measured with a low-reading thermometer over a five-minute period. The outside temperature was very high and the room temperature was above 27°C. She was covered with two cellular blankets and allowed to rewarm spontaneously. At 6 pm her rectal temperature had returned to 35-6°C and her pulse rate was 60/min; by 10 pm her temperature was 37-2°C and her pulse 81/min, with an improvement in her level of consciousness.

The nitrazepam was stopped at 6 am the next day and the patient remained well except for a small rash on her right hand and a temperature of 37-9°C. At 2 pm she was seen in the hospital's accident and emergency department where the rash was noted to be drowsy again, her pulse was 60/min, and her rectal temperature 35°C. She was treated in the same conservative way as before.

The Committee on Safety of Medicines has records of one case of a 58-year-old woman with moderately severe disseminated sclerosis who developed hypothermia at home with a temperature of 29-5°C after being prescribed nitrazepam 5 mg as night sedation. The manufacturer of the drug know of one case in an elderly patient in hospital several years ago who had received a 10-mg dose of nitrazepam and had later developed hypothermia, but no further clinical details are available. It would appear that this patient of ours is the first case of nitrazepam-induced hypothermia to be reported in the medical literature.

Although this complication of nitrazepam therapy may be unusual, we wish to draw the attention of the medical profession to its occurrence, especially now that the "hypothermia season" is about to begin.

M IMPALLOMENI RAGHAY EZZAT

Geriatric Department,
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Intravenous cytarabine in treatment of herpes zoster in haematological malignancy

SIR,—Disseminated herpes zoster occurring in a patient with leukaemia or lymphoma has a poor prognosis. Cytarabine has been judged to be a potent anti-herpes virus drug in vitro, as it inhibits nucleoside reductase and DNA polymerase, but two controlled in-vivo studies have failed to prove its efficacy against zoster infections. Stevens,5 who found a greater duration of zoster dissemination in the treated group, correlated it with a cytarabine-induced depression of antiviral defences, among which are two major factors, local interferon production and humoral antibody. Furthermore, the drug showed some myelotoxicity.

Cytarabine can be delivered in a non-toxic way by a single rapid intravenous injection, 10 mg in 5 ml 5% dextrose in water, when not only is the drug available on the market in the UK, but also is the technique well known in haematology departments. Indeed, there is some evidence that the drug is absorbed by the host when used in this way. Furthermore, we have been able to extend the indications for this drug to include the treatment of herpes zoster.

Ethics of industrial action

SIR,—The medical profession has been in conflict with the Government for the past year and grave anxiety has been expressed by doctors in national newspapers, the BMA, and other medical periodicals that the consultants' work-to-contract and the junior hospital doctors' recent industrial action or "emergencies only" are not ethical courses of action.

Few would doubt that events of the past year have damaged the status and integrity of the profession, but no protective action whatever has been taken by the Central Ethical Committee of the BMA. It is very difficult for doctors in conflict with the State to make their position known. Whether industrial action or resignation is the right course to pursue without consulting a reasoned statement of the ethical and moral position prepared by men experienced in ethical problems. Why have we not had this advice?

I understand that there is to be a meeting of the Central Ethical Committee in early February, although I urgently requested one early in December, and that they have had to commit themselves to the ballot in January on a matter fundamental to the whole future of medicine in Britain many will deeply regret that they have voted without the benefit of sound ethical advice.

No army can fight with a guilty conscience. I believe our cause is just. Provided the methods we use to defend it are honourable our profession will emerge unscathed.

S KERNBAUM
Hospital Claude Bernard, Université Paris VII, Paris


Goodman proposals

SIR,—We are being asked this week our views on the results of the negotiations reached as a result of Lord Goodman's intervention into the present dispute between the Government and the profession.

It is our view that the Goodman proposals are fundamentally unacceptable as they breach the important principles that have been reiterated again and again. If they are accepted by the profession then its independence is once more jeopardised. It is vital for all of us to look at the long-term future of the profession if the present proposals were implemented, and it is our view that, with particular reference to the more junior members of the profession, the Goodman proposals simply delay the achievement of a full-time salaried medical profession. The case of the Independent Hospital Group also is not, in our view, at all helpful.

The consultation in this district have indicated their feelings in no uncertain fashion by submitting their undated resignations to the chairman of the local medical committee.

M WALLACE Chairman, Consultants Action Committee, East Berks District


Whole-time consultants group

SIR,—At meetings of the consultant staff in this district during the past year it has been obvious that there are differences of opinion between whole-time and part-time consultants as regards the terms of service which the Hospital Consultants and Specialists Association and the BMA should demand. In many cases when negotiations are resumed with the DHSS, it is possible to have this difference of opinion within the profession but it seems to us pointless to ignore them, and at a time when we are being asked to embark on a form of industrial action in opposition to the consultative document many of us would like to know that our views will not be disregarded by our negotiators later on. We therefore have formed a whole-time consultants group in this district with a view to crystallising our own ideas and to draw up a list of demands which we shall ask the HCSA and BMA to accept as a basis for negotiation with the Department. We hope that similar groups will be set up in other districts and we ask any such groups already formed to get in touch with us.

We should like to emphasise that it is not our intention to set up a third negotiating body but to remain within the HCSA and BMA and to strengthen these organisations by assuring the leadership of the determination of their members and by assuring the ordinary members of the willingness of the leadership to act in accordance with their wishes.

J A AGER
and 26 other signatories