

enter into details of the case, except to say that throughout the later part of the antenatal period the woman stated she was better than she had been for years. Her maintenance dose of "eucortone" was 5 ml. daily intramuscularly. She had had a D.C.A. implant of 300 mg. in January, 1951. The baby weighed 7 lb. 12 oz. (3.5 kg.) at birth, was alive, and appeared normal in every way. Although the woman gave a history that she had had a crisis in 1947 when she had been in coma for four days, also a crisis in March, 1950 (coma for three days), she went through the pregnancy, labour, and puerperium without any crisis. I was grateful to Dr. G. E. F. Sutton for the supervision of her medical care.

Dr. Richards omitted to record the most recent review of 39 cases by Dr. Florence Brent, of Brooklyn (*Amer. J. Surg.*, 1950, 79, 645). Of her 22 full-term pregnancies 12 patients developed crises after delivery and seven patients died. She believes that patients with Addison's disease are very susceptible to barbiturates and morphine, and sedation throughout labour should be kept at a minimum. An interesting point she recorded was that none of the patients in the series had developed toxæmia of pregnancy. Spontaneous delivery at term was followed by the best results.

The association of pregnancy with Addison's disease is possibly becoming more common with greater improvement in the medical care of the Addison's disease. But as long ago as 1922 Dr. Gilbert Fitzpatrick, of Chicago (*Surg. Gynec. Obstet.*, 1922, 35, 72), reported a case and reviewed the reports of 11 such cases already published. It was he who stated that lactation should be forbidden, "as it renders the patient weaker." Dr. S. L. Simpson (*Proc. roy. Soc. Med.*, 1946, 39, 511) recorded two successful pregnancies in a case of Addison's disease.—I am, etc.,

Bristol.

G. GORDON LENNON.

### Goat's Milk and Infantile Eczema

SIR,—I feel that it is worth drawing the attention of your readers to some recent experiments in the treatment of infantile eczema. This condition, which first appears when the child is being fed primarily on cow's milk, has been considered to be due to an allergic reaction, and some cases have responded to a diet which contains no cow's milk. A diet of this type is, however, difficult to arrange and may result in other undesirable symptoms.

Two years ago it was decided to substitute goat's milk for cow's milk in the diet of two babies undergoing treatment for infantile eczema at a Midland hospital. Within three days the inflammation round the eczema patches had subsided, and in 33 days all signs of eczema had disappeared. The treatment was extended to five more babies with equally good results. Attempts to return to a diet of cow's milk, pasteurized or unpasteurized, and to patent baby foods all resulted in fresh outbreaks of eczema within 48 hours. The treatment is now being extended to older children and adults, and the results are promising, but not yet conclusive, in these long-standing cases.

If eczema is an allergic condition it is probable that the protein fraction of goat's milk is an important factor in the cure; but it is also important to remember that the fat in goat's milk is in a much more finely divided condition than in cow's milk and so can be more easily assimilated.—I am, etc.,

Salcombe.

PHYLLIS G. CROFT.

### Pink Disease and Infections

SIR.—Dr. W. J. M. McLeod (March 15, p. 605) makes appropriate comment on two cases of pink disease, reported by Dr. A. S. Cook (February 16, p. 383), which appeared to respond satisfactorily to antibiotic (chloramphenicol) therapy. Dr. McLeod's case of pink disease developed pertussis, and after three weeks all symptoms of pink disease had disappeared; and this was before the advent of antibiotics. He was able to refer to a case of pink disease cured by measles.

Because of his express interest in a possible relationship between pink disease and the common infections of infancy may I refer him to a recent paper on mercury and pink disease (*Lancet*, March 1, 1952, p. 441) by Dr. A. Holzel and myself? We mention a fact that "five children with severe pink disease showed simultaneous recovery from an intercurrent infection and the acrodynia. The intervening illnesses were measles in three cases, chicken-pox, and tonsillitis."—I am, etc.,

Manchester, 19.

THEODORE JAMES.

### What Doctors Prescribe

SIR,—On reading the article by Professor D. M. Dunlop and others (February 9, p. 292) I was assailed by a strong sense of guilt. I felt that something had to be done about it, so, picking up the textbook of medical treatment of which he is joint editor, I opened it at the preface.

I noted with satisfaction that in this book "the number of drugs advised are considerably fewer than in some books of therapeutics." Thus encouraged, I turned to the section on respiratory diseases, as I was rather uneasy about a couple of proprietary expectorants I am in the habit of prescribing for some of my many chronic bronchitics. I was taken aback to discover that I had neglected to give gargles, sprays, vitamins, and iron for prevention. I am certain that I have neglected to ensure an adequate protein intake in some of my cases and had almost completely ignored mixed anti-carrhal stock vaccines. My crime in ordering an effective proprietary seemed less heinous when I discovered that had I followed the book I should have had to employ an expectorant combined possibly with an antispasmodic, and "sedative drugs separately." Nor was I to forget inhalations of medicated steam, digitalis in certain cases, and the control of obesity in others—by diet alone, no doubt, to save on the dextro-amphetamine—still keeping up the patient's resistance without recourse to any more vitamins, I suppose.

Still, I have no doubt that in practice Professor Dunlop and his learned colleagues know just how to combine all the excellent advice one finds in the best textbooks, cheaply and efficiently. One only hopes that in the future as in the past some of the experts will actually join the ranks of general practitioners and see the work at first hand. Misunderstandings arise when people seek to understand our job by browsing over prescriptions.—I am, etc.,

Scarborough.

DAVID MCGILL.

SIR,—Psyche, soma, and surroundings mix, and the result is old Mrs. Brown, and only her G.P. knows what works with her. The expert, with usually only one ingredient to experiment on, gets a different result. Both are right: the expert writes an article explaining the errors of the G.P., and so it has always been. The trouble now is that the State leaps to believe the one receiving the salary of an expert and comes blundering in on the more complex triad—poor old Mrs. Brown.

A lecturer of old said to my Year, "It is quite ridiculous to give a cough mixture containing an expectorant and a sedative. But, gentlemen, it works!" And that is our operative word.—I am, etc.,

Cromer.

A. H. GREGSON.

### Medical Treatment of Hypertension

SIR.—In your leading article (March 15, p. 587) appears the statement: "There is now little doubt that surgical treatment has materially lowered the fatality rate of hypertension." It is to be regretted that a section of your journal which usually carries the weight of authority should include so dogmatic a statement. There are many who consider surgery a justifiable procedure for the relief of symptoms, but there is certainly more than a little doubt that it has materially lowered the rate of mortality.—I am, etc.,

Horley, Surrey.

T. W. PRESTON.