a case depends upon many factors, of which the patient's condition, anaesthetist's personal experience, and help and equipment available all play a part.

In reply to Dr. McIntyre's letter, I will point out that a suture was inserted through the tongue to maintain an airway. I think that it would be unwise to perform a subarachnoid block and then transfer the patient by ambulance. Regarding intubation under topical analgesia, this has been mentioned and would probably be the method of choice for the anaesthetist with regular facio-maxillary experience. The author might well have caused considerable additional trauma in carrying this out.

D. L. Scott
Whiston

NEONATAL DEFORMITIES ASSOCIATED WITH THE USE OF A PHENOXYACETAMIDE DERIVATIVE

Sir,—We have recently completed a series of toxicity studies with the “4n, propylacetam” derivative of phenoxyacetamide (Bayer 1420, WH5668). During one phase of these experiments four pregnant bitches were injected with experimental drug.

The first bitch delivered a litter of five pups. One pup exhibited phocomelia while another was found to have hypogenesis of small bowel. On a control pregnancy with the same mate this bitch delivered six normal pups.

The second bitch delivered ten normal pups on a control run but only two pups following a drug-injected pregnancy. Both pups developed severe anaemia (2.9 g); one died at six weeks of age; the litter mate was sacrificed and postmortem studies carried out on both pups. No explanation was found for the anaemia and sudden death.

The third bitch delivered ten normal pups on a control pregnancy. This was followed by a drug-injected pregnancy which produced two pups; both apparently normal. Employing the same male as in the previous two pregnancies, this bitch was mated for a third time. She did not receive any study material and at term delivered eight normal pups.

A fourth bitch delivered six normal pups after a drug-injected pregnancy and the same number after a control pregnancy.

In view of these preliminary findings, it is suggested that additional studies are required urgently.

Erwin Lear
Brooklyn, New York

SEMANTICS AGAIN!

Sir,—Your Postgraduate Educational Number (September 1963) containing a Symposium on Muscle Relaxants is, as usual, of exceptionally high quality and educational value and, mainly because of the latter, I should like to draw your kind attention to the somewhat inconsistent manner in which the action of the cholinesterases is described. For example, on page 519 you talk about “destruction” of acetylcholine. On page 528 you talk about the enzyme’s ability to “destroy” acetylcholine, while farther down on the same page the term of “acetylcholine hydrolysis” at the neuromuscular junction is mentioned. On page 512 the term “acetylcholine breakdown” is used.

While “breakdown” and “hydrolysis” may have a similar meaning, we feel that “hydrolysis” and “destruction” are not identical terms, yet they seem to be used in the way implying synonymity. For the sake of clarity and correct terminology could you please kindly elucidate? As we understand it, the main function of an enzyme is to hydrolyze or split and not to destroy.

Z. Lett
Hong Kong

[Dr. Lett is correct in saying that a substance can be destroyed or broken down without being hydrolyzed. Would he please explain how it can be hydrolyzed or broken down without being destroyed?—Eds.]

ASSOCIATION OF ANAESTHETISTS OF GREAT BRITAIN AND IRELAND

An all-day Scientific Meeting for Registrars will be held at Guy's Hospital, London, on Saturday, April 18, 1964. This is open to all junior anaesthetists up to and including those of senior registrar status. However, as accommodation is limited priority will be given to members of the Association.

All enquires should be addressed to the Secretary of the Association of Anaesthetists, at the Royal College of Surgeons, Lincoln's Inn Fields, London, W.C.2.

The closing date for applications is March 20, 1964.