plasma; and biologicals and supplies. It would also cover the use of hospital facilities ordinarily furnished for the care and treatment of inpatients, including the surgery or delivery room, recovery room, intensive care or coronary care units, and other rehabilitation care units. It would provide care for pregnancy and any of its complications and for psychiatric treatment. An insured individual would also be entitled to inpatient service in an extended care facility. Within the 60-day limit, two days in an extended care facility would be considered to be equivalent to one day in the hospital.

Outpatient or emergency room care would include diagnostic services, including x-rays, electrocardiograms, and laboratory tests; use of operating cystoscopic and cast rooms and supplies as well as emergency room and supplies.

Physicians' services would be furnished without limit when provided by or under the direction of a doctor of medicine or a doctor of osteopathy in a hospital, extended care facility, the physician's office, the patient's home, or elsewhere. Such services would consist of the diagnosis or treatment of illness, psychiatric care, well-baby care, inoculations and immunizations, physical examinations, consultations, diagnostic x-ray and laboratory services, radiation therapy, anaesthesiology, and services for pregnancy and any of its complications. Cosmetic surgery would be provided when necessary to correct deformities sustained through injury or illness. Additional benefits would include ambulance services, and dental or oral surgery when related to fractures of the jaw. Should basic benefits become exhausted, catastrophic protection would pay expenses for benefits in excess of the basic coverage. This would include unlimited hospital care and unlimited physician services, as well as an additional 30 days' treatment in an extended care facility, outpatient blood, and prosthetic appliances.

I think you will agree Medicredit does provide much more than basic hospital and doctor care.

I would also like to comment on your cost figure for the Kennedy plan of $41 billion a year. According to a Social Security Administration estimate a more accurate figure would be about $77 billion. The cost of Medicredit is estimated at about $12 billion.—I am, etc.,

MAX H. PARROTT
Chairman,
A.M.A. Board of Trustees
Chicago, Ill., U.S.A.

Psychosis and Ketamine

SIR,—Ketamine is a most valuable drug for use in certain specific circumstances, such as burns dressings, cardiac catheterization in children, and certain neuroradiological procedures. It is, however, not devoid of troublesome sequelae and should not be used routinely for operations which can be carried out under other types of anaesthesia. This includes minor gynaecological operations, and there have been ample publications, from this centre among others,[1-3] to show that unpleasant side effects make it unsuitable for use in this field. Dr. B. D. Johnson's case report (13 November, p. 428) supports this view, particularly in view of the high dosage used, but it must not be taken to imply that such events are likely to happen if it is used for other longer procedures or in children. To do so would be unjustifiably to condemn a useful drug.—We are, etc.,

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1 Dundee, J. W., *et al.*, *Lancet*, 1970, **1**, 1370.
2 Bovill, J. G., Clarke, R. S. J., Dundee, J. W., Pandit, S. K., and Moore, J., *British Journal of Anaesthesia*, 1971, **43**, 600.
3 Bovill, J. G., Coppel, D. L., Dundee, J. W., and Moore, J., *Lancet*, 1971, **1**, 1285.

Age and Carcinoma of the Cervix

SIR,—The article by Dr. Sylvia W. Davies and Miss Ruth M. Kelly (27 November, p. 525) on intraepithelial carcinoma of the cervix uteri in women under 35 was most interesting, and it is almost certain that your readers would like to know that the combined Edinburgh and Newcastle figures on this same point, were presented in 1966.[1] 1,352 cases of asymptomatic pre-invasive and microinvasive carcinomas, found from 1950 to 1965 inclusive, showed 511 (37·8%) aged 35 or under and 785 (58·1%) aged 40 years or under.

The case for taking cervical smears from all girls on whom a speculum examination can be justified must now be regarded as being established.—I am, etc.,

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University of Edinburgh

1 Crooke, A. C., Butt, W. R., and Bertrand, P. V., *Lancet*, 1966, **2**, 1030.

Herpetic Whitlows: A Medical Risk

SIR,—Your leading article "Herpetic Whitlow: A Medical Risk" (20 November, p. 444) rightly points out the risk of primary herpes simplex infections in the fingers of medical students, doctors, and nurses, who because they predominantly are drawn from higher socioeconomic groups are at a disadvantage because of their low incidence of antibody to the virus. In Oxford we have studied our clinical students over many years. Over the period April 1964 to October 1968 only 32·8% of British born students had antibody.

Because of the low incidence of antibody we have had a high incidence of herpetic whitlows in the groups at risk, and as we developed various forms of treatment of cutaneous herpes with idoxuridine we have used these methods in the treatment of herpetic whitlows. The results have been published.[1] Two patients treated with 0·1% idoxuridine in water administered by spray gun fared no better than Stern's untreated patients. Virus could be isolated for three weeks, the pain lasted for nine days, and the time to complete healing was about 25 days. A further seven patients were treated with 5% idoxuridine in dimethyl sulphoxide, applied intermittently. Pain continued for an average of 7·7 days, virus could be isolated for an average of 12·4 days, and complete healing occurred 22·1 days after the start of treatment. However, a further eight patients were treated with 40% idoxuridine in dimethyl sulphoxide and the improvement was striking: pain lasted for an average of 1·6 days, virus could be isolated for an average of seven days only, and complete healing had occurred after an average of a fortnight. We cannot recommend the treatment with intermittently applied 5% idoxuridine in dimethyl sulphoxide. Our results do not suggest any real clinical improvement, though herpes could be isolated for a shorter time. The treatment of choice at present is with continuously applied 40% idoxuridine in dimethyl sulphoxide. A piece of lint cut to cover the lesion is wetted with the substance, and in turn covered with further pieces of lint. The finger is splinted, the arm elevated, and the lint is kept damp by daily rewetting with the active fluid.

One patient was of particular interest. A physician aged 44 had by accident stuck a needle contaminated with vesicle fluid from a herpetic lesion into his right middle finger. He had never had herpes simplex infection in the past. On the fifth day he developed an early lesion from which virus was isolated, and this was treated with continuously applied 40% idoxuridine in dimethyl sulphoxide. His complement fixing antibody and neutralizing antibody titres have been followed at regular intervals since, and it will be seen from the Table that apart from one occasion about three weeks after the infection he has not had detectable complement fixing antibody and the neutralizing antibody titre has been extremely low. He is otherwise immunologically competent. Presumably so much virus was killed by the early application of the antiviral agent that only sufficient antigen was left behind to give a barely detectable level of neutralizing antibody. None of the patients who were treated with continuously applied idoxuridine have had recurrences of their whitlows. We usually continue treatment until virus can no longer be isolated.

The statement that herpes simplex virus does not infect by direct inoculation in people who have herpes antibody is not strictly correct. We have seen an example of this in a young man who had a recurrent cold sore and who implanted virus into the skin of his neck (where he had never before had any lesions) with an unfamiliar dry razor which he was lent when admitted to a ward. He had adequate levels of circulating antibody. Even if medical personnel know that they have antibody to herpes simplex they should still treat herpetic lesions in their patients with respect.—I am, etc.,

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Radcliffe Infirmary,
Oxford

1 Juel-Jensen, B. E., *Journal of the American College Health Association*, 1970, **18**, 227.

Date	8.2.68	12.2	24.2	11.9	15.11	22.5.69	3.11	18.7.70	13.1.71
C.F.T. ..	< 1/4	< 1/2	1:16	< 1/4	< 1/4	< 1/4	< 1/4	< 1/4	< 1/4
N.A. ..	< 1/2	1/4	1/4	1:2	< 1/2	< 1/2	1:1— < 1:2	1:2	1:2