diagnosing habits are at least partly responsible for the United Kingdom/Netherlands differences.

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¹ Stott, N C H, and West, R R, *British Medical Journal*, 1976, **2**, 556.

² Taylor, B, *et al*, *British Medical Journal*, 1977, **2**, 552.

³ Gordon, M, Lovell, S, and Dugdale, A E, *Medical Journal of Australia*, 1974, **1**, 304.

Greater auricular nerve in diagnosis of leprosy

SIR,—I agree with Major Peter Lynch (11 November, p 1340) that the fact that a superficial peripheral nerve is palpable does not justify a diagnosis of leprosy. In my survey¹ of 4500 serving officers and soldiers of the Gurkha Brigade peripheral nerves (great auricular, ulnar, radial, and lateral popliteal) were palpable in more than 60% of the population studied. I cannot, however, agree with his statement that leprosy is rare in the Gurkha Brigade, my figures showing a prevalence of 11.3 per 1000, nor can I accept that no new cases have occurred since 1970, having in 1971/72 notified the 25 cases discovered in the survey.

The observation that the hypopigmented patches in four subjects were not hypoaesthetic does not exclude a diagnosis of indeterminate leprosy but calls for surveillance.² Pityriasis versicolor, while usually obvious clinically, is easily diagnosed by the demonstration of *Malassezia furfur* on direct examination of a skin scraping.

The Fifth Report of the WHO Expert Committee on Leprosy (1977) suggests that current estimates of a total number of cases in excess of 12 million is now greater than the estimated total in 1970 and 1965. Service medical officers, like civilian medical practitioners, must therefore retain a high index of suspicion at all times.

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¹ Jarrams, A G, *Journal of the Royal Army Medical Corps*, 1976, **122**, 135.

² Browne, S G, *Leprosy*. Basle, Geigy, 1970.

Malaria in Glasgow

SIR,—Between January 1976 and July 1978 60 people with malaria were treated at this hospital. Twenty-six (43%) of them were either visitors to Britain or new residents arriving here for the first time; this emphasises the importance of both prophylaxis and treatment since prophylaxis in these patients would be out of UK control. The others (57%) were residents of this country travelling abroad, in the main to visit relatives in north-west India or Pakistan; none had taken adequate prophylaxis.

Plasmodium vivax caused 55 (90%) of these infections. Illness began between five and 10 months after arrival in Britain in 30 (56%) instances and after 16 months in one case. Most of them were treated within two weeks of the onset of their first bout of malaria in this country and came to no great harm from the delay.

Plasmodium falciparum caused four of the infections, in all of which symptoms began

within one month of arrival in the UK; all received treatment within seven days. None of these four had developed cerebral problems, but three were ill with marked haemolysis and in them the illness could have been diagnosed earlier. All four had come from either Africa or the Middle East and all were UK citizens working abroad for varying periods. Although no avoidable delay in any diagnosis of malaria is acceptable, in our area it appears to be this group who would most benefit from the measures suggested by Dr A P Hall (23 September, p 877) and it may be wise to avoid clouding the issue by suggesting tight legislation to all, with the counterproductive effects that Professor L J Bruce-Chwatt fears (14 October, p 1085).

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Young people who sleep badly

SIR,—Your leading article (25 November, p 1450) "Young people who sleep badly" sheds a welcome light on a common and distressing condition that has received little attention. The list of references at the end are to relatively obscure journals, and yet this is a condition that is most commonly brought to the general practitioner.

I disagree with the emphasis of the recommendation that we should avoid prescribing hypnotics for these poor sleepers. No facts or arguments are produced to back up this statement. It is certainly true that hypnotics are no cure, and most GPs will have been struck by the surprising ineffectiveness of hypnotics in really bad insomniacs. On the other hand the occasional use of a hypnotic can produce a much-needed temporary respite for the victim. It also gives the doctor a chance to demonstrate his sympathy, without which any attempts at problem elucidation and so on are likely to be unsuccessful.

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Acute poisoning with Distalgesic

SIR,—Drs I R Starkey and A A H Lawson (25 November, p 1468) report a case of acute poisoning with Distalgesic. They are to be congratulated on the successful outcome of this case but I think that one must take issue with their statement that the popularity of preparations containing dextropropoxyphene is difficult to understand. As a clinical rheumatologist I see the whole range of musculoskeletal problems, including the chronic inflammatory types of arthritis. What is impressive is that of all the wide range of analgesics and non-steroidal anti-inflammatory agents that are available, Distalgesic is by far and away the most popular agent used by our patients. In fact, Distalgesic is the drug least likely to be given up by chronic rheumatoids when one tries to manipulate their drug therapy.

No matter what the theoretical objections to its use may be in practical terms this preparation is as popular as it is because the patients find that it works. What is more, despite its enormous usage, the number of examples of serious overdose or toxicity is very small and until a satisfactory, cheap, and safe alternative drug is found there is no doubt that this

preparation will continue to be used in large quantity.

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Repeated self-poisoning

SIR,—I read with interest the report from Edinburgh of a repeated self-poisoner (18 November, p 1399). We too have had a similar case recently.

The man in question, who goes under eight known aliases, is in his early 30s and single. He has taken at least 70 overdoses, the first in 1973, the last four weeks ago. He has had 20 admissions to this hospital alone and is well known to four other London teaching hospitals. His earlier admissions were for poisoning with paracetamol and diazepam, with serum paracetamol levels frequently greater than 300 µg/l. More recent episodes have involved Weedol (paraquat), necessitating haemoperfusion on two occasions. His first "nervous breakdown" occurred at the age of 17 and he says he is not suicidal but has an overwhelming compulsion to take the various substances.

He has recently become Australia antigen-positive, which may complicate future management, but his liver function tests and respiratory function tests have remained surprisingly normal.

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Fee for service or capitation fee?

SIR,—May I reply to the points raised by Dr T D Whitefield in his letter (25 November, p 1503) concerning my article on the Ontario Health Insurance Plan (28 October, p 1241)?

Despite the fact that I was on a flying visit to Canada I was privileged to meet many of the senior officials in both the Provincial and Federal Health Ministries, and visit hospitals, general practitioners, and district health councils. I felt that the problems facing Canadian health care were of overprovision, overutilisation, and maldistribution of hospital beds; the duplication and underutilisation of expensive equipment; the relative weakness, due to historical reasons, of provincial and federal control of health services; and the problem of cost control. In terms of cost-effectiveness I felt that the National Health Service was more efficient than the Canadian system.

It is extremely difficult to define and measure the criteria for the quality of care. In terms of medical and nursing standards the two systems were identical. If the criteria measured patient and professional satisfaction, luxuriousness of hospital buildings, and the supply of expensive equipment the Canadian system was far superior to the NHS. Unfortunately the lavishness of the packaging does not necessarily mean that the contents are any better. In the Lalonde Report¹ the Canadian Government concluded that in a civilised country an increase in health expenditure would not improve the nation's health. Only by a radical change in life styles, such as control of smoking, alcohol, and stress, more exercise, and a wise diet, would the nation's health improve.

The problems of the NHS might be solved if the percentage of gross national product spent on health was increased by 50% to the