the report of the Tunbridge Wells Group on accidental injury to children (13 October, p. 96) which has been circulated by the Department of Health and Social Security. It is, of course, a document of extreme importance and value, but I think even greater emphasis should have been placed in the document on the very complex psychodynamics that surrounds such cases, and that greater emphasis should have been made upon the importance of involving the child psychiatrist.

The average paediatrician, local authority doctor, or family doctor is naive in regard to deep-seated psychopathology, but it is only by expert understanding of these aspects of the matter that we can hope to make really significant advances in our general understanding of this tragic problem and in the proper management of the individual case. In particular, I think it needs emphasis that the local child psychiatrist is an essential member of the case conference and, in so far as unilateral action is to be attempted in these cases, he should be the co-ordinator of the action of the other people involved. This may be of special importance when the family refuse, in one way or another, direct help of a psychiatric nature.—I am, etc.,

K. R. LLEWELLYN
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