site should be prepared, as subsequent attempts to relate blood stream infection to the site may fail." They give details of culture from the drip site but not those from the cannula. The result of these cultures from the cannula would be most interesting, as it is possible that infections from the cannula may arise from crusts on its surface and spread of the organisms into the blood stream along the outer surface of the cannula. It is also possible that such infection may be reduced by daily cleaning of the cannula up to the site of insertion into the skin with separately prepared ampoules of chlorhexidine 1/5,000. This is best followed by liberal application of an antibiotic powder containing chloramphenicol powder, and preferably combined with amphotericin B and nystatin rather than application of these antibiotics as a spray.

Radioactive isotope methods of detecting early thrombosis along the cannula and its tip would also be of value in deciding whether the cannula should be removed. The solution used to clean the cannula could alternatively be 1% iodine in 70% ethyl alcohol, but a most important part of management of patients with intravenous cannulae is I feel the daily removal of crusts from the extra-corporeal part of the cannula.—I am, etc.,

General Hospital,
Sunderland, Co. Durham. D. M. HANCOCK.

Powers of the G.M.C.

SIR,—Professor D. A. K. Black (3 May, p. 310) comments on a matter of principle arising from my letter (12 April, p. 114). I drew attention to the fact that the council of the Pharmaceutical Society had recommended¹ that pharmacists should not dispense amphetamine sulphate powder even though it had been legally prescribed by a doctor. I deplored the fact that pharmacists had had to take action because the General Medical Council had not equipped itself to deal with this matter.

Professor Black, a member of the G.M.C. but writing as a private individual, endeavours to point out that the function of the G.M.C. is "surely primarily judicial." He introduces Burke's indictment of the French Revolution as an example of the legislature, the executive, and the judiciary not remaining independent. I would go no further back in history than January 1969, and draw Professor Black's attention to the latest booklet published by the G.M.C.² The first sentence of the second paragraph reads "The general duty of the Council is to protect the public. . . ." Also mentioned in the booklet are various standing committees of the Council—the Executive Committee, the Finance Committee, the Disciplinary Committee, the Pharmacopoeia Committee, etc.

Does the function of protecting the public not entail an obligation on the G.M.C. to secure powers to deal with doctors, registered by the G.M.C., who are behaving in a thoroughly irresponsible and evil manner? The G.M.C. stood aside while a few doctors were grossly overprescribing heroin; Parliament had to pass legislation to deal with the situation. The G.M.C. remained a bystander while some doctors prescribed thousands of ampoules of intravenous amphetamine each month for addicts; the trade and the Health Departments had to deal with this situation.

The G.M.C. now leaves the Pharmaceutical Society to deal with doctors overprescribing amphetamine sulphate powder. This interference by an outside body with the freedom of doctors represents a greater risk of tyranny than might arise from internal discipline exerted by the G.M.C. This is indeed a sorry record of inactivity for protection of the public and in the maintenance of professional standards by the G.M.C. The explanation will no doubt be that as a "primarily judicial" body it has not yet been granted powers to deal with its own registered practitioners.

In my previous letter I suggested that the G.M.C. might be impotent or incompetent. Many doctors have written or spoken to me about such a description. The consensus is that I was charitable in offering alternatives, for in their opinion the G.M.C. is both.—I am, etc.,

HENRY MATTHEW.

Regional Poisoning Treatment Centre,
Royal Infirmary,
Edinburgh 3.

REFERENCES

- ¹ *Pharmaceutical Journal*, 1969, 202, 257.
- ² General Medical Council, *Functions, Procedure, and Disciplinary Jurisdiction*, 1969.

Typhus in England

SIR,—We have read with great interest the report of Dr. L. Vassallo's paper on "Murine Typhus in the Maltese Islands" (19 April, p. 180) and his subsequent letter (3 May, p. 316), because in 1966 we were surprised to see a classical case of typhus in the emergency department at Guy's Hospital.

The patient was an English woman aged 58 who had been on holiday in Malta from 31 August to 12 September. The day after her return she suddenly developed severe headache, nausea, and fever with rigors. These symptoms persisted until 14 September, when she felt persistently hot and noticed a rash on her trunk and limbs. On 16 September she developed a dry cough and epistaxis. By 19 September, the day of admission, the rash was a deep red in colour. She had become rather confused and was having recurrent epistaxes and diarrhoea.

On examination her temperature was 105° F. (40.6° C.), pulse rate 100/minute, respiratory rate 24/minute. She was irritable, but able to give a lucid history. She was complaining of severe headache, pain in the back and limbs, and a sore throat. There was a haemorrhagic maculopapular eruption on the trunk and limbs, more marked proximally than distally. No eschar could be found. Examination of the heart, lungs, and nervous system was not contributory. Examination of the abdomen revealed a palpable soft spleen. The pharynx was red and dry, but there was no exudate.

A diagnosis of typhus was considered and subsequently confirmed by the Weil-Felix reaction and rickettsial complement fixation test (C.F.T.), which gave the following results:

Weil Felix	20 September	2 October
Proteus OXK	1/40	1/40
Proteus OX2	1/40	1/40
Proteus OX19	1/160	1/5120
C.F.T.	20 September	2 October
Rickettsialpox	1/5	1/5
Typhus soluble antigen	1/5	1/320
Typhus particle antigen	1/5	1/640 +

Other investigations showed Hb 13 g./100 ml. W.B.C. 4,200/cu.mm. (N. 68% L. 30% M. 2%). E.S.R. 4 mm./1st hour (Westergren). Chest x-ray showed clear lung fields. Urine contained 30 mg./100 ml. protein. There was no pyuria and culture was sterile. Liver function tests normal. Brucella and Salmonella agglutinations negative on two occasions. Examination of blood for spirochaetes and malarial parasites negative.

She was treated with intravenous fluids and tetracycline and made a dramatic and excellent recovery.

We think that this case illustrates the importance not only of asking the patient where he or she has been but also of knowing what diseases are endemic in that area.

We are grateful to Dr. C. L. Joiner for his permission to report this case.

—We are, etc.,

I. G. MCGILL.

Guy's Hospital, London S.E.1.

M. O. RAKE.

King's College Hospital,
London S.E.5.

Viral Hazard from Disposable Containers

SIR,—Recently there has been an increase in the use of disposable "universal" containers and vials for the transport of blood specimens and serum. It seems to us that a considerable potential danger is inherent in the use of disposable containers in which the cap is inserted into the inner surface of the neck of the container. These are available in two versions: one with grooves cut on the inner surface of the neck of the container to take a corresponding screw-cap, and another in which the cap is of the plug type. Almost invariably the grooves or the edges of the cap are covered with blood or serum, and when the cap is removed (often with difficulty) it is easy to contaminate the fingers accidentally. The risk of acquiring viral hepatitis in this way cannot be overstressed, particularly when junior technical staff, who may not be fully aware of the risk, handle such clinical specimens. There is now some evidence that serum hepatitis (long-incubation variety of infectious hepatitis) can be transmitted orally,¹ and it is perhaps as well to recall that the incidence of hepatitis in hospital and laboratory personnel is much higher than in the general population.²⁻⁴

The risk can well be reduced by better design during manufacture—namely, by cutting the grooves on the outer wall of the containers and by employing an adequate rubber seal to the cap.—We are, etc.,

A. J. ZUCKERMAN.

PATRICIA E. TAYLOR.

Department of Bacteriology
and Immunology,
London School of Hygiene
and Tropical Medicine,
London W.C.1.

REFERENCES

- ¹ Krugman, S., Giles, J. P., and Hammond, J., *Journal of the American Medical Association*, 1967, 200, 365.
- ² Kuh, C., and Ward, W. E., *Journal of the American Medical Association*, 1950, 143, 631.
- ³ Gellis, S. S., *American Journal of Medical Technology*, 1951, 17, 293.
- ⁴ Koff, R. S., unpublished data, cited by Koff, R. S., and Isselbacher, K. J., *New England Journal of Medicine*, 1968, 278, 1371.