detected material with similar chromatographic solubility characteristics in the faeces of normal subjects and patients with a variety of porphyric syndromes.

The authors seem to us unjustifiably reluctant to accept alternative diagnoses or explanations for the many clinical syndromes described.

Cerebral symptoms of confusion, stupor, convulsions, and coma in many of the subjects could easily have been due to uraemia, dehydration, alkalosis after prolonged vomiting, or many other toxic or infective states. The ileus and generalized weakness described in some of the patients may well have been the result of hypokalaemia—a well-known complication of protracted vomiting, diarrhoea, or violent purgation. Repeated blood-letting may also have contributed to the profound weakness experienced by many of the subjects. Drs. Macalpine and Hunter discard the diagnosis of gout made by the physicians of the time in favour of the descendants of James VI, preferring to regard acute porphyria as the explanation of a limb pain that the patients experienced. Surely Sydenham's masterly 17th-century account of the clinical features of this disorder indicates that gout as a diagnostic entity was well known to physicians of the era and was diagnosed by them on reasonably sound clinical grounds. There is certainly nothing in the descriptions as recorded by the authors to give reason for doubting the accuracy of this diagnosis. The clinical features of James VI's illness with repeated attacks of left loin pain radiating to the bladder and the glans penis, transient passage of "dark blood-red urine with a thick red sediment" (on one occasion after horse-riding while stag hunting), and the necropsy findings of "concretions in the right kidney" make the diagnosis of renal calculi much more likely than porphyria. The absence of stones in the left kidney at post-mortem examination is not surprising. It is small stones that cause ureteric colic, and these are likely to have been passed. In the case of Princess Charlotte Augusta of Wales the clinical picture of collapse, hours after an apparently uncomplicated delivery, with acute chest pain, laboured respiration, and convulsions, suggests amniotic fluid embolism, and in our experience is totally unlike acute porphyria.

It is not our intention to detract in any way from the praise due to Drs. Macalpine and Hunter and Professor Rimington for developing an interesting and provocative thesis. We were, however, left with the impression that their researches and interpretations have been coloured by an understandable desire to sustain the thesis rather than to examine it. If there are reasonable grounds for suspecting that an inborn metabolic error such as variegate porphyria (or, as seems to us equally possible, familial hyperuricaemia) affects the Royal Houses of Hanover, Stuart, and Prussia we feel it incumbent upon those who have raised the suspicion to examine as many as possible of the living descendants of these Houses and to make known the results. By so doing they will best serve the interests of the persons concerned and the interest of historical truth. Until this study has been undertaken and the results examined, we should reserve judgement on their conclusions.—We are, etc.,

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Complication of Tuberculous Meningitis

SIR,—We note with interest the case report by Dr. V. K. Summers and others on "Panhypopituitarism after Cured Tuberculous Meningitis" (10 February, p. 359), as we have seen two similar cases.

Case 1.—A 25-year-old female first seen at this hospital in April 1965. There was a history of tuberculous meningitis at the age of 10 years which responded to chemotherapy but with residual right hemiparesis. There was evidence of diabetes insipidus and secondary hypothyroidism, hypocorticoadrenalism, and hypogonadism. Skull x-ray showed calcification in the region of the sella.

Case 2.—A 14-year-old male seen with Dr. N. V. O'Donoghue in Our Lady's Hospital for Sick Children, with a two-year history of infantilism, obesity, and diabetes insipidus. There was a history of tuberculous meningitis at the age of 8 years which responded to chemotherapy. Investigations confirmed the diagnosis of diabetes insipidus and secondary hypogonadism. There was some evidence of secondary hypothyroidism and hypocorticoadrenalism. Skull x-ray showed calcification in the region of the sella.

At the age of 16 years the patient died during a "syncopal" attack, and the diagnosis of pituitary insufficiency secondary to tuberculous meningitis was confirmed at post-mortem.—We are, etc.,

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More Cases of Scabies

SIR,—Treatment centres established by the local authorities are indeed helpful in the management of scabies, as mentioned by

Drs. A. B. Shrank and Suzanne L. Alexander (17 February, p. 445) and Dr. J. K. Morgan (9 March, p. 641). Working in Central London one has the benefit of such centres; sometimes, however, they function but imperfectly.

I saw recently a man with scabies and referred him to the local cleansing centre. The next week he returned, still complaining of severe itching. I expected to find only evidence of post-scabetic pruritus, but he proved to have hands still showing burrows from which the live acarus could be extracted. It transpired that the painting of benzyl benzoate had spared his hands.

When this fact had been confirmed (and the help of the medical officer of health in preventing its recurrence enlisted) and the importance of including the hands explained to the attendant in question the patient returned to the centre and treatment was entirely successful.—I am, etc.,

London W.1.

C. M. RIDLEY.

Acrosclerosis

SIR,—After reading the letter by Drs. Stephanie A. Davies and F. J. Woodroffe (30 December, p. 804) I wish to report a similar case in a very young male fitter working on the railways.

Although his symptoms began about five years ago, the condition has remained benign and has not progressed in spite of the discharging calcareous material causing ulceration of the tips of his fingers. A barium swallow was negative, but his facies does suggest a diagnosis of systemic scleroderma.—I am, etc.,

Bulawayo,
Rhodesia.

H. J. KINGSLEY.

Status of the Representative Body

SIR,—I think the Association owes a great debt to Dr. J. G. M. Hamilton, Professor F. E. Stock, and Mr. H. H. Langston for so effectively letting the cat out of the bag and confirming, as reported (*Supplement*, 2 March, pp. 52, 53), what some of us had long suspected—many on Council and the Central Committees tend to regard the Representative Body as an unmitigated nuisance, liable to interfere with the establishment's right to proceed peacefully about its business in its own sweet way, in its own sweet time, with supreme disregard to the expressed desires of the membership as a whole.

As individuals these three committee chairmen have every right to hold and to express their personal views of the status of the Representative Body. Dr. Hamilton: "... an expensive anachronism. It generated work and expense, and much of the time it did positive harm"; "... of no use to us any more"; "as a business occasion it is a dead loss." Professor Stock: "... the Representative Body did positive harm to the Association." Mr. Langston: "... would like to see its powers rather similar to those of the House of Lords in part, and not overriding everything that was decided by the Council."

I admire their courage in throwing down the gauntlet to the Representative Body, particularly at a time when it is proposed that most members of Council should be

elected by that very body which they hold in such low esteem. But I dislike their views, and I believe it was most ungracious of them to condemn out of hand, and before it had even met, the remodelled Representative Body decided upon last year, which will have new procedure and proportionate representation with adequate spokesmen for the hospital junior staff and other minority fields sadly lacking previously.

But these revelations—the words of these three and the actions of others (a proposed size of 300 for the Representative Body, etc.)—do raise a very serious issue which we must face. Our cherished democracy seems rather a myth, our liberties are at stake—in fact if not in theory. Whatever the Representative Body decides, about anything from free school milk to the size of the Representative Body, is as water upon a duck's back; the committee will tend to press on regardless. It is time we reappraised the status of the Representative Body and its decisions. Either it should be scrubbed out and we have an openly acknowledged oligarchy or dictatorship, or else the Representative Body must take up the gauntlet and assert its rights on behalf of the members as a whole and ensure that henceforth the Council and the committees act constitutionally. The present constitution gives them adequate safeguards to challenge by referendum (Article 40 (2)) any supposedly irresponsible decision of the