

tion. In this situation, a prolonged ACTH stimulation test using 1 mg depot tetracosactrin, with serial measurements of serum cortisol concentrations over 24 hours, would allow sufficient time for the otherwise healthy adrenal glands to mount an adequate cortisol response, whereas the test result would be abnormal in Addison's disease (particularly in preclinical disease, in which the result of the shorter test may be normal).

As the authors correctly point out, the hyperpigmentation seen in Addison's disease reflects increased ACTH and melanocyte-stimulating hormone due to dysinhibition of the hypothalamic-pituitary axis, which is in turn a result of low circulating cortisol concentrations. This is a relatively specific sign, and there is therefore little doubt that the hypoadrenalism in the patient described was due to primary adrenal failure. However, an elevated plasma ACTH concentration at baseline reliably distinguishes between primary and secondary causes and would have provided incontrovertible evidence of Addison's disease,² besides being far simpler than the prolonged ACTH stimulation test.

R. Deeba Syeda

Devraj Urs Medical College and
Research Centre
Kolar, India

Farheena N. Mecci

Dr. Ambedkar Medical College
Bangalore, India

Akheel A. Syed

University of Newcastle
Newcastle-upon-Tyne, UK

References

1. Barnard C, Kanani R, Friedman JN. Her tongue tipped us off.... *CMAJ* 2004;171(5):451.
2. Oelkers W, Diederich S, Bahr V. Diagnosis and therapy surveillance in Addison's disease: rapid adrenocorticotropin (ACTH) test and measurement of plasma ACTH, renin activity, and aldosterone. *J Clin Endocrinol Metab* 1992;75(1):259-64.

Competing interests: None declared.

DOI:10.1503/cmaj.1041542

[The authors respond:]

We agree with the interpretation of the short ACTH stimulation test described by Deeba Syeda and associates. In the case that we described,¹ a long ACTH stimulation test was unnecessary because of the clinical picture, especially the hyperpigmentation and the markedly increased ACTH level (285 [normally less than 18] pmol/L).

Chantal Barnard

Ronik Kanani

Jeremy N. Friedman

Department of Paediatrics
The Hospital for Sick Children
Toronto, Ont.

Reference

1. Barnard C, Kanani R, Friedman JN. Her tongue tipped us off.... *CMAJ* 2004;171(5):451.

DOI:10.1503/cmaj.1041762

Russia and social "reform"

Paul Webster, in his description of the Russian government's plans "to 'monetize' its social commitments"¹ through reform of a variety of Soviet-era entitlements, fails to cover some important details.

It is true, as stated by a health care analyst from Moscow, that "Russia's system of privileges was never designed to support the poor." But the estimate that "the poorest 10% of the population receive 4% of existing benefits, while the richest 10% receive 20%" is nothing more than speculation. The government used such estimates to prove that the system of natural entitlements must be changed. Shortly after the new law was enacted, when the government started to check how many poor people were eligible for "monetization" of their entitlements, it found that the numbers had been underestimated by up to 30%. Now nobody knows how many people are entitled to

monthly subsistence. Of course, this detail is not relevant to the government; the president set the amount without any supporting research.

Economist Mikhail Zurabov, who chairs the Health and Social Development Ministry, is leading the transformation of the most attractive health care institutions to an intermediary propriety state, which would allow them to be privatized in the short term. Former health minister Yuri Shevchenko, during his years in cabinet, created the huge "national hospital," using federal money to equip it; he then slipped from his ministerial position to that of director of the hospital.

At the other end of the health care spectrum, the new legislation prevents municipal health care services from having access to any monies from the federal or regional budgets; as a result, the wages of staff as well as health care expenditures must come from the limited resources of the municipal bodies. Finally, in the budget for 2005 military spending will increase by up to 30%, but there will be no increase for health care.

The title of Webster's article is absolutely correct: "Reforms mean [that] Russians lose free health care." In January people all across Russia took to the streets to protest against the "monetization" of their entitlements. Members of parliament have called on the government to resign, but in fact, by approving the proposed regulations, they share responsibility for these reforms. The problem of natural entitlements has become the starting point for a huge crisis.

V. Vlassov

Director
Russian Branch of the Nordic Cochrane
Centre
Moscow, Russia

Reference

1. Webster P. Reforms mean 25 million Russians lose free health care. *CMAJ* 2004;171(10):1157.

DOI:10.1503/cmaj.1041731