future of organized psychiatry. Council was informed that the Royal College of Physicians are at this time debating the possibility of changes in the examination for the Membership of the College. Council formed the opinion that the changes proposed might have a bearing on the R.M.P.A. ballot, and they were told that details could not be given by the Royal College of Physicians until the end of April 1964. Council therefore decided to hold their ballot in May 1964, so that their members could have accurate information about possible changes in the M.R.C.P. examination before voting. The meeting of the Council was attended by members with widely differing views, varying from strong supporters of a College of Psychiatrists to firm opponents of such a course, but the decision was unanimous. A ballot held in May would allow for a second ballot before the Annual Meeting of the R.M.P.A. in July 1964, if the results of the first proved inconclusive.—I am, etc.,

DESMOND CURRAN,
President of the R.M.P.A.

London W.1.

Hypersensitivity to Antituberculous Drugs

SIR,—I have read Dr. J. C. Chatterji's letter (4 January, p. 62) with interest, but if he is describing a standard approach to the problem of hypersensitivity to antituberculous drugs I, for one, must strongly disagree with him.

The approach in drug sensitivity in tuberculosis must be methodical.¹ Firstly, all drugs must be stopped; secondly, suitable provocative doses of each drug must be given in turn positively to identify the allergen(s)—and often two drugs will be found to be simultaneously causing allergic reactions; and thirdly, any concurrent antituberculous therapy now begun must be given in adequate amounts, which precludes the use of single or of weak agents, such as oxytetracycline, when better drugs are available, like viomycin, cycloserine, ethionamide, and pyrazinamide.

Desensitization is usually feasible without the aid of steroids, although the process may be time-consuming. This is true even in severely allergic patients, and unless the tuberculous illness in the first place is so severe that steroid therapy would be used anyway steroids are better avoided if possible. This is not because they are especially dangerous in themselves, but because the whole course of the tuberculous illness may be masked thereby, and a developing drug resistance obscured. There are problems enough in this disease without the addition of iatrogenic ones.—I am, etc.,

J. H. MITCHELL.

Gate-side Hospital,
Greenock, Renfrewshire.

REFERENCE

- ¹ Mitchell, J. H., *Brit. J. clin. Pract.* In press.

Value of the Carotid Pulse

SIR,—There was one point which surprised us in the excellent paper by Dr. C. Baker and Dr. Jane Somerville on the "Results of Surgical Treatment of Aortic Stenosis" (25 January, p. 197), and that was their use of the brachial artery to assess the character and

volume of the arterial pulse. Theoretically the character of the arterial pulse wave in the right carotid artery should more closely resemble that in the ascending aorta, and therefore provide a better indication of any abnormality produced by disease of the left ventricular outflow tract. And according to Robinson¹ this is true in practice. In assessing the volume of the arterial pulse the carotid is much more reliable than the brachial, because the latter shows great variability in health depending on the degree of development of the forearm muscles.

In our opinion the character and volume of the arterial pulse should routinely be assessed primarily in the common carotid.—We are, etc.,

JAMES K. FINLAYSON.
DAVID S. SHORT.

Aberdeen.

REFERENCE

- ¹ Robinson, B., *Brit. Heart J.*, 1963, 25, 61.

Perinatal Mortality

SIR,—Permit me to suggest that the perinatal mortality of this country would fall markedly and rapidly if more emphasis were placed on the obstetric education of the general practitioner, in the following way:

(1) Every general practitioner practising obstetrics should have completed at least 6 months (12 months would be better) as obstetric house-surgeon and/or senior house-officer in a busy specialist unit.

(2) Every general practitioner should attend resident practical courses at least every 5 years, possibly every 3 or 4: he should also be encouraged to attend regular perinatal conferences, or full-day seminars in the intervening years.

Please allow me to repeat my views as expressed in your journal (7 September, p. 597), that resident practical courses should be mounted in several specially designated large obstetric units in different parts of the country, where the staff and equipment are geared to teaching all through the year. And may I personally suggest that more than two or three (at the most) doctors attending at one time would be highly undesirable. I understand that at least one unit in the British Isles has started admitting six doctors at a time. I can only believe that this arrangement would cause the intimate tutorial teaching to suffer, and the practical work would be so diluted that each individual doctor might find it insufficient to be worth while.—I am, etc.,

DAVID B. BROWN.

Department of Obstetrics and
Gynaecology,
St. John's Hospital,
Chelmsford, Essex.

Absence of Pulmonary Embolism in Asians?

SIR,—I wish to draw attention to an observation which is not, so far as I am aware, widely known, but which may have important implications. It is the apparent non-occurrence of post-operative deep venous thrombosis and pulmonary embolic complications in Asian peoples in South-east Asia.

Clinical impressions are of course be misleading, but I cannot recollect ever encountering these complications post-operatively during an aggregate period of five years of

surgical practice in this area. The same remarks apply to a more limited experience of surgical practice in the Middle East among predominantly Arab peoples.

As necropsy rates are low in these areas, because of relatives withholding permission and because of Muslim aversion to post-mortem examination, it may well be that the diagnosis of embolic phenomena is just not being made in fatal cases. One would expect, however, to encounter unequivocal clinical manifestations in surviving patients from time to time if there is any significant incidence of the condition.

I would be interested to hear the experience of others in support or refutation of this observation before seriously investigating possible genetic and environmental explanations of this paradox.—I am, etc.,

Surgical Professorial Unit, L. F. TINCKLER.
General Hospital,
Singapore 3.

Ancillaries' Salaries

SIR,—Some publicity has recently been given to the position of certain non-medical grades within the hospital service. The plight of the nursing profession captured the public imagination, and some effort, however inadequate, has been made to redress their grievances.

There are, however, many small groups of ancillaries who are suffering from the stringent financial policy of the Government. One such is the dental technicians who construct the delicate appliances used in regulation of the teeth and repair of facial injuries. These men are skilled craftsmen who undergo a prolonged training and pass difficult examinations in their craft. Their contribution to the dental service in hospitals is very real, but they are paid less than a London bus conductor. They usually work alone or in small groups, and the idea of industrial action is repugnant to them. They form a small minority in four trade unions. Nevertheless the lack of adequate remuneration has caused many of them, after much heart-searching, to leave the craft for other employment. It is proving increasingly difficult to replace them with men of the right calibre, and several vacancies exist which cannot be filled. My group believes that unless their remuneration is very substantially improved the whole hospital dental service may break down.—I am, etc.,

J. R. E. MILLS,
London W.C.1.
Hon. Secretary,
Consultant, Orthodontists' Group.

Old People in the Cold

SIR,—Although there has been much publicity about hypothermia I have nowhere seen the night storage-heater suggested as a means of preventing senile old-age pensioners who live alone from dying of cold. This automatic and very safe method of heating is designed to acquire heat during the cheap electricity period at night, and discharge it during the day, but it can be used to discharge its heat at any time if a rather higher cost of electricity is accepted.

Electricity authorities appear to differ in the terms and time offered to users of these heaters, but most of them seem to offer conditions which enable the heater to use cheap