The emoluments for night doctors are worked out in some detail. Payment varies with the hour of the night. A visit at 2 a.m. carries a higher rate than one at 11 p.m. Doctors did not discourage night calls, for since three visits in one night is sufficient to ruin anyone's sleep, with small recompense, a sleepless night with 20 calls provides some compensation. I believe I am right in saying that this emergency system operates largely in Copenhagen itself, and that it has not proved entirely feasible to practise the same method in outlying districts.

My opinion of the medical service as a whole in Denmark was that it was most excellent. No system which produced men of the calibre of Meulengracht could be otherwise.—I am, etc.,

High Wycombe, Bucks.

GERALD S. W. EVANS.

REFERENCE

- ¹ *Brit. med. J. Suppl.*, 1947, 1, 119.

Clinical Clues in Virus Infections

SIR,—A second reading of Dr. D. A. J. Tyrrell's "Clinical Clues in Virus Infections" (February 23, p. 493) prompts me to report four rashes such as he describes, each following an attack of measles.

This area of Metropolitan Essex has had a considerable outbreak of measles since last Christmas; the children concerned have been known to me since birth and have certainly not previously had measles. Their recent illnesses were typical measles in all respects and they had each recovered completely before the onset of the fresh rash. All four rashes had differing characteristics. Cases 1 and 2 were brothers.

Case 1.—A boy, aged 6, began with a measles rash on December 28, 1962; this cleared by January 4, 1963. He had what his mother called a "chill" on February 2 and developed a widespread scarlatiniform rash of the trunk only two days later. He was apyrexial and had a normal throat. The rash persisted for over a week, then faded. There was no desquamation.

Case 2.—His brother, aged 2, had a measles rash on January 4 which faded quickly in three days. On February 9 (seven days after his brother) he also had a "chill" and two days later developed a light maculopapular rash on his trunk without any other symptoms or signs. This was fading three days later and had gone in five days. There was no desquamation.

Case 3.—A girl, aged 6, developed a measles rash on January 21; this entirely faded by January 27. On February 4 she developed a widespread purplish maculopapular rash over the whole body, darker in colour and more discrete than the measles rash. Her cough, which had not ceased, seemed to worsen, but apart from this she was well and active and had no physical signs. On February 15 her fingers commenced to peel and by February 18 the skin of hands and feet was peeling freely in large pieces and there was a bran-like desquamation of the remainder of the body. The rash was still faintly visible. A week later the rash had vanished, her body skin was normal, but the fingers and toes were redder than usual.

Case 4.—A girl, aged 7, developed a measles rash on January 23; this entirely faded by January 28. On February 8 she had a faint macular rash on the trunk and two days later developed some discrete vesicles like a mild herpes zoster in the right groin, on the left upper arm, and on the left side of her neck. There were no other symptoms or physical signs. The vesicles gradually disappeared over the next five days, leaving no scars. The rash also faded. There was no desquamation.

I was at a loss at the time to explain any of these rashes. Fortunately the children were not ill and their

parents not unduly alarmed. The mothers of the first three cases have been informed of Dr. Tyrrell's article and have been much consoled.—I am, etc.,

Woodford Green,
Essex.

CAREY D. BAKER.

Cutaneous Striae

SIR,—Biochemical evidence of increased glucocorticoid secretion by the adrenals has been obtained in cases of cutaneous striae developing in adolescence, pregnancy, Cushing's syndrome, and in obesity (December 29, p. 1738). This has not yet been established in cases associated with tuberculosis. McCrae-Gibson¹ was unable to demonstrate biochemical differences between patients with cutaneous striae and a control group without striae. All the patients concerned had suffered from tuberculosis for at least four months by the time the steroid assays were carried out, and the dates of onset of the striae were not known. This report included the findings in a patient suffering from a tuberculous pleural effusion who had been studied elsewhere during the acute phase of his illness. At that time a transient increase in glucocorticoid activity, to levels attained in Cushing's syndrome, had been found soon after the first appearance of the striae.²

It would be interesting to examine a further group of cases associated with tuberculosis, using the more sensitive methods for the determination of adrenal steroid hormones and their metabolites which are now available. It must, however, be stressed that serial assays obtained as soon as possible after the first appearance of the striae should be carried out in any such investigation.—I am, etc.,

D'A. KOK.

Haematological Clinic,
Department of Medicine,
University of Cambridge.

REFERENCES

- ¹ McCrae-Gibson, N. K., *Brit. J. Derm.*, 1952, 64, 315.
² Kok, D'A., *Lancet*, 1950, 2, 826.

SIR,—I was most interested in the leader on cutaneous striae (December 29, p. 1738).

The conclusions in the last paragraph, particularly the emphasis on adrenal cortical hyperactivity, were pointed out in a paper of mine published in the *Lancet*.¹ This publication was a partial summary of a large thesis on striae gravidarum which was awarded the M.D., Adelaide. The emphasis of my work was on the clinical aspects, and, in the first instance, proof was shown that they are not stretch marks. Many relationships were then shown between striae gravidarum and other clinical states. My conclusion was that striae gravidarum will not appear in the absence of a sufficient quantity of the "striae factor."—I am, etc.,

Department of Obstetrics and
Gynaecology,
Queen Elizabeth Hospital,
Woodville, South Australia.

L. O. S. POIDEVIN.

REFERENCE

- ¹ Poidevin, L. O. S., *Lancet*, 1959, 2, 436.

Radio Doctor

SIR,—Following a talk on psoriasis this week (February 20) by the radio doctor two patients requested a supply of triamcinolone ointment. Having listened on several occasions in the past to these talks I usually found them rational and sensible. This recommendation