to reject Government aid. Chemists will have no Government-franked prescriptions. Doctors will have no Government pay. Patients, hospitals, chemists, and doctors will have less money. The standard of medical care will inevitably fall, nor has the B.M.A. been able so far to persuade the Divisions to agree to any scheme of organization of what care will be available. Dr. Hill said: "The doctors will be loyal to their calling and to their patients, to whom as always they owe their first duty." And all this because of a majority of 3,496 out of 56,671. There must be an Amending Act, a precedent for every trade union that disagrees with any future Act. The Commons, the Lords, the Royal Assent go for nothing. This present Act does not exist—because of 3,496 out of 56,671.—I am, etc.,

Hove.

WILLIAM BOURNE.

SIR,—As one of the doctors in the Services who did not have an opportunity of voting "Yes" or "No" in the recent ballot, I would like to draw attention to an aspect of the result to which insufficient attention appears to have been given—and that is the fact that only 40% of the profession actually voted against any renewal of discussions with the Government. No less than 35% voted in favour of negotiating, while as many as 25% either did not or could not vote at all.

The point to be observed, therefore, is that the profession appears to be fairly evenly divided in opinion upon the matter, and therefore it is doubtful whether the B.M.A. could count on the support of any substantial majority of the profession in seeking, at this juncture, to break off negotiations upon an Act which has already become the law of the land.

The Presidents of the Colleges, in their constructive letter to the Minister, dated Jan. 2, have outlined the main objections felt by doctors to the Act, and the Minister has now made a conciliatory reply in which he has expressed a willingness to negotiate freely within the framework of the Act, and to endeavour to meet any views of the profession which do not conflict with the principles of the Act.

There can surely be little justification, in view of these circumstances, for now persisting in refusal to negotiate.

The Act is now law, but the details of its shaping still depend largely upon the results of free and constructive discussion between the Government and the doctors. It is surely in our own interest and, even more important, in the interest of the nation, for the medical profession at this stage to approach the problem in a spirit of constructive co-operation, free if possible from political bickering, and to do all in its power, while there is yet time, to advise the Minister on all matters which require clarification, elaboration, or amendment within the framework of the Act.—I am, etc.,

London. N.W.3.

A. B. COOK.

The Press and the Doctors

SIR,—You write in your leading article entitled "A Moral Issue" (Dec. 28, 1946, p. 993) that the medical profession as a result of the plebiscite has had a bad Press. It may be pertinent to point out that some journals have descended to actual misrepresentation of facts in their desire to belittle and traduce the conclusions to be drawn from the answers to the plebiscite. For example, *The Times* in its issue of Jan. 6 prints on its front page a statement that "the clumsy attempt to enforce a closed shop on municipal, medical, and nursing staff undoubtedly influenced the doctors voting in the recent ballot." The forms asking doctors to vote were issued in the week ending Nov. 16, and recipients were urged to reply as soon as possible; the "clumsy attempt" was made on Nov. 29, by which date it would be a safe bet to assume that nine-tenths of replies had been made.

The *News Chronicle* in its issue of Dec. 14 reported hopefully a "break-away movement from the B.M.A." in certain bodies which it described as "medical unions," "the biggest being the Medical Practitioners Union and the Confederation of Health Service Employees." It went on to say, "at present there are about 10,000 doctors in 15 or 16 unions," and it urged that these medical unions should "get together and act as one." It is reported that the Socialist Medical Association, which "is a political organization affiliated to the Labour Party," expressed the confident conviction that "fewer than 10,000 doctors will refuse to co-operate with Mr. Bevan."

On Dec. 16 I addressed a letter to the *News Chronicle* pointing out that there is only one body—the Medical Practitioners Union—which is recognized both by medical practitioners and by the T.U.C. as a medical trade union; its present membership I stated on the authority of the general secretary to be approximately 4,000, as compared with 7,000 before the war, while the B.M.A. during the same period has grown from 40,000 to 54,000. I asked for evidence supporting the statement that "there are about 10,000 doctors in 15 or 16 unions." In a covering note to the editor I said I did not expect him to publish my letter, but I hoped he might wish to correct statements which were clearly not in accordance with facts. Needless to say, no notice was taken of my communication.—I am, etc.,

House of Commons.

E. GRAHAM-LITTLE.

Five Impossible Clauses

SIR,—Mr. Bevan's reply to the Presidents of the Colleges leaves the situation quite unchanged. There are five clauses incorporated in the Health Service Act which it is impossible to remove by negotiation, since Mr. Bevan is only ready to negotiate within the principles of the Act. These are:

- (1) The basic salary.
- (2) The refusal to allow an appeal from the Minister's decision in cases of dismissal.
- (3) The direction of doctors. Under the Act no doctor can settle in *any* district without the permission of some local or county organization.
- (4) The refusal to allow the buying and selling of practices. This is fundamental, for eventually the State will be the owner of every practice in the country. This means a State monopoly of medical practice and the complete subjugation of it to the State with all that that implies.
- (5) The penal clauses, which are outrageous to any free community.

All these things are beyond negotiation now that the Bill has become law. Before, however, we say "No" finally, is it not possible for the B.M.A. to elect a committee to discuss these vital clauses with the Minister with a view to discovering the possibility of removing these fundamentally objectionable clauses by means of an amending Bill? The rest of the Act is more or less workable, but these five clauses make it impossible for the majority of us to accept the Act. On the result of that discussion we should be in a position in which we could say "Yes" or "No" beyond question.—I am, etc.,

Histon, Cambs.

A. E. MOORE.

Allergic Reactions to Penicillin

SIR,—Allergic reactions to penicillin were reviewed by Dr. A. I. Suchetki (Dec. 21, 1946, p. 928). He recorded forty-seven cases and divided them into four classes: (a) allergic hydrarthrosis, (b) urticaria, (c) simulating serum sickness, (d) anaphylactic-shock-like syndrome. All these reactions followed intramuscular injections of penicillin. The following record is of interest in that the father developed hydrarthrosis and the son developed urticaria after sucking penicillin lozenges, and both proved very sensitive to a penicillin skin test.

CASE RECORD

On Dec. 13, 1946, I was called to a boy aged four and a half years who had pain on swallowing, pyrexia, and swollen discharging tonsils. I prescribed penicillin lozenges to be sucked during alternate hours and small doses of aspirin, phenacetin, and Dover's powder. On the first day he seemed to enjoy the lozenges; on the second day he had to be coaxed to take them, and in the evening developed swollen lips and said his "tummy tickled." When I saw him on the third day his tonsillitis was considerably improved, but he had oedematous lips and large urticarial weals on abdomen, thighs, and upper arms. He had refused penicillin that morning. No more penicillin was given and the next day his urticaria disappeared, to reappear for a short while in the evening.

On Dec. 29 I rubbed some penicillin ointment (500 units in 1 g.) into an area of approximately four square inches (25 sq. cm.) of the upper arm. The skin immediately turned crimson and stayed so for twelve hours, the patch being visible for twenty-four hours. Plain petroleum jelly rubbed into a similar area produced no coloration.

On the second visit to the boy I was asked to see the father, who complained of a tickling throat and a feeling of incipient

head cold. I advised him to suck some of the penicillin lozenges. Two days later his left knee was swollen, with fluid in and around the joint. It was tender but not red, and his temperature was normal. The penicillin lozenges were continued, and by the next day his right knee was mildly affected in the same way, and hydrarthrosis of the joints of the fingers prevented full flexion. The penicillin was stopped and within twenty-four hours the joints appeared normal. A skin test showed a sensitivity equal to that of his son.

This record shows once more how indiscriminate use of penicillin can produce startling results. It also points out the benefit of knowing about a patient's sensitivity to penicillin, so that an attempt may be made to desensitize him in preparation for a possible future sudden need for penicillin.—I am, etc.,

Leeds.

R. A. MURRAY SCOTT.

SIR,—Dr. A. I. Suchecki's article on the above subject (Dec. 21, 1946, p. 938) prompts me to write of a recent case which showed somewhat unusual features. On Oct. 14, 1946, a male patient of mine was admitted to hospital because of an acute septic infection of an old gunshot wound above the right ankle. For five days he had sodium penicillin parenterally in repeated doses amounting to 100,000 units each 24 hours, and there was a rapid improvement both generally and locally. Penicillin was continued as a local treatment, and improvement was maintained until on Nov. 22 he developed a mild urticaria on the neck and shoulders and two days later a generalized angioneurotic oedema, which gradually subsided under "benadryl."

The interesting features seem to be (a) the late reaction—five weeks after cessation of parenteral treatment—and (b) the development of severe sensitization during local application.—I am, etc.,

Corbridge.

J. N. TURNBULL.

Curare

SIR,—The use of curare in the production of relaxation has been hailed by many anaesthetists and surgeons as a milestone in anaesthesia. The comments of the nursing profession are, however, very different. I have made inquiries of half a dozen ward sisters, and without exception they condemn the use of curare on three grounds: first, that patients are more frequently in a condition of shock when they return to the ward. This is probably due to insufficient anaesthesia. Secondly, that marked respiratory depression is usually present, which requires the unremitting attention of a nurse for a long period of time. Thirdly, that paralytic ileus frequently complicates the recovery of the patient. This condition may of course come on after any variety of anaesthetic, but the impression is gaining ground that it occurs much more frequently after the use of curare for an abdominal operation. One of my surgical colleagues has received a letter (which I have permission to quote) from the matron of a nursing home, in which she asks whether she is justified in restraining anaesthetists from using curare in her home owing to the many cases of ileus that have occurred and the inability of her nursing staff to cope with them without the presence of a resident medical officer.

Insufficient attention is often paid to the point of view of the nurse in the assessment of a new drug. Too little time is spent by the modern anaesthetist in the ward, watching the post-operative course of his patient. Curare is an extremely valuable addition to the armamentarium of the anaesthetist, but it is not the perfect anaesthetic drug—for which we are still seeking.—I am, etc.,

London, W.1.

MASSEY DAWKINS.

"Lissive" Action of Curares

SIR,—The recent article on *d*-tubocurarine chloride by Kellgren *et al.* (Dec. 14, 1946, p. 898) is not quite correct where it implies that we attributed the selective rigidity-removing ("lissive") action of some curares to a *sedative* effect upon the central nervous system.

We were unable to establish the source of the "lissive" action of curare in canine tetany or in man. We found it to be the property of some samples only, and those samples could not be identified geographically. One of us subsequently found the same property (in respect of canine tetany only) in the non-quaternary alkaloidal fractions of certain *Strychnos* and other

plants (1937), and noted that its presence was accompanied by a mixture of curariform and strychnine-like actions. It thus seems possible that the "lissive" action of some curares is due to a combination of two antagonistic effects—one centrally excitant, the other peripherally depressant. If this is so, the fact may ultimately be capable of therapeutic exploitation.—We are, etc.,

St. Bartholomew's Hospital Medical College,
London.

H. HARTRIDGE.

RANYARD WEST.

REFERENCE

West, R. (1937). *Arch. internat. Pharmacodyn.*, 56, 107.

Acroparaesthesia and its Treatment

SIR,—Some time ago Dr. F. M. R. Walshe discussed this syndrome in the *Journal* (Nov. 3, 1945, p. 596) and also described it in the fourth edition of his *Diseases of the Nervous System*. This syndrome is found chiefly in women, but recently I have found it also in men. It consists of weakness and stiffness in the forearm, especially when starting their work in the morning, and dropping things from the affected hand, which feels clumsy. In addition there are symptoms of a neuralgic character: numbness, and pins and needles in the fingers and hand. There is always marked tenderness of the extensor muscles in the forearm. Walshe prescribed rest as the only effective treatment. In severe cases he advocated a week in bed propped up during the day, with the arms in slings and taken out only for feeding, etc.

For several months now, following the work of Good (*Minor Medicine*, p. 169) and Kelly (*Ann. rheum. Dis.*, 1945-6, 5, 1, 69) I have treated several of these cases with excellent results. The treatment consists of injecting 0.5% procaine into tender spots found in the extensor mass at the level of the neck of the radius. The needle is inserted into the muscle and its point is then used as a probe to find the tender spots. When the exact spot is located by the needle point there is no doubt about it, for the patient, however stoical, will be unable to suppress a wince. Inject 0.5 ml., then probe for other spots, watching the patient's face, and inject again.

After treatment, when the anaesthetic effect has worn off, the pain may be worse for a day or two. The patient should be warned. Great relief follows. If this is not complete further injections may be given in a week's time. At this second examination the injected spots will no longer be tender but others will be found in much the same area. It is seldom that the injection treatment has to be repeated more than twice.—I am, etc.,

London, S.W.4.

A. P. MAGONET.

Endogenous Depression in General Practice

SIR,—I was interested in the article on this subject by Dr. C. A. H. Watts (Jan. 4, p. 11), particularly in his emphasizing that most of these cases can be treated outside a mental hospital with much better results; with this I am in entire agreement, and it is the goal and aim of most medical men. Among the doctors in mental hospitals we have some who are most distinguished and of the highest integrity, but there are others who are unfortunately incompetent for this type of work or who are indifferent, under whom the patient gets better in spite of them and not because of them. Very much good is done in some mental hospitals, but in others there is much that could be improved, and there is a tremendous drainage of the nation's money, medical man-power, and nursing staff, who take away with one hand what they unsuccessfully and feebly attempt to give with the other. When the patient comes out of hospital he finds attributed to him qualities so peculiar and so amusing that the whole position would be farcical if it were not so deadly dangerous and tragic.

I would most earnestly appeal, Sir, for the complete re-organization of conditions in some mental hospitals which, it is public knowledge, are far from good, and for breaking completely the archaic laws and decaying bonds which loosely bind the whole structure. They perpetuate the very conditions which they are impotent to cure. It is a system which needs rapid clarification from the shroud of obscurity which surrounds it in an abyss of futility and waste.

I was interested to read also in the same issue (p. 33) the remarks of Dr. L. Sheldon, who states that no fewer than