

Surely such an attitude is a grave disservice to the profession. Properly presented argument should be as much a feature of the advertising columns as of the body of the journal. What can the average layman think of us when he opens one of those papers that are supposed to serve a scientific profession and finds that we are puffed at by manufacturers of drugs in terms as extravagant and imprecise as those directed at the housewife by a purveyor of pickles?—I am, etc.,

London, W.C.2.

P. R. BATESON,  
Research Department, Mining and  
Chemical Products, Ltd.

### Cigarette Smoking

SIR,—In your issue of August 11—my birthday—Dr. J. Hamilton McIlroy (p. 358) asks two rhetorical questions, and answers neither. I quote: "What is the alternative to cigarette smoking? Chewing gum? Heaven forbid!" I can tell him the answer, though. It is simple: pipe smoking.—I am, etc.,

London, N.W.3.

A. L. BACHARACH.

### Amnion Implantation in Peripheral Vascular Disease

SIR,—Mr. Troensegaard-Hansen is to be congratulated on his brilliant article on the subject of Buerger's disease (*Journal*, August 4, p. 262). I am particularly interested, since over the past few years, adopting his technique, I have on many occasions implanted amnion in cases of acrocyanosis. This is, as we know, a totally different condition from that of Buerger's disease, although the influence of the sympathetic nervous system is becoming recognized. It is commonly seen in the varicose vein department. Up to now no treatment has been of avail, but I have been much impressed with some of the results following this method.

I first thought of using this substance a few years ago, since I had noted that, whereas varicose limbs became worse during pregnancy, the acrocyanotic limb was improved. I therefore really tried amnion as a shot in the dark, and in a high percentage of cases have noted remarkable changes. The improvement was checked by coloured photography before and after treatment. Needless to say, prior to each photograph the limbs were cooled to a standard low temperature so that no error might creep in. From a practical point of view many of the limbs have improved symptomatically in a dramatic manner, being warm, less tender, and of a better colour. Had it not been for Mr. Troensegaard-Hansen's original work with arterial disease, I should not have thought of using amnion in acrocyanosis. However, this is possibly a new field for its use, and I cannot find in literature that it has been tried before. I have not yet attempted to treat cases of pernio, but obviously this is worth consideration. In the event of acrocyanosis complicating varicose veins, the implant can be made at the same time as the varices are stripped from the limb, otherwise local anaesthesia is employed.

I hope that my series of cases may one day be published, but in the meantime I send this letter to you hoping that others may give the method trial, since anything which will benefit this distressing syndrome is worth while.—I am, etc.,

London, W.1.

R. ROWDEN FOOTE.

### Soya Flour in Infantile Eczema

SIR,—Some weeks ago I was consulted by the mother of a baby with advanced typical infantile eczema. She reported that a great many changes of food as well as other measures had successively been tried with this child, one of the latest being changing to an evaporated milk as a food, but all to no effect. This brought to my mind a measure carried out with great success on a very large number of eczema babies refractory to other forms of treatment while I was working at the University Children's Hospital in Munich, and I decided to try this again in the present case.

The mother was instructed to obtain some soya flour. I suggested trying large local chemists' firms, large local grocery firms, and health stores. She found she could get it at one large grocery firm, and (fresher) at a health stores.

The procedure adopted was simple enough. Such children will practically always already have been put on some make or other of a dried milk food, seeing they had not done well on ordinary milk. All that had to be done now was to replace the dried milk food, whatever it was, by the same amount of soya flour, and then prepare the food as before—for example, the child in the present case was given feeds each consisting of 8 measures of soya flour, 6 oz. (170 ml.) of water, and two level teaspoonfuls of sugar. The soya flour was stirred into a smooth paste with some of the water, the sugar added, and the lot then stirred into the rest of the water, brought to the boil quickly, and then cooled down to drinking temperature. The food was willingly accepted by the child without any milk at all having been added.

After the child had been on the soya flour preparation and kept off milk for about two weeks the mother brought him back to show me. He was in excellent general condition as well as temper, and the skin was now perfectly clear. I have little doubt that this treatment has already been carried out in this country too, but it evidently has not been remembered much lately. If soya flour in good condition could be found easily available it would probably be a very helpful stand-by for a very definite number of cases showing some form of allergy to milk and milk foods.—I am, etc.,

Hull.

B. ISSERLIN.

### Non-specific Ulcers

SIR,—I enclose a photograph of an African child aged 4 weeks with two lesions on the front of the upper abdomen and lower chest. These ulcers have a wash-leather type base, and are slightly undercut. The surrounding skin, except for a very mild scabies infestation, is healthy, and there is a minimum of inflammatory reaction. The mother gave a history of blisters which appeared soon after birth of comparable size and distribution to the lesions shown. Two weeks later sloughing of the skin appeared, and the present state of the lesions is estimated at four weeks after their first appearance. A smear showed mixed organisms with no particular prominence of any specific type. Blood Kahns on both mother and infant were negative.

I have seen two similar cases, and should be grateful to know if this condition, which appears to me to be a fairly common occurrence on the southern shores of Lake Victoria, has ever been described and whether its aetiology is known. Each of the three mothers of the children with this complaint was poorly nourished and dirty in her habits, but I was unable to prove the presence of specific disease in any of them. The lesions heal in three months, the skin growing inwards resulting in tissue-paper-type scars. Apart from local sterile dressings, a short course of penicillin, and vitamins, no other therapy was used.

The child also has, of course, an umbilical hernia; there was a mild conjunctivitis of the right eye, and a post-coryzal mucopurulent discharge from the nose.—I am, etc.,

Mwanza, Tanganyika.

STUART H. WYDELL.

