

**Review Body Award and the Cameron Fund**

SIR,—Acceptance by the Government and by the profession of the Review Body's Fifth Report and the early implementation of its proposals are not quite the end of this particular saga in our affairs. There remains the provision of assistance to those members of the profession who have become disabled or who have died leaving dependent relatives, many of whom in these inflationary times find themselves in increasingly straitened circumstances. This task is both our privilege and our duty.

The Cameron Fund was set up to assist

general practitioners and their dependants who fall within this category, and their numbers are steadily increasing.

I make no apology for asking 23 000 of their more fortunate colleagues to mark the receipt of their recent award by a donation, or better still a covenant in favour of the fund. A suitable form has been generously provided and is to be found among the advertisements contained in this issue of the *B.M.J.* (p. x).—I am, etc.,

P. J. BRYCE-CURTIS  
Treasurer,  
The Cameron Fund

London W.C.1

**Points from Letters****Erythema Infectiosum**

Dr. JOYCE K. TWEEDIE (Child Health Clinic, Rainhill, Merseyside) writes: With reference to your leading article (23 November 1974, p. 429) and letters (23 November 1974, p. 466 and 15 February 1975, p. 394) about erythema infectiosum or fifth disease, I wish to report that this condition has assumed epidemic proportions in this area. During the past four months I have seen or had reported to me over 100 cases. It is occurring mostly in schoolchildren, but also in a few pre-school children and an occasional adult. It was initially suspected of being an allergy, but no adequate support could be found for that diagnosis. The diagnosis of fifth disease was made with the help of Dr. J. C. Woodrow, reader in medicine, University of Liverpool. The presenting sign of the "slapped cheek" appearance makes the cases easy to pick out during an epidemic and might alert practitioners when seen in sporadic cases. The cyclical nature of the rash, which may come and go for several weeks, is also a prominent feature and has not been mentioned in any of the recent references. . . .

**Drug Combinations for Anaesthesia**

Dr. J. P. ALEXANDER (Belfast City Hospital) writes: Dr. M. W. P. Hudson (26 April, p. 194) is to be congratulated on the conditions he produces for endotracheal intubation after induction of anaesthesia with intravenous methohexitone and diazepam. The purpose of my letter (15 March, p. 626) was to indicate that this combination of drugs when used without oxygen enrichment led to dangerous hypoxia. Serial arterial blood samples in six young men having minor surgery lasting 20-30 min who had anaesthesia induced with this combination and maintained with intermittent methohexitone revealed that all six had arterial  $PO_2$  of less than 7.98 kPa (60 mm Hg) soon after induction which rose to 10.64 kPa (80 mm Hg) after 20 min anaesthesia in four patients, but was still 9.31 kPa (70 mm Hg) or less in the remaining two patients 10-20 min after the termination of anaesthesia. . . .

**Imported Sterile Water**

Mr. D. N. H. HAMILTON (Western Infirmary, Glasgow) writes: Mr. C. Shaldon (19 April, p. 142) complains that his district general

hospital . . . has to import sterile water . . . from the U.S.A. . . . Our hospital imports ampoules of water of 1 ml or more from an American company based in Eire. There are 100 000 unemployed in Scotland and industry is required; £300m. is to be made available to stimulate Scottish industry. Let's start by making *all* the consumables for the N.H.S.

**Rats Today**

Mr. M. R. HADLER (director, Sorex (London) Ltd., Widnes, Cheshire) writes: The information in your leading article (19 April, p. 105) is a little out of date. The company, which invented and developed the use of calciferol-based rodenticides . . . recently introduced a second invention, difenacoum. This is a novel indirect anticoagulant which has all of the advantages of previously known anticoagulants but differs in that it is effective against resistant strains of *Rattus norvegicus*. Several research papers have already been published describing the material. Difenacoum baits have been on sale now for some eight months. . . .

**Illness in the Clouds**

Dr. N. C. LEE (Fish Hoek, South Africa) writes: With reference to your leading article (8 February, p. 295), passengers with marginal cardiorespiratory reserve should be advised to check on the altitude of their transit stops and final destinations. I have known a sufferer from angina pectoris who was symptom-free in Cape Town at sea level, but who suffered severe angina at rest after travelling to Johannesburg, which is above 5000 ft (1500 m), and there are international airports which are at even greater altitudes. . . .

**Merrison Report**

Dr. SUSAN HOLLIDAY (Huntingdon) writes: If doctors give up their right to pay General Medical Council retention fees themselves and agree to having them automatically deducted from salary they will give up all their power to enforce reform in the council. The Merrison Committee would never have been formed if doctors had not chosen to withhold their retention fees. . . .

The Merrison Report<sup>1</sup> has done little to reduce the indignation and anxiety of the medical profession over the G.M.C.'s greatly increased budget and Victorian approach to morality. For every doctor who withheld a fee there were others who were equally concerned about the operation of the G.M.C. There are no plans to improve the situation where the G.M.C. is prosecutor, judge, and jury all at once. There is no suggestion about an improved right of appeal. The number of elected members who will sit on the "professional conduct committee" and the "health committee" is not mentioned. . . . The maintenance of standards of medical education is not a financial responsibility of doctors. The proliferation of members of council and committees will cost a large sum of money—annual retention fees in double figures have been suggested. . . .

<sup>1</sup> Report of the Committee of Inquiry into the Regulation of the Medical Profession. London, H.M.S.O., 1975.

**Cerebral Vasodilators**

Dr. W. P. MACLAY (Medical Director, Sandoz Products Ltd., Feltham, Middlesex) writes: Several points in Dr. R. A. Wood's letter (26 April, p. 195) must be clarified. Experimental investigation has shown that hydergine inhibits the rate of breakdown of adenosine triphosphate, thus improving energy balance, and also inhibits cyclic adenosine monophosphate phosphodiesterase, regulating the basal neuronal metabolic turnover (low-Km phosphodiesterase). Distribution of tritium-labelled hydergine has shown that 60% of the absorbed hydergine is accumulated in the synapses.<sup>1-3</sup> Thus hydergine exerts a metabolic effect on cerebral neurones and does not primarily act as a vasodilator. Hachinski *et al.*<sup>4</sup> underlined the fact that the typical insidious slowly progressive dementia of old age (primary senile dementia) is not due to atherosclerosis but to neuronal degeneration. . . . There are more than 20 published double-blind trials concerning 1000 patients which show both clinical and statistically significant superiority to placebo or papaverine.

<sup>1</sup> Meier-Ruge, W., Schieweck, Ch., and Iwangoff, P., *IRCS J. med. Sci.*, 1973 (73-4), 7-10-3.

<sup>2</sup> Meier-Ruge, W., *et al.*, *Federation Proceedings*, 1973, 32, 278 (Abstract 2904).

<sup>3</sup> Hunziker, O., *et al.*, *IRCS J. med. Sci.*, 1974, 2, 1481.

<sup>4</sup> Hachinski, *et al.*, *Lancet*, 1974, 2, 207.

**Fees for Insurance Reports**

Dr. E. B. ALLEN (Englefield Green, Egham, Surrey) writes: . . . I submit that the new fees (24 May, p. 456) of £7 for insurance medical examination and report and £3.25 for extracts from the clinical notes are still far below the required fees of £10 and £5 respectively for the above services, as have been popularly agreed by all the dissidents. We should therefore continue our refusal to participate at the newly amended fees. Instance the contraceptive fees that we were being offered before the General Medical Services Committee stood firm and refused to participate in that service. So, negotiators, back to the Price Commission and say no to the new fees. Meanwhile we continue our embargo.