SIR,—Your leading article on pulmonary infarction (7 May, p. 1129) was a most comprehensive account of different aspects of this condition, and was read with much interest.

You mention that there is no longer any doubt of the efficacy of anticoagulant therapy in pulmonary infarction. It may be so at the present moment, but apart from anticoagulant therapy and pulmonary embolectomy, fibrinolytic therapy may also have a place in the treatment of pulmonary embolism; though so far there has been no extensive clinical trials preliminary reports of this therapy have been encouraging,[1] Browse and Jones[2] found striking clinical improvement in four of their patients treated with streptokinase, previous anticoagulation having failed to improve two of them. They recommend streptokinase as the treatment of choice in all except the moribund, in whom heparin should be tried. McNicol and Douglas[3] also suggest that the main indication for streptokinase is probably recent arterial occlusion and pulmonary embolism.—I am, etc.,

I. S. MENON.

Royal Victoria Infirmary, Newcastle upon Tyne.

REFERENCES

1 Menon, I. S., *Lancet*, 1966, **1**, 1033.
2 Browse, N. L., and James, D. C. O., ibid., 1964, **2**, 1039.
3 McNichol, G. P., and Douglas, A. S., *J. clin. Path.*, 1964, **17**, 338.

Chelsea Postgraduate Medical Centre

SIR,—The Chelsea Postgraduate Hospitals Scheme (21 May 1966, p. 1289) suggested by Enoch Powell in 1961 will rise or fall depending on the answers to three main questions:

Is the site right? Is it capable of expansion? Can it cope with the traffic flow? Where are the nurses to live? Is the grouping of specialties right?

Is the timing right? Can a scheme which is unlikely to be started within the next five to ten years be really viable when the rest of the scheme may take 20 more years to complete?

Are the economics right? The Ministry of Health acquired in 1948 sites in Central London which have become extremely valuable. Because of archaic regulations they are unable to realize the value of these sites in order to centralize their diversified units, as could be done in private industry (or even by British Railways). Were the regulations altered it would be possible to sell these scattered sites no longer required for the Hospital Service and use the capital towards building a postgraduate centre.

There are 13 postgraduate hospitals scattered throughout London (excluding the present Chelsea group, paediatrics, and psychiatry), all of which would benefit from closer association. These hospitals look after 1,000 patients and occupy 10 acres of Central London for hospital purposes alone. The market value of these sites is £10m., which at 7½% interest represents an extra £14 per bed per week—a figure not shown in the Ministry of Health costing statistics.

Is there a place for a Beeching or even a modern Nightingale to examine urgently and critically the economic realities of hospital building and site values?

There is one hospital in Central London used as a furniture store, another occupies 12 acres and cares for 120 patients—one patient to 484 square yards of single-storey building. Is this really sound economic planning?

As the present Minister is the first since the beginning of the N.H.S. to come back for a second term of office at the Ministry of Health, is he not the man, with the cooperation of the profession, to put the Hospital Plan on a sound economic footing?—I am, etc.,

London S.W.1. DAVID M. WALLACE.

Ampicillin and the Fifth-day Rash

SIR,—It is now well recognized that ampicillin may cause a sensitization rash in a significant number of people. In general, this eruption is most likely to occur where the dosage of ampicillin has been high and where the period of treatment exceeds 10 days' duration, although exceptions to these provisions do occur.

In many instances the rash does not appear during the course of therapy but makes itself apparent some days after ampicillin has been withdrawn. In a remarkable number of these cases the latent period between cessation of treatment and the appearance of the rash is of 4–5 days' duration and, in fact, we often refer to this phenomenon as the "fifth-day rash." In hospital practice, where the patient is under constant observation, this association is more readily recognized. However, it obviously results in confusion in general practice, and on several occasions patients have been admitted to this hospital suspected of having an infectious exanthem or, alternatively, we have been asked to see such a case at a domiciliary consultation. Measles is the most common misdiagnosis, and as the rash commonly takes the form of a diffuse maculo-papular eruption this is not surprising. The absence of other manifestations of an infectious disease, and of a contact history, raises the question of ampicillin sensitization. Further inquiry at this point elucidates the fact that ampicillin has been given up until a few days before the rash developed.

In short, although ampicillin sensitization rashes are widely recognized, the latent period before they appear in a percentage of cases seems to be less widely known and misdiagnosis may result. We feel this association is worthy of further emphasis.—We are, etc.,

Seacroft Hospital, Leeds 14. J. STEVENSON. B. MANDAL.

Abortion Law Reform

SIR,—It is surprising that in the discussion on abortion law reform paediatricians have so far taken only a small part. Yet their work will be profoundly influenced by the change in moral attitudes which is behind the pressure to alter these laws.

If it becomes generally accepted that any foetus that has, say, a 20% chance of being abnormal is killed, it may become difficult to defend the preserving of life in very premature babies, where the risk of abnormality is similar. Can we still justify life-saving surgery on deformed newborn babies which will still leave them permanently physically crippled?

There is another aspect. At present very few babies with a gestation age of less than 28 weeks survive. However, the artificial placenta is well within the reach of present-day medical technology, and it may be that much younger babies will then be reared successfully. We might reach the ridiculous situation where gynaecologists remove a foetus whom the paediatricians then rear to be a normal child.

Superficially the new laws may only codify what is already current practice, but they also spell the end of the code of ethics on which Western medicine has been built. We shall have to find a new code which will include the right to decide on who lives and who dies, and which will be more in keeping with the beliefs of modern scientific man.—I am, etc.,

Thorpe Bay, Essex. H. J. LIEBESCHUETZ.

Country Doctor's Bag

SIR,—Dr. A. P. Millar (30 April, p. 1114) is to be congratulated on his catalogue of the contents of the ideal bag, and it seems a bit churlish to carp at inclusions or exclusions. But it is a little surprising to find that injectable digoxin is omitted, and frankly astonishing to see the absence of injectable chlorpromazine.

There are occasions when a patient with an acute toxic psychosis, say, from cerebral anoxia or bronchopneumonia, is pitchforked into a mental hospital without a trial of chlorpromazine, recovering in a day or two to find himself surrounded by acute or chronic psychotic companions: not a happy state of affairs.

"Chlorpromazine 100 mg. i/m" is a godsend in acute mental disturbance, and if it were more often used in preference, perhaps, to morphine or paraldehyde life would be easier for all concerned.—I am, etc.,

Knowle Hospital, Fareham. C. F. J. CROPPER.

SIR,—One of the many delights in medicine is to compare the contents of one's bag with that of another doctor. Dr. A. P. Millar's excellent and helpful list (30 April, p. 1114) has given me much pleasure, even if it will eventually lead to an increase in the weight and congestion of my bag.

There is one drug which he has omitted which I have found essential in a semi-rural practice. Atropine sulphate in large doses is essential in the treatment of organic phosphorus insecticide poisoning. I was reminded of this a few years ago when I was called to a farm labourer who had been spraying in the afternoon, and followed this up with a hot bath and a few drinks of beer. During the night he become extremely restless. When I arrived the relatives fortunately showed me the warning literature which accompanies the insecticides, and on these instructions I gave several ampoules of atropine intravenously. He responded dramatically, but needed further treatment in hospital before he was better.

There is an excellent account of the hazards and treatment of these pesticides