

of phosphate and creatinine or inulin). One patient was given an intravenous infusion of calcium and responded in a manner similar to the normal subject.⁶ However, some patients with a parathyroid adenoma also respond to calcium infusion like the normal subject (data to be published). Two patients with the syndrome described by Henneman and his fellow workers were explored and four normal parathyroid glands were identified. Biopsies were normal.—I am, etc.,

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Sulphamethoxyypyridazine in Dermatitis Herpetiformis

SIR,—Following the medical memorandum by Dr. J. Jefferson (*Journal*, July 26, 1958, p. 209), a trial of sulphamethoxyypyridazine in dermatitis herpetiformis was instituted in the Department of Dermatology at Stobhill General Hospital, Glasgow, under the supervision of Dr. A. Girdwood Fergusson, physician in charge. Dr. J. W. Chambers, consultant clinical biochemist, provided laboratory facilities. From previous experience of long-term administration of sulphonamides in chronic ailments, and in consideration of the fact that doses up to 2 g. daily for adults and 1 g. daily for a boy of 3½ years were advised, blood sulphonamide estimations by micro-modification of the method of Bratton and Marshall¹ were performed as an appropriate check on this long-acting and slowly excreted medicament. It was noted with apprehension that the daily dose advised for long-term administration exceeded that recommended by the makers for acute infections, approximating to the less potent and more rapidly excreted sulphapyridine.

Among the first cases treated was a boy aged 5 years whose eruption responded promptly to a dose of 0.5 g. daily, reduced to 0.125 g., but who developed hepatitis two weeks after treatment had been started, the blood level of sulphamethoxyypyridazine being at that time 8.6 mg./100 ml. The drug was withdrawn, and, as the patient slowly recovered, his dermatitis herpetiformis relapsed; so, when normal liver function was restored, a trial of sulphapyridine was undertaken, the dosage being gradually increased to 0.5 g. thrice daily, when initial control of the eruption was attained without adverse effects. The blood level of sulphapyridine was then 0.8 mg./100 ml.

Of two fairly well controlled adult cases on whom blood concentrations were estimated, sulphamethoxyypyridazine levels were 0.2 and 16.1 mg./100 ml. on doses of 0.5 g. daily and 0.5 g. thrice daily respectively, and at the same time the latter patient was found to have severe hypochromic anaemia (Hb 8.1 g. %; M.C.H.C. 25%). In four patients within the same limits of dosage of sulphapyridine, on the other hand, control was achieved at blood concentrations ranging between 0.7 and 4.6 mg./100 ml.

Perry and Winkelmann² in a series of 19 cases of dermatitis herpetiformis and 9 of other complaints treated with sulphamethoxyypyridazine had 5 adverse reactions with one death, and they refer to one case of focal hepatitis. They found it difficult to predict

maintenance dosage or stable blood levels per unit dose, although, like ourselves, they admitted that control of dermatitis herpetiformis was readily achieved. The adverse reactions they ascribed to the toxic effects of cumulative dosage, and they advised routine assay of blood, concluding that clinicians should balance the benefits of this drug against the risks involved. In agreeing with their conclusions we would add that, whether or not the toxic effects we witnessed were due directly to high sulphonamide concentration, we believe that the remedy which generally gives good results with a low blood level leaving a wider margin for increase and manipulation of dosage is the sulphonamide of choice.—We are, etc.,

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Sympathectomy for Hypertension

SIR,—The paper by Dr. C. P. Newcombe, Mr. H. S. Shucksmith, and Dr. W. S. Suffern (*Journal*, January 17, p. 142) serves to remind us that sympathectomy was the first measure to succeed in prolonging the life of patients suffering from severe hypertension. I cannot believe, however, that Dr. Newcombe and his colleagues would wish to give the impression that any place still exists for this crude mutilation except, perhaps, in the treatment of a backward adolescent in the malignant phase.

Of course much has been learnt about the natural history of hypertension since their follow-up first began some ten years ago. Plainly there were among these 212 patients many whom we would not to-day consider to be suffering from any disease. In some the diastolic pressures were as low as 110 mm. of mercury, while three-fifths of them were women, most of them well over 40 years of age. We know now, chiefly from the work of Bechgaard, that diastolic pressures up to 120 mm. of mercury virtually do not affect the expectation of life of elderly women.

Moreover, in this series, half the patients concerned were in the first two groups of severity. Indeed, over a quarter of them were in group 1. Here vascular damage of hypertensive type in the ocular fundi is almost imperceptible, or at least so slight as to be disputable. Yet 55 of these patients were operated on.

On the other hand, in group 4 there were 83% deaths, more than half of them within the first year. This compares very ill with figures such as those of Smirk and of McMichael (see *Journal*, April 21, 1956, p. 915), both of whom, using ganglion-blocking agents, have claimed a survival rate of over 50% in large groups of malignant hypertensives followed for more than five years.

Nor can we be much encouraged by the symptomatic benefits claimed by Dr. Newcombe and his colleagues. They say that "headache," by which no less than 90% of their patients had been afflicted before operation, was almost always relieved "for a year or more." A similar deliverance was obtained from "dizziness" and "tinnitus." But they add, with great honesty, "... in no instance was breathlessness assuaged." All this suggests to me that sympathectomy proved very successful in the temporary relief of psychogenic symptoms, "Blackouts," too, no doubt, were a lot less troublesome for a while. At the same time the operation failed to lessen dyspnoea, a complaint that can nearly always be traced to an organic origin.

It would seem, then, that the best that can be said of the findings in this most interesting follow-up is that sympathectomy did not prove immediately fatal to any