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# LETTERS

Melanotan available from the internet

## MELANOTROPIC PEPTIDES

### Change in moles linked to use of unlicensed "sun tan jab"

We draw attention to a new factor complicating presentation and diagnosis of pigmented lesions[1]: unlicensed use of melanotropic peptides offered online as Melanotan I and II.

Two patients presented to our dermatology clinic with rapidly changing moles and a conspicuous tan, despite their sun reactive skin type I/II (sunburns easily, suntans poorly). They were both sunbed users. One, a woman of 42, reported two moles on her sole which had increased in size and darkened over a few weeks. Their histology was locally reported as atypical acral naevi, and they were later reviewed as benign. The other, a woman of 30, reported recent darkening of several moles on her back. Histology of a suspicious mole revealed a severely dysplastic compound naevus.

Curious features in both cases were the rapidly pigmenting naevi and intense tan. Both patients had also subcutaneously injected Melanotan I and II obtained for self administration from the internet (figure) shortly before their moles changed.

Superpotent analogues of α-melanocyte stimulating hormone have photoprotective properties, and are being tested under the auspices of regulatory agencies.[2-4] However, untested Melanotan I is offered for commercial tanning purposes and Melanotan II is also used for its other effects on satiety and penile erection—the so called Barbie drug.

The Medicines and Healthcare products Regulatory Agency (MHRA) recently broadcast concerns about the risks of these drugs, particularly contamination and infection. [5] Our cases highlight another concern: change in appearance of pre-existing melanocytic naevi.

The relative contributions of our patients' sun seeking behaviour and use of Melanotan are unknown, but unregulated use of Melanotan I and II may confuse clinical presentation by promoting naevus pigmentation. As use is growing, patients with altering moles will increasingly present to healthcare professionals, unexpected tanning providing a clue to such use.

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**Competing interests:** LER has conducted clinical trials to evaluate photoprotection by analogues of α-melanocyte stimulating hormone.

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## DRUG COMPANIES AND THE PUBLIC

### EC, don't let drug companies give information to the public

That pharmaceutical companies may be given permission to provide information about their prescription medicines in Europe[1] is troubling.

Thankfully, the ban on direct to consumer advertising stands. Such engagement has not always benefited patients: strong patient interest generated in Vioxx by its producer translated into "blockbuster" status. Merck's later withdrawal of the drug came after perhaps thousands of preventable adverse events.[2]

Monitoring is obligatory and will be carried out by member states before dissemination. However, the industry has found its way around monitoring systems before: the Food and Drug Administration's vetting of US pharmaceutical advertisements has often been ineffective, resulting in dissemination of false and misleading advertising material.[3 4]

Patients require unbiased and objective information, and have the right to the highest quality information. However, the description of information in the European proposals is inadequate and may come with some of the negative side effects of direct to consumer advertising. The profile of profitable branded drugs may be increased, which will increase spending on prescription medicines by patients and the NHS. Unbiased and objective information would be best provided by healthcare professionals, who are trained to appraise and interpret the evidence on clinical and cost effectiveness.

Healthcare professionals are increasingly aware of the potential conflicts of interest in having close ties with the pharmaceutical industry and its subsequent impact on patient safety and care.[5] It would be very unfortunate if the influence of the pharmaceutical industry's marketing apparatus refocused on patients, perpetuating the industry's influence.

We call on the European Commission to abandon its proposals and explore options for providing a more impartial and unprejudiced system of high quality peer reviewed information.

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**Competing interests:** HP is president and JAC campaigns director of Medsin, a student global health network. SW is a representative of Pharmaware, a UK campaign aiming to maximise ethical interactions between healthcare professionals and pharmaceutical companies

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## EC proposal can be defeated

Although it remains worrying, the European Commission's proposal for greater freedom for pharmaceutical companies to communicate directly to patients about prescription drugs has already been significantly watered down, and can still be defeated.[1]

An early version of the proposal suggested that companies could use television, radio, and printed media as channels for dissemination. This would clearly have allowed them to cross the imaginary boundary between information and advertising.

Under pressure from campaign groups, including Picker Institute Europe, television and radio were dropped, while printed media became more tightly defined as health related publications.

Delays caused by opposition from within and outside the commission may have prevented the directive passing through the current European parliament, which ends in June.

At whatever stage it reappears, the proposal can be defeated if patient and professional groups make their views known to members of the European parliament and to member governments, both of whom will need to approve the measures before they become law.

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1 Watson R. Proposal to allow drug companies to give information to public sparks outcry. *BMJ* 2008;337:a3043. (16 December.)

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### UNIVERSAL BCG IN THE UK AGAIN?

## Why universal BCG in UK was deemed not necessary

Mayfield's plea for the return of universal BCG to the UK deserves a serious response.[1]

The problem with the government's decision to discontinue routine BCG in UK teenagers was its timing. It was announced on 6 July 2005, the day before 7/7. The reasons for the policy change were therefore not properly made public. If general practitioners are calling for its return it is no wonder that the lay public is confused.

Firstly, BCG is not a very effective vaccine in older children and adults. In trials of teenage children carried out by the Medical Research Council in the 1950s it gave, at best, only 75% protection. In other words, it protected only three out of four children and then for a maximum of only 15 years. Second and subsequent vaccinations give no extra benefit.[2]

Secondly, the increase in tuberculosis case rates in the UK since 1987 has not been in the UK born people aged 15-30, the group receiving protection from routine BCG vaccination given in early teenage years. Case rates in this group have declined to below 2 per 100 000 per year. The result was that about 10 000 vaccinations were being given to prevent a single case of tuberculosis. The problems from abscesses and other adverse effects were outweighing the benefit of vaccination even before the cost effective argument was taken into account. Neonatal BCG continues for high risk groups and at pre-employment screening for those going into "at risk" occupations.

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**Competing interests:** PDOD receives an unrestricted educational grant from Genus Pharma to fund the Multidrug Resistant Tuberculosis Service.

1 Mayfield MP. Universal BCG in the UK again? *BMJ* 2008;337:a3101. (24 December.)
2 Rieder HL. BCG vaccination. In: Davies PDO, BarnesPF, Gordon SB. *Clinical tuberculosis*. 4th ed. London: Hodder Arnold, 2008.

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### ONE LAPTOP PER CHILD AND HEALTH

## One laptop per primary care worker in developing countries

The development of a robust, cheap (in Western terms) laptop which performs well in challenging circumstances is welcome, and it is incredible that this technology could be available to every child.[1]

I would like to see this initiative extended to every primary care worker as a matter of priority. Many are working in isolation from peer support with limited access to textbooks and best evidence and without access to specialist advice. Supplying these colleagues with computers could be a major advance.

However, supplying the computers is only a part of the challenge. Many remote places have unreliable telephone connections, poor electricity supplies, and monsoons (even waterproof gadgets have a short lifespan).

And training in computer skills will be a huge task. These skills will need to include ways of extracting relevant, concise, reliable evidence based information from the maze of online materials available.

For example, I work with international students who are studying the online international masters in primary health care through the Open Learning Unit at University College, London. Some of them have enormous problems accessing reliable internet connections, and, even though these students are among the brightest of their peers, they often need a lot of help in developing the skills of searching for evidence. Evidence based healthcare resources need to be refined and simplified for ease of use, understanding, and relevance.

Last but not least, a major advance could be the development of more networks of professional support and specialist advice for dedicated people working in isolated communities.

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1 Fontelo P, Liu F, Zhang K, Ackerman M. Extending the benefits of One Laptop per Child to health. *BMJ* 2008;337:a2459. (1 December.)

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## Noblesse oblige

I wonder whether a laptop per child will have any impact on the child's health or education.[1] In this world 840 million people are malnourished. They die in large numbers daily. Computers won't change this but feeding will.

Let us put our heads together to see that the haves also make available some food for the have nots.

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1 Godlee F. Networking for health. *BMJ* 2008;337:a3153. (29 December.)

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### HAPPINESS NETWORKS

## Know your friends

The findings of Fowler and Christakis, that happiness seems to spread through social networks, arise from an innovative use of the data from the Framingham Heart Study.[1] However, the question still remains to what extent apparent contagion of happiness to second degrees of separation could in fact be accounted for by people not included in the Framingham study.

The original cohort consisted of only two thirds of the people of the town between the ages of 30 and 62.[2] Thus there will be a sizeable number of socially influential people not included in the social network whose impact may be being mistaken for the impact of people at a second degree of separation.

There are enough data in the Framingham Heart Study to control for this effect. By only analysing those who do not refer to friends outside the study's participants, we could look at a smaller but more complete set of social connections. The dependent variable would be restricted to the happiness of people who do not cite people outside the study as part of their relationships. If the same transmission of happiness at the second degree of separation occurred as with the original data, then we could be more certain of the existence of network effects at this degree of separation as opposed to people, of one degree of separation, who were not included in the original analysis.

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**Competing interests:** None declared.

1 Fowler JH, Christakis NA. Dynamic spread of happiness in a large social network: longitudinal analysis over 20 years in the Framingham Heart Study. *BMJ* 2008;337:a2338. (4 December.)
2 Framingham Heart Study. Original cohort. www.framinghamheartstudy.org/participants/original.html

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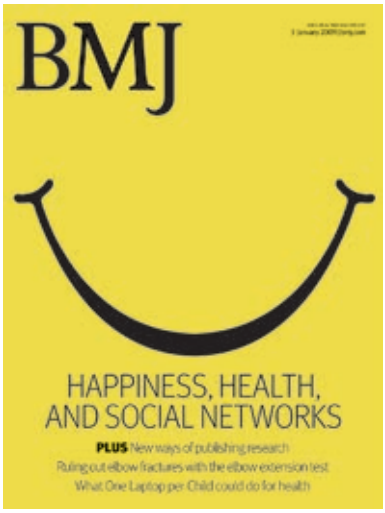
## What about social politics?

Fowler and Christakis use the example of illness as a potential source of unhappiness for patients and those around them.[1] I'm glad that they say potential, but my concerns, as described in *Bowling Alone*,[2] begin to mount about this kind of research to find the holy grail of happiness.

Trying to essentialise happiness, who experiences it, and how it is obtained or passed on—these normalising tendencies—will inevitably lead to prejudice and assumptions. In this case, people may avoid other people with "problems" because some people may automatically be seen as sources of social unhappiness. Indeed, much research on carers of ill people already uses the term burden to describe the ill person's needs in relation to the carer without understanding their relationship




and questioning the use of a value laden term. It is only a small step on with a few assumptions about people being happier associating with happy people, to creating more unhappiness in ill people, especially if, despite all possible care, the (chronic) illness remains. Sainsbury's final comment, "Don't drop your unhappy friends yet," unwittingly hits the political nail on the head.[3]

Research on happiness would be better if it explored the range of things that make people happy as defined by the people researchers talk to, to produce conclusions that reflect diversity in experience and minimise conclusions that normalise. Happiness research that attempts to find generalisations about happiness will ultimately cause some people to be unhappy and marginalised and will not challenge inherent assumptions about what makes people happy, what is happiness, and who is happy in society or, indeed, who is happy alone.[4]

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**Competing interests:** None declared.

1 Fowler JH, Christakis NA. Dynamic spread of happiness in a large social network: longitudinal analysis over 20 years in the Framingham Heart Study. *BMJ* 2008;337:a2338. (4 December.)
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**POSTER POSER**

## Poster boarding

Shrivastava was lucky, in these times, to be allowed to board an aircraft with his poster tube as hand luggage.[1] My experiences are that airline staff firmly decline this option, which means consigning the tube to the vagaries of the check-in baggage system.

I have observed the distress of colleagues as they reluctantly part with the raison d'être of their travel disappearing down the outsize baggage conveyor belt wondering if it will appear in time for their session at the distant conference. The anxiety is compounded by travelling intercontinentally to a European meeting with a transit through Heathrow. This did indeed result in my poster space on the final day of one congress being occupied by a rude message about the relevant airlines (the poster tube was waiting at my hotel on returning from that day's session). The size and shape of a poster tube might contribute to delays, either from staff suspicion about its contents or from its propensity to roll off conveyor systems.

The tiling technique described by Shrivastava is one possible solution if it is done well, although some attempts I have seen using ordinary printing paper are not visually appealing. Many large congresses now request electronic versions of posters, which in themselves are a useful way to go. Some also set up printing options at the destination, and, so long as the costs are kept reasonable, this is an excellent solution.

It would certainly seem wise to travel with an electronic copy of the poster on a memory stick. Emergency printing in the event of failed arrival of the hard copy can be expensive, but I have heard of colleagues who have persuaded the responsible airline to bear the cost.

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**Competing interests:** None declared.

1 Shrivastava A. A poster poser—doing it in tiles. *BMJ* 2008;337:a2923. (24 December.)

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**BAG LADIES AND GENTLEMEN**

## The useless orange congress bag

"Too orange, too flashy, too modern, not useful." Our proposal for the congress bag for the European Resuscitation Council's Resuscitation 2008 congress in Ghent, Belgium, instantly divided the organising committee (which I chaired).[1]

The bag had been selected without hesitation from a choice of mainly traditional congress bags by an 11 year old—my daughter. The fabric was tarpaulin, a waterproof material you may have used to cover your car, bicycle, or outdoor swimming pool. It is also used to make (orange) rubber boats and handbags. It would resist rainy days—not unusual in Belgium in May. The orange colour would break with tradition (dark, usually black) and would increase the visibility of delegates returning from nightly social events.

In an attempt to make the bag more acceptable, it was fitted with a soft laptop compartment and space for several pens (worth the extra cost, we believed). Still, many complained that they would never use the plastic orange bag after the congress. We simply argued that the bag was not designed for them but for their (grand)children.

This congress bag is now used in many households all over Europe. And no, it did not rain during the congress.

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1 Burke FD. The cult of the conference bag. *BMJ* 2008;337:a2677. (16 December.)

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## Le sac de mon fils

My favourite conference bag (in fact my only one) was cadged from my son, who is a chest physician, some years ago in order to cart my French homework to and from the lessons.[1] It is made of a coarse black material and is of standard dimensions, with two A4-sized compartments reached by zips from above and a pocket at the side, the zip of which is faulty and in which the contents tend to become imprisoned.

Its merit, however, lies in the logo on the side, which declares: "AME: MODERN MANAGEMENT OF MEDICAL EMERGENCIES." I have never, fortunately, had to confess that I did not attend the conference and have no idea of "modern management," but I leave it around with the logo showing, hoping that it impresses the lay people I meet. My father was a surgeon; my mother always described me as "just a GP"; perhaps that is the reason why, even at the age of 83, my ego still needs massaging.

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1 Burke FD. The cult of the conference bag. *BMJ* 2008;337:a2677. (16 December.)

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## Choir bag(s) in second life

My favourite conference bag has found a second life as my choir bag.[1] Amateur singers who attend weekly rehearsals acquire significant paraphernalia. It's not just the music scores, but a selection of pencils and erasers, page markers for easy location of selected pieces, tissues and throat sweets (rehearsals tend to be over the winter), a spare pair of reading glasses (older members only) for the inevitable time you forget your regular pair, plus a selection of everyday items—purse (for the pub afterwards), house keys, etc.

My bag is black nylon, with the front flap secured by plastic clips so disliked by Professor Burke,[1] but it adds a degree of weatherproofing during the Scottish winter.

It was issued at one of the conferences of the Association of Anaesthetists of Great Britain and Ireland (AAGBI), which for several years issued the same model with a different sponsor's logo. One week a fellow choir member was admiring my bag, and since I had several in a cupboard at home, I brought her one the next week. There are now about six AAGBI conference bags in my choir, so the sponsors are reaching a wider audience than they ever thought possible.

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1 Burke FD. The cult of the conference bag. *BMJ* 2008;337:a2677. (16 December.)

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## Regifting conference bags

It seems that for a while I attended an inordinate number of conferences and got an inordinate number of bags.[1] We live a mile from the largest publicly owned skilled nursing facility in the United States, where many of the residents are elderly, indigent, and infirm. I used to save up the bags and then give them to volunteer staff, along with all the hotel soaps, shampoos, and such that I collected at the same conferences, and they put together personal care bags for the facility's residents.

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1 Burke FD. The cult of the conference bag. *BMJ* 2008;337:a2677. (16 December.)

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## Ditch the bag and be green

I have become increasingly concerned about the utility of conference bags, which, unwanted by my entire family, accumulate dust in my study.[1]

Unusually, I found myself in a position to change this.

I am chairman of the organising committee for the spring scientific conference of the College of Emergency Medicine in Brighton in April. I made an early decision that we would endeavour to run an environmentally responsible conference. Food is locally sourced, abstracts have been submitted online, delegates are encouraged to travel to the conference by train or to car share, and we have asked sponsors to refrain from bringing large numbers of glossy brochures with them. This obviates the major use of such bags: to carry around heavy, expensively produced cards you may not even read.

At a stroke, we no longer need bags. All information (including sponsor data) will be available through our website (www.cembrighton.co.uk) and will be preloaded on to USB memory sticks (kindly provided by a sponsor) so that it is easily available to delegates. Daily updates will be available online or at "stick spots" at the conference venue.

The *BMJ* has long advocated environmental responsibility.[2] Cutting down on paper and plastic consumption in this way is easy and should become standard practice.

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1 Burke FD. The cult of the conference bag. *BMJ* 2008;337:a2677. (16 December.)
2 The environment: everyone's business. *BMJ* 1999;318:7199.

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## CELLO SCROTUM CONFESSION

## Murphy's lore

Perhaps after 34 years it's time for us to confess that we invented cello scrotum.[1]

Reading Curtis's 1974 letter to the *BMJ* on guitar nipple,[2] we thought it highly likely to be a spoof and decided to go one further by submitting a letter pretending to have noted a similar phenomenon in cellists, signed by the non-doctor one of us (JMM). Anyone who has ever watched a cello being played would realise the physical impossibility of our claim.

Somewhat to our astonishment, the letter was published.[3] The following Christmas we sent a card to Dr Curtis of guitar nipple fame, only to discover that he knew nothing about it—another joke we suspect.

We have been dining out on this story ever since. We were thrilled once more to be quoted in "A symphony of maladies."[1]

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1 Bache S, Edenborough F. A symphony of maladies. *BMJ* 2008;337:a2646. (12 December.)
2 Curtis P. Guitar nipple. *BMJ* 1974;ii:226.
3 Murphy JM. Cello scrotum. *BMJ* 1974;ii:335.

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