anaesthesia. It has also been the experience of all our ward sisters that patients come round more rapidly and are brighter and thus give rise to far less anxiety to the nursing staff, who welcome the administration of curare for this very reason. As a matter of interest I should like to quote from an article which appeared in *Current Researches in Anaesthesia and Analgesia*, March-April, 1946, by Harold R. Griffith, who has used curare since 1942: "A judicious use of curare does not seem to increase the hazard of a patient in shock or suffering from haemorrhage; in fact it seems safer to obtain relaxation in this way than to use a toxic anaesthetic agent."

I do not doubt that curare can cause marked respiratory depression. We even know that it can cause respiratory arrest. The point, however, is that this state occurs five minutes after intravenous injection of curare and that even with complete respiratory arrest automatic breathing is resumed within eight minutes. In my own series of over 100 cases I have seen complete respiratory arrest in 5, and each time automatic breathing was resumed in less than five minutes. Controlled breathing was of course performed, and there were no after-effects in any of these patients. It is therefore obvious that there will be no sign of respiratory depression by the time the patient reaches the ward—usually half an hour or more after the curare has been administered. By that time, of course, the patient has resumed normal breathing; and furthermore curare is eliminated by the liver and the kidneys within thirty minutes.

The third point in Dr. Massey Dawkins's letter is the occurrence of paralytic ileus. Now, I have personally seen a patient suffering from this condition which came on four days after my anaesthetic of "pentothal," cyclopropane, and curare for an abdominal operation. The question of curare being the cause was raised at the time, as is perhaps natural with any fairly new drug. Personally I can see no connexion, nor can I find any mention of this complication in the extensive literature on curare. It is also difficult to see how curare, which is excreted within thirty minutes or so, can possibly cause paralytic ileus four days after the anaesthetic. The only peripheral action of curare apart from its effect on skeletal muscles is a block of the synaptic transmission between preganglionic and postganglionic fibres of the sympathetic nervous system. This would mean constriction of the intestine and active peristalsis, which are certainly not consistent with paralytic ileus.—I am, etc.,

Chiddingfold, Surrey.

H. KAHLENBERG.

Histology of the Common Cold: An Appeal

SIR,—Apart from the work of Hilding (*Arch. Otolaryng.*, Chicago, 1930, 12, 133) we have found no references to careful studies of the histological changes produced in man by the common cold virus. Further information about such changes would be of great value in the studies of this disease now being conducted here. Many people are killed in accidents or die acutely from other causes; many people have common colds, especially at this time of year: there must therefore be many who die acutely in the early stages of a cold.

We should be very grateful to any pathologist who could let us have small pieces of nasal mucous membrane from cases of accidental or other acute death where it was known that the subject was in the first week of a cold. Material should be placed in saturated corrosive sublimate solution containing 10% of formalin (40% formaldehyde), and sent to this address. One of us would also be glad to attend personally a necropsy on such a subject, should it be taking place in the London area.—We are, etc.,

National Institute for Medical Research,
Hampstead, London, N.W.3.

C. H. ANDREWES.
J. S. F. NIVEN.

Applications for Special Diets

SIR,—In the debate on "Applications for Special Diets," reported in the *Journal* of Feb. 1 (p. 204), Mr. Strachey declared that the Advisory Committee named by him acted as a "court of appeal" to which all disputed cases were individually referred. He thought that its meetings were held weekly and as business required, and gave an assurance that the average time taken by the committee to decide appeals was nine days.

In an answer a week later (*Hansard*, Jan. 29) he said the committee had met twice in the last six months and full meetings are held only when revisions of the schedule are called for. Applications in disputed cases are *not* dealt with by the committee as a whole but by the secretary, who sends them to the members he thinks most suitable to deal with the particular case. The impressive "court of appeal" is thus whittled down to the exercise of the discretion of the secretary, and it is on this authority that the Minister overrules from Whitehall the treatment prescribed by doctors in actual charge of the patients concerned.—I am, etc.,

House of Commons.

E. GRAHAM-LITTLE.

The Food Ration

SIR,—With the issue to the fore of the overruling of doctors' recommendations of rationed foods to patients, is it not also more than time that we made our professional voices heard regarding the inadequate rations of good protein and fat? We need no longer be deceived by official statements of world food shortages or by misleading statistics of the quantities of food we consume. Ministers themselves more than hint that rationing is now continued mainly for financial reasons; as such it is the implementation of a policy of suppression and bureaucratic control. Can we honestly deny that physical and mental health would be improved by more liberal allowances of milk, cream, butter, cheese, eggs, and fresh meat, and can we reasonably escape the conclusion that the continuation of this low and monotonous level of subsistence, accepted inevitably and even cheerfully during wartime, is contributing in no small measure to the chronic ill-health, frustration, and idleness so prevalent to-day?

Patients themselves are aware of this and appeal to the doctor for his verdict on the adequacy of their diet. I submit, Sir, that we should not hesitate to express our considered opinion to patients on this matter, also pointing out, in those cases where we would wish to augment diet to assist recovery, exactly how and where our hands are tied. Our critical opinion, voiced persistently by as many of us who are agreed on this matter, in which the public is so profoundly interested, must surely hasten the loosening of at least this crippling stranglehold on our liberty.—I am, etc.,

Kingston Hill, Surrey.

KENNETH O. A. VICKERY.

WAR OFFICE DEMAND FOR JUNIOR OPHTHALMOLOGISTS

The Central Medical War Committee is informed that, because of the shortage of ophthalmologists available for military service, the War Office is prepared to employ as trainee ophthalmologists, with a view to early grading as graded specialists, a number of men who, although not at present of graded specialist status, have held resident appointments for not less than six months in ophthalmic hospitals or ophthalmic departments of general hospitals in the United Kingdom, and are recommended by the ophthalmologists under whom they have worked as being competent to deal with errors of refraction, to perform minor operations of the eye, and to treat the common diseases of the eye. A large part of the ophthalmic work in the Army falls under these headings, and if men with the limited experience referred to were available to deal with such work, the cases requiring the attention of a fully trained ophthalmic specialist could be concentrated at special centres in the home and overseas commands; greater economy in the use of the specialist officers would thus be effected.

The Central Medical War Committee is now considering the recruitment of young practitioners whose experience in ophthalmology is such as to satisfy the Army's requirements as stated above. It invites applications from practitioners who will shortly complete junior resident appointments in eye hospitals or eye departments and who would like to undertake their military service at this stage as trainee ophthalmologists. Communications should be addressed to the Secretary of the Committee, B.M.A. House, Tavistock Square, London, W.C.1.