Dr. Goldman's patients showed considerable reaction to the mustine for "anorexia and nausea invariably followed . . . injections and vomiting was common" and he admits that in "five of the 32 patients death was hastened by the mustine." We stressed that, when compared with nitrogen mustard, the use of cyclophosphamide caused much less suffering to the patient due to side-effects and was far less hazardous with regard to bone-marrow depression.

We agree with Dr. Goldman that as cytotoxic therapy has not, so far, provided a cure for malignant disease the best results will be achieved if the drugs at present available are given in maximal doses. However, we do feel strongly that the results obtained by the treatment of bronchial carcinoma with cyclophosphamide should not be dismissed.—We are, etc.,

St. George's Hospital,
London S.W.1.

C. J. ANDERS.
N. H. KEMP.

REFERENCE

¹ Anders, C. J., and Kemp, N. H., *Brit. med. J.*, 1961, 2, 1516.

Clinical Clues in Virus Infections

SIR,—Stimulated by Dr. D. A. J. Tyrrell's article (February 23, p. 493) I wish to mention an unusual rash which affected three children in this district.

At present there seems to be a great upsurge of virus activity—measles, chicken-pox, herpes zoster, many cases of mumps, true influenza, a variety of coryzal syndromes, and many patients with gastro-intestinal disorders which are presumed to be viral.

Against this background, about a month ago, I was called to see a rash affecting a girl aged 7 from a poor family. The child was well with good appetite and no respiratory or gastro-intestinal symptoms, but with a striking, non-itching eruption. The basic lesion appeared to be an erythematous macule which tended to enlarge rapidly and coalesce. The rash had first appeared three days before on the cheeks as small pink-red spots which had enlarged and run together a little.

The next day the spots had spread to the arms and legs, especially the extensor aspects and the buttocks, but had remained very scanty on the trunk. When seen, the macules on limbs and buttocks had grown quite big, the largest being about the size of a man's hand. They had an irregular, raised, violet-red edge running into an extensive cyanotic grey central area and separated by irregular narrow strips of normal skin. She also had an unusually blotchy, burning, palmar erythema, blotchy lesions of the buccal mucosa, and some infection of the palpebral conjunctiva. There was no fever and no lymphadenopathy. I was unfamiliar with this eruption but wondered about a variant of erythema multiforme or an urticaria. Next day the erythema of the palms, mouth, and conjunctiva had disappeared and the other lesions had faded to brownish-grey patches, but her sister aged 6 had some macules on her cheeks. Two days later her sister's rash was fully developed with similar redness of the mouth and conjunctiva and sufficient irritation of her palms to keep her awake and crying in the night. Two days later her rash was fading, but her cousin aged 10, one of a family of six, who lived nearby, was starting with the eruption; it had the same distribution and ran the same course.

Since then I have seen no more examples nor can I find any other practitioner in the district who has seen a similar eruption, which was so different from the usual exanthemata that it at once excited curiosity. A little

later, by accident, in Harrison's *Principles of Internal Medicine* I found a description of erythema infectiosum (fifth disease) which seemed to be identical save that no mention was made of the palmar irritation, which in these cases was the only cause of discomfort.

What seems most striking is that an unusual eruption quite different and easily differentiated from the other childhood rashes can appear apparently from nowhere, run a course true to form in three cases, and then disappear completely.—I am, etc.,

Bradford, Yorks.

WILLIAM DODD.

An Old Barts Custom

SIR,—It has been a tradition at Barts, probably since anaesthesia began, that an inverted feeding-cup should be placed on the lower tray of the anaesthetist's trolley. Nobody knows whether this is intended for the administration of medicinal brandy to the anaesthetist or to the patient, apnoeic and pulseless from chloroform. Although it is now appreciated that chloroform and this method of resuscitating the unconscious patient are outdated, the feeding-cup remains. At last I have found a use for it.

When a patient's throat has to be packed with a paraffin gauze roll, as in E.N.T. and dental surgery, the pack is put into the feeding-cup under the covered portion, and the cup placed on the pillow by the patient's head. With a laryngoscope in position the gauze can be unrolled as required using Magill's forceps and does not have to be touched by hand. This is most convenient when working single-handed; nobody is covered with liquid paraffin and the procedure becomes relatively clean.

I record this in case there are Barts anaesthetists in various parts of the world who, to remind themselves of the Royal and Ancient Hospital, keep inverted feeding-cups on their anaesthetic machines which are at present only symbols.—I am, etc.,

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Another Royal College?

SIR,—Dr. A. Pearce has earned the gratitude of all psychiatrists by his excellent letter (March 2, p. 607) on the need for a College of Psychiatrists. We are content to let statistics show whether we are regarded by the Royal College of Physicians as "a lesser breed without the law" or whether we are regarded as equals. However, with some 30 years' experience of psychiatry and psychiatrists I have no doubt what the statistics will show. Since I have written a great deal on psycho-sexual diseases I have felt this ostracism more than most psychiatrists because anyone who writes (except entirely from the endocrine point of view) on such matters is looked at very askance by the College.

However, Dr. Pearce is wrong on one point. It is possible to take the M.R.C.P. when one has entered psychiatry because I did so myself. But where is the point of having to study a lot of obscure diseases to pass an examination when one will never be asked to discuss them again, but on the other hand never be asked a question on subjects which will be one's daily work? It is true that half the hospital beds in the country are occupied by psychiatric cases and also true that at least 5% of the population suffers from psychosexual illness; but until we have a College of Psychiatrists these matters