produce morbidity but could, in fact, be fatal. These cartons should be labelled "for varicose veins only."

D W BRACEY

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Dispersal of biliary calculi by irrigation

SIR,—I read with interest Mr G T Watts's counsel (6 March, p 581) against my procedure used to clear the common bile duct of residual calculi (7 February, p 340). However, he does not so much condemn my practice as put forward his own. Perhaps I may be allowed to comment on his letter.

While I accept that a choledochoscope allows inspection of the bile ducts, I would question, in view of my experience, that it is the "only sure method" of guaranteeing that the bile duct is free from stones. Whereas I am able to support my practice with figures, his statement has no such backing. I, of course, appreciate that urologists employ cystoscopes to inspect the urinary bladder, but I must point out that they use contrast radiography to visualise the ureters—surely a closer analogy to the biliary ducts than the urinary bladder. On what basis does Mr Watts say that irrigation of the bile ducts strongly enough to flush out residual stones is hazardous, for I have used this procedure in 50 patients, in none of whom has there been any complication, whereas he apparently has no such experience?

S J A POWIS

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SI units and blood pressure

SIR,—At their recent meetings in Sydney, Australia, the Scientific Council on Hypertension of the International Society of Cardiology and the International Society of Hypertension unanimously accepted the following resolution regarding the units for the measurement of blood pressure:

"The International Society of Hypertension resolves that the millimetre of mercury (mm Hg) should be retained for blood-pressure measurement in both clinical and clinical laboratory use and in related scientific publications. It is the opinion of the society that the use of SI units (kilopascal (kPa) or millibar (mbar)) in such circumstances is totally inappropriate."

FRANZ GROSS

Chairman of the Scientific Board,
International Society of Hypertension

Heidelberg,
W Germany

An eye-pad hazard

SIR,—I wish to draw the attention of readers to a potential hazard that unsuspecting patients may be subject to while wearing eye pads that are on standard issue to many hospitals.

An 82-year-old patient with a diagnosis of senile paraphrenia was prescribed eye pads, supplied by John Dickinson and Co Ltd, as part of her treatment for blepharitis. She wore these over the right eye and was also having chloramphenicol 0.5% drops and atropine 1% drops during the day and chloramphenicol 1%

cream at night to the affected eye. While wearing one such pad she succeeded in igniting it while lighting a cigarette. The result was that she suffered full-thickness burns to her forehead corresponding to an area of about half a palm, with a considerable area of erythema and singeing of the hair. Luckily her eyes were unaffected.

A similar eye pad was subjected to an ignition test. It ignited within two or three seconds with a flame from a standard cigarette lighter, and combustion was completed within 50 seconds.

The potentially serious consequences of wearing such eye pads is not difficult to imagine. It would seem to be advisable that these pads should be made of flame-proof material and that patients should be discouraged from smoking while wearing them.

R WALL

Highcroft Hospital,
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Whither scabies?

SIR,—Your leading article (14 February, p 357) suggests that the waxing and waning of the incidence of scabies may be associated with some form of "herd immunity." This may play some part, but I am sure that a more important factor is the accuracy and immediacy of diagnosis and the thoroughness of treatment, including that of possible contacts.

Towards the end of the last war every general practitioner was so familiar with scabies that any patient who itched was treated almost automatically for scabies and often only when the itching failed to clear up was a further diagnosis considered. Following this the incidence of scabies fell dramatically and for 10 years many of my students never saw a case of scabies; thus a generation of doctors grew up who knew not scabies. Gradually scabies returned but the diagnosis was often missed and the patient was allowed to continue spreading the disease to the community. Even when the correct diagnosis was made the treatment of contacts, which was so effective during the war, was often neglected. More recently the situation has been aggravated by the almost universal prescription of local corticosteroids for any itching (and undiagnosed) rash. Scabies will wane again when doctors become more alert to the diagnosis and adept in its treatment.

F F HELLIER

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GMC election

SIR,—As the last day for the receipt of voting papers for the General Medical Council is not until 20 April there may still be a little time for rethinking.

The reason for some of the members to be elected instead of nominated is presumably to make the GMC a more democratic body. I pointed out to the Merrison Committee in personal (written) evidence that the average doctor in, say, Middlesbrough was unlikely to know the average doctor in, say, Shropshire and that a truly democratic election presented great difficulties. I suggested an alternative scheme based on a more local selection of candidates, but I presume that this was thought

to be impracticable. The outcome is exactly as I foretold. As few of us know more than perhaps half a dozen of the 34 candidates the BMA has selected eight for us (20 March, p 723). Those who for want of other guidance follow the BMA line will no doubt vote for them. Election addresses of the eight are published. Of the remaining 26 candidates (mentioned by name only) at least four are women (I am not sure of the sex of some with exotic forenames) and at least four are, to my certain personal knowledge, people of outstanding merit (and I don't mean merely academic merit), two of them recognised for their services by the OBE.

I suggest that the following guidelines might help those who have not yet voted: (1) The *BMJ* should publish brief election addresses of the 26 ignored candidates. (2) Voters should try to find out from local or other sources something about the candidates they may be voting for. (3) They should consider the merits of the BMA-discarded candidates. (4) There is no need to vote for more than one candidate. Voters should vote *only* for candidates about whom they have, or can get, some personal information. This will help the ones they really support to get in. (5) Voters should only vote "blind" (if at all) for the whole of the eight BMA-sponsored candidates if they are satisfied that BMA policy in recent years has been meritorious and could not be improved by the presence of some elected GMC members who were not committed to BMA methods.

PLATT

House of Lords,
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Treatment of myeloma kidney

SIR,—Dr T G Feest and his colleagues (28 February, p 503) are to be congratulated on their success in rescuing their patient with myeloma kidney and severe renal failure. However, their paper gives a false impression of the power of plasmaphoresis. They show a fall in IgG from 44 g/l to 5.5 g/l following a single 1180-ml plasma exchange. Unless their patient was extremely small his plasma volume must have been of the order of 2.5 l, and it is extremely unlikely that exchanging two-fifths of the plasma volume would remove nearly 90% of the paraprotein. This is especially true since IgG is not confined to the intravascular space but distributed in the extracellular fluid. Our own experience with plasmaphoresis in myeloma indicates that a plasma exchange of between 2 and 3 l will reduce the level of paraprotein by about 40%.

Dr Feest and his colleagues also report the abolition of Bence Jones proteinuria. It is difficult to see how this can be attributed to plasmaphoresis. It seems much more likely that the improvement was due to the course of chemotherapy which the patient received.

TERRY HAMBLIN

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How much can ancillaries take over?

SIR,—Dr Anne Savage (3 January, p 27) found that patients in Africa were reluctant to see a nurse as the person of first contact. This seems