

Choosing a new partner

Sir,
Recently our three-man practice, which has been together for 16 years, carried out the daunting task of finding a replacement for our retiring partner.

From a single advertisement in the *British Medical Journal* we received 121 applications of whom, to our disappointment, only three were female. The average age was 32 years (range 26–55 years) and 14.8% had qualified overseas.

We were impressed by the qualifications of the applicants. Nine had the MRCP, six the FRCS, 18 the DCH and 40% had passed the DRCOG. Perhaps it was a little disappointing that there were only 17 applicants who had obtained the MRCGP but many more stated their intention to take the examination.

We excluded the unmarried applicants (15.7%) and, of those married males, 26.4% of the wives were doctors, nurses or midwives.

Independently, and with uncanny similarity, the three of us selected a short list of 10 to be interviewed. At the interviews we continued to be impressed by the personalities and qualities of the applicants and found ourselves greatly encouraged for the future of general practice.

Contrary to what might be expected, our chosen candidate came from Cumbria, 400 miles away, had an FRCS, and was 33 years old.

Although it was hard work, the wealth of choice leads us to recommend to colleagues seeking new partners that they survey the field nationally.

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Postgraduate centres — time for reappraisal?

Sir,
It would appear that the failure of most general practitioners to make significant use of their postgraduate centres may be due in part to a lack of congruence between the services customarily provided and their information requirements and educational needs. In my view a postgraduate centre should:

1. Establish a broad information base on any relevant topic, whether to do with management, equipment or clinical matters, much in the manner of the Citizens' Advice Bureaux.
2. Become the repository of distance learning courses and audio-visual material at all levels, such as those provided by the Open University and the Centre for Medical Education at Dundee.

3. Establish a corps of tutors who could undertake the group work involved.
4. Advise on how to acquire any relevant body of knowledge or skill.
5. Advise practices on how to set up their own learning systems.
6. Devise means of readily and rapidly accessing the information required, whether personally, by telephone or by pre-addressed cards.
7. Set up a system of courses and advisers for those who wish to undertake research.

This list may well be incomplete, and some postgraduate centres will be performing some of these functions already. It would certainly need a great deal of hard work and goodwill to implement them in full.

However, it is surely time to consider adapting postgraduate centres to the needs of established general practitioners who may wish to continue their education largely at home and in their practices?

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Contact sensitization to toothpaste flavouring

Sir,
There have been relatively few reports of allergic sensitization to toothpaste flavouring including cinnamic aldehyde,¹ cinnamon oil,² peppermint and spearmint oils.^{3,4} The diagnosis may not be obvious because the clinical presentation is often non-specific.

Case report. A 51-year-old woman presented with a four-month history of a sore mouth and dry lips (Figure 1). Patch tests to her own toothpastes diluted at 10% in yellow soft paraffin showed definite reactions with two well-known brands that she had been using for over a year. The standard European battery test was negative. Further testing to the constituents of both toothpastes revealed that the flavouring chemicals were responsible (Table 1). Her symptoms resolved when she changed to a different brand which did not contain spearmint.

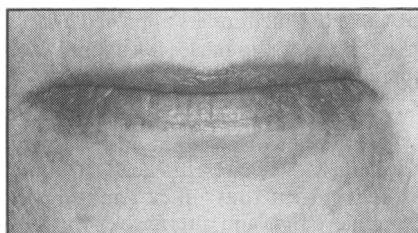


Figure 1. Typical presentation of toothpaste sensitization showing low-grade eczema affecting lips and perioral skin.

Table 1. Patch test reactions to toothpaste constituents.

Brand A	
Spearmint oil (1% in YSP)	+
L-carvone (1% in YSP)	++
Other constituents ^a	—
Brand B	
Spearmint flavour mix ^b (6% in YSP)	++
Anethole (2% in YSP)	+
Other constituents ^a	—

^a Diluted to working concentration in yellow soft paraffin or water.

^b Spearmint from three different origins diluted at 2% in yellow soft paraffin.

YSP = yellow soft paraffin.

L-carvone is the major component (75–85% w/w) of spearmint oil which is derived from the spearmint plant (*Mentha spicata*). It is widely used as a flavouring agent in toothpastes and chewing gums and is said to have a low sensitization potential.⁴ Anethole is found in oils of anise and has a similar chemical structure.

The present symptoms of toothpaste allergy include stomatitis, mucosal ulceration, cheilitis and perioral dermatitis but may be relatively non-specific as illustrated by our patient. More cases may be identified if clinicians were aware of this possibility.

Patch testing to undiluted toothpastes may cause irritant reactions when soaps or synthetic detergents are present.⁵ We therefore compared the effect of testing the two brands under investigation, both undiluted and at 10% in yellow soft paraffin, on 30 control subjects. Mild irritant reactions occurred in nine of the 30 subjects to the undiluted products but all the 10% dilutions were negative.

We conclude that the use of a 10% dilution of toothpaste in yellow soft paraffin is a useful screening procedure although false negatives cannot be excluded at this concentration. Use of the undiluted products may be irritant.

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