Pigmentation of Primary Teeth

SIR,—A report entitled "Permanent Discoloration of Primary Dentition by Nitrofurantoin," which appeared in your Medical Memoranda (October 27, p. 1103), may be somewhat premature in stating that there is a direct causal relationship between the stain observed in primary teeth and the post-natal oral administration of nitrofurantoin.

One of the causes of pigmentation of primary teeth is said to be destruction of the erythrocytes of the foetus whose blood is Rh-positive while that of the mother Rh-negative. The enamel which is in the process of formation during the red blood cell destruction becomes stained with blood pigment derivatives but is not hypoplastic.¹

Is it possible that the staining of the four upper anterior teeth and the two lower anterior teeth occurred prenatally due to erythroblastosis foetalis? Is it also possible that the interference with the calcification of the remaining anterior teeth was due to the same blood condition of the foetus?—I am, etc.,

Department of Public Health,
Toronto 2, Canada.

R. E. FEASBY.

REFERENCE

¹ Cohen, M. M., *Pediatric Dentistry*, 1957. Mosby, St. Louis.

Cutaneous Striae

SIR,—I was interested to read the leading article (December 29, p. 1738) on cutaneous striae, as I recently saw an apparently healthy young man of 16 years who developed striae over his left pectoral muscles following the use of a spring appliance for developing these muscles. I wonder whether this should be added to the list of causes or would he enter the adolescent group mentioned in the article?

I would be interested to hear if any of your readers have seen similar cases.—I am, etc.,

London W.3.

T. STRIVENS.

Cardiac Monitors

SIR,—I have read with interest the letter by Drs. R. E. Rawstron and B. R. Hutchinson concerning the use of pulse and cardiac monitors during anaesthesia (December 8, p. 1545). I am in complete agreement with their views, and consider the frequency with which the average anaesthetist checks the pulse rate and blood pressure to be usually very erratic. I think it is fair to say that more attention is paid to regularly and consistently recording these signs on this side of the Atlantic than at home. Our personnel are instructed to record pulse rate and blood-pressure (both systolic and diastolic) at five-minute intervals and more frequently should the condition of the patient cause any worry. Nevertheless, even a five-minute interval is too long in a case of sudden cardiac asystole.

In lengthy operations requiring controlled respiration peripheral vascular constriction often renders palpation of the pulse difficult, particularly in procedures where the neck is within the operative area. Patients with thick or fixed chest walls are difficult to monitor using a chest stethoscope.

The use of elaborate electronic equipment containing cardioscope, pacemaker, and automatic asystole alarm was pioneered in this country—its safety lies in the fact that an "Electronic Big Brother is always watching" and will not only sound an alarm but also switch on the pacemaker should cardiac arrest occur. However,

such equipment is expensive, cumbersome, and complicated. Furthermore, it requires standard or chest E.C.G. leads. It is therefore of most use in extensive operations in poor-risk patients. In my opinion monitoring equipment requires to be inexpensive, rapidly portable, insensitive to extraneous movement and electrical interference, without sacrificing reliability and simplicity of controls. Fortunately such instruments are available both here and in the U.K.

From experience with various types it would seem that an instrument which monitors peripheral pulsations by means of a photo-electric cell is by far the most reliable. The use of transistors has allowed the design of extremely compact and relatively inexpensive apparatus. Some photo-electric pick-ups can be applied to almost any vascular area of the body and will indicate pulsations which are not palpable. Such pick-ups are completely interference-free.

Whereas it is usually impractical for the average hospital to own more than one cardioscope and pace-maker, it is reasonable to suggest that cardiac rate and rhythm can still be supervised by simpler automatic methods. One patient here has reason to be thankful for this during the past week.—I am, etc.,

Hitchcock Clinic,
Hanover, New Hampshire,
U.S.A.

C. B. BURKE.

The New "B.M.J."

SIR,—The moaners should be happy now that the cover is again cluttered up with a table of contents which hasn't even enough room to be absolutely complete, whereas the inside table which in the past nine months was easily found on the page before the first article could be depended on to give every item, and so save hunting. The new cover had a sort of professional reticence, like an elegant shop window which invites the discerning to enter but does not wish to make a blatant and confusing display of its entire stock.

The opening position of the leaders should please the very busy doctor who often finds time to read only the excellent editorial digests of main articles; for those who find time to read both, it would seem preferable to read the original article first, as in the old arrangement. More surgery will no doubt be required from time to time; congratulations on the healthy condition of the patient.—I am, etc.,

Glasgow S.1.

JEAN WILSON.

SIR,—May I voice my approval of the *B.M.J.* in its new style?

My compliments to both yourself and your staff.—I am, etc.,

Cambridge.

DAVID MILNER,
Medical Registrar.

Misplacement of the Elderly in Hospital

SIR,—Although Dr. C. B. Kidd's article (December 8, p. 1491) does not give details of total numbers, his sample shows that 10% more patients were "misplaced" in the geriatric unit than in the mental hospital. Later on in the paper he states that general practitioners may refer a patient "to a mental hospital, where admission may be more quickly arranged than from a geriatric unit waiting-list." I was wondering if Dr. Kidd has got any figures to substantiate this?

From his own "misplacement" figures it would appear that the greater "misplacement" in the geriatric