

investigations, and if these are not available the problem becomes difficult. In such circumstances, if it is impracticable to transfer the patient to a centre where appropriate facilities are available, treatment should err on the side of caution. Thus in the case mentioned—though a definite opinion cannot be given because of the lack of information about the age of the patient, presence or absence of synovial thickening, local increase of temperature, movements, etc.—caution would suggest that the lesion be regarded as inflammatory and that treatment should be by resting the knee in a plaster case, from groin to ankle, for an initial period of at least six to eight weeks. Subsequently, if improvement in the local condition is apparent, a clinical trial out of plaster, with intensive quadriceps redevelopment exercises, should be advised; but should further signs of inflammatory reaction occur further rest may be required. In each individual case the programme to be adopted depends so much upon the clinical state and progress of the condition that it is not possible, in a short answer, to lay down any more definite plan of treatment.

Peribuccal Pigmentation

Q.—*A girl of 16, otherwise healthy, complains of brown pigmentation on either side of the upper lip. There is also some pigmentation of the brow. I should be grateful for suggestions about treating or bleaching the affected areas.*

A.—This peribuccal pigmentation, described by Brocq, is very common and certainly indicates some little derangement of endocrine function at puberty. This usually corrects itself, and active treatment may be unwise unless there is some other indication such as dysmenorrhoea. Small doses of oestrogens given for two or three weeks, starting with the first day of the period, may then be helpful. There is often waxing and waning of the pigmentation with each period. No attempts at removing or bleaching the pigmentation should be made. They are likely to damage the skin and are unnecessary, since the condition will clear.

Breast-feeding and Immunity

Q.—*Is there any evidence that breast-feeding produces any protection in the child from infectious diseases, particularly exanthemata, and, if so, in what way is this effected?*

A.—Passive transfer of antibody from mother to offspring occurs almost entirely via the placenta in the human species, whereas in the ruminants ingestion of the colostrum is the most important means of protection. Hence confusion often arises about the protection against infectious disease afforded by breast-feeding. There is no evidence that breast-fed babies are better protected against the exanthemata than are artificially fed infants; instead the degree and duration of immunity are closely correlated with the amount of antibody—e.g., diphtheria antitoxin—transferred from mother to foetus by way of the placenta. The relative immunity of the breast-fed baby to infantile enteritis is most probably due to factors other than the transfer of antibody.

Stilboestrol and Cancer of the Breast

Q.—*A woman aged 28 has obtained great relief from a prostrating dysmenorrhoea by the use of stilboestrol. The dose used two years ago was 1 mg. t.d.s. for the first fourteen days of the cycle. She now takes less than half that dose, with adequate relief. The patient's grandmother, mother, and maternal aunt have all had cancer of the breast. Is there any good reason to believe that stilboestrol might further predispose her to this condition? Apart from the stilboestrol, what are the risks of her contracting carcinoma of the breast, and at what age should one be particularly on the alert? Are there any recent advances in early diagnosis or prevention?*

A.—There is a strong family predisposition to cancer of the breast in this case, but it is impossible to assess the risk of this patient developing the disease; it would appear to be greater than for a woman without her antecedents. Although the disease can occur at a younger age, special attention should be given from 35 years onwards. As to early diagnosis, the outstanding sign is a lump in the breast, and it would be a wise

precaution if the patient were examined at intervals of, say, six months. She should also feel her breasts from time to time and report immediately any lump which may be present. As to the prevention of cancer of the breast, women should avoid wearing brassieres which are unduly tight; uniform, even pressure should be applied to the breasts. It is wise to keep under observation a breast which is the site of an old abscess. After lactation the breasts should be emptied of all residual milk so that this is not allowed to stagnate. A blood-stained discharge from the nipple requires treatment, and special supervision should be given to patients who develop periductal fibrosis, cysts, and other forms of chronic mastitis. In view of the strong familial tendency to cancer of the breast it would seem that the taking of stilboestrol is inadvisable in this case, especially for so long. Could not the cause of the dysmenorrhoea be found and the appropriate treatment given? In any case, it would be wise to discontinue the use of stilboestrol.

NOTES AND COMMENTS

Corrections

Through an oversight, for which we must apologize, we included no summary of Professor V. F. Lambert's paper in our report (August 5, p. 356) of the meeting of the combined Sections of Oto-Rhino-Laryngology and Radiology at the Annual Meeting of the B.M.A. in Liverpool on July 20. Professor Lambert reviewed a series of 62 cases treated at the Manchester Christie Cancer Hospital and Holt Radium Institute since 1932 by means of the Finzi-Harmer radium technique, after fenestration of the thyroid cartilage. In the properly selected cases this treatment yielded a cure rate of 83%, a figure which included deaths from intercurrent disease as well. In the patients who died within the first three years the larynx was never well after the treatment. The cases in which the best results were obtained were those in which the growth was in the middle third of the cord. Anterior spread should not rule out treatment, but posterior spread was a definite contraindication to this type of therapy. The voice in all successfully treated cases was very good. Professor Lambert also reviewed his experience in the use of contact x-ray therapy for malignant growths limited to one side of the larynx according to the technique which he and T. A. Watson described in April, 1942. In a series of 53 cases, only 22 could be regarded as cured. In addition to the high percentage of failures morbidity was high, and consequently this method of treatment had now been abandoned. In the subsequent discussion Professor Lambert, who admitted that his views might not be shared by many of his surgical and radiological colleagues, also expressed the view that hyperkeratosis of the vocal cord should be regarded as a pre-malignant condition which should be treated by some form of irradiation therapy, even in the absence of clinical or microscopical evidence of malignant change. Once the condition crossed the narrow dividing line between the precancerous and the cancerous stage it tended to spread with great rapidity.

Professor E. W. Anderson, of the Department of Psychiatry, the Royal Infirmary, Manchester, has written to point out that we were wrong in stating in the *Journal* of August 26 (p. 516) that the training course in psychiatry at Manchester University is for one year. The course for the D.P.M. at this university now covers eight university terms.

Under the title "Professional Training of Army Medical Officers" (August 26, p. 517) we erroneously said that two revision courses in surgery a year are held at Westminster Hospital Medical School for senior officers of the Millbank College. In fact, officers attending the Senior Officers Postgraduate Course attend at the Westminster Hospital for clinical tuition in medicine and surgery during the second part of the course.

All communications with regard to editorial business should be addressed to THE EDITOR, BRITISH MEDICAL JOURNAL, B.M.A. HOUSE, TAVISTOCK SQUARE, LONDON, W.C.1. TELEPHONE: EUSTON 2111. TELEGRAMS: *Aitology, Westcent, London*. ORIGINAL ARTICLES AND LETTERS forwarded for publication are understood to be offered to the *British Medical Journal* alone unless the contrary be stated.

Authors desiring REPRINTS should communicate with the Publishing Manager, B.M.A. House, Tavistock Square, W.C.1, on receipt of proofs. Authors overseas should indicate on MSS. if reprints are required, as proofs are not sent abroad.

ADVERTISEMENTS should be addressed to the Advertisement Manager, B.M.A. House, Tavistock Square, London, W.C.1 (hours 9 a.m. to 5 p.m.). TELEPHONE: EUSTON 2111. TELEGRAMS: *Britmedads, Westcent, London*. MEMBERS' SUBSCRIPTIONS should be sent to the SECRETARY of the Association. TELEPHONE: EUSTON 2111. TELEGRAMS: *Medisecra, Westcent, London*.

B.M.A. SCOTTISH OFFICE: 7, Drumsheugh Gardens, Edinburgh.