Fourth, Fifth, and Sixth

Scarlet fever, rubella, and measles are first, second, and third. Fourth, if it exists, is Filatov-Duke's disease, fifth is erythema infectiosum, and sixth is exanthem subitum.

Fourth disease was carefully described by Filatov in 1885 and by Duke in 1900. Strawberry tongue, desquamation, and alburnus was described as its features, so it may well have been an unusual form of scarlet fever. If it was a disease sui generis, it seems never to have recurred this century.

Fifth disease, though apparently uncommon in Britain, has been reported frequently in localized outbreaks elsewhere. Its official name is erythema infectiosum, but it is also known in America as "slapped cheek disease." The rash is most prominent on the cheeks, where it first appears as bright macules which finally run into one another: it does not rise above the malar bones nor run across the mouth, so the term "slapped cheek" is an apt descriptive one. The rash later comes out on the limbs and, very sparingly, on the trunk, but it is always less bright there: it has been described as lace-like, reticular, annular, or serpentine, but in truth it is rather nondescript. It persists for a week or ten days. Other symptoms are slight and vague—malaise, a few aches, or headache—and there are no after-effects. It occurs in sharp outbreaks, often in school children, its main age incidence being on the 2-14-year-old age group. The incubation period is around 4 to 14 days, it seems to spread by droplet infection, and it is probably a virus disease. Two recent cases in young children are described at p.466.

Sixth disease affects usually children between 6 months and 2 years of age. Its commoner names today are exanthem subitum or roseola infantum. It has also been called "three-day fever": this name is undesirable because it might lead to confusion with dengue, but it does draw attention to the main characteristic of the disease, namely fever, though this may last longer than three days. The fever comes on abruptly and the temperature may run at about 39-40°C (103-105°F) for three to five days. The infant often seems bright and alert in spite of this high fever, but occasionally an infant has a convulsion. When the fever subsides a rash appears, first on the upper trunk then spreading to the neck and limbs. It consists of fine pink macules which do not coalesce and are fleeting and easy to miss. Leucopenia is common after the first day, which suggests that this is yet another virus disease. It may occur in sharp outbreaks, but many infants seem to have the fever without the rash, and this may obscure the epidemic picture.

One outbreak was described in a maternity hospital when the disease spread to nurses and parents, but normally this sudden exanthematus disease remains a roseola of infants.

International Views on Alcohol and Traffic Safety

The problem of the drinking driver was recognized very shortly after motor cars appeared on the road, and last month the sixth international conference on the subject took place in Toronto. Almost everywhere in the world recently the consumption of alcohol has risen, there are more alcoholic drivers, and both the speed and density of traffic has increased, making the results of collisions more serious. The disappointing message delivered to 700 representatives from more than 30 countries was that (with the possible exception of the United Kingdom) legislative programmes have made no real impact on the problem.

There was much interest at the conference in the reasons why the dramatic savings in casualties in Britain which followed the 1967 Road Safety Act have not been sustained. Even Professor H. L. Ross of Denver, who was highly critical of the successes claimed by the Scandinavian countries for their legislation, acknowledged that the United Kingdom had achieved important results. His time-series analysis had suggested that the initial effect was due to the firm belief among drivers that they would probably be caught if they drove after drinking. Court cases had been publicized by the press, keeping the law at the front of the drinking driver's mind. More recently, thought Professor Ross, it seemed that British drivers had realized that the risk of detection was really very low and were starting to take risks again. Scandinavian experience (where drinking drivers comprise 10% of the prison population) suggested that the probability of detection was more important than the severity of the punishment. Automatic disqualification was an important deterrent, and countries which had automatic conviction at a given blood level achieved better results than those in which it was left to a court to decide whether or not an offence had been committed. The British practice of allowing a police officer