earthed and the other was in contact with the element.

Apart from independent trauma to both arms simultaneously, it is difficult to conceive of other circumstances in which bilateral dislocation can occur.—I am, etc.,

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Pustular Psoriasis and Amyloidosis

SIR,—I read with interest the article on this subject (10 May, p. 351), and wish to comment on it. The author postulates that pustular psoriasis may predispose to the development of secondary amyloidosis by prolonged stimulation of the reticulo-endothelial system, but although post-mortem studies were carried out on the two patients described there is no mention of the histological findings of the bone marrow, lymph nodes, etc. Isolated reports have described changes in the reticulo-endothelial system affecting the bone marrow¹ and lymph nodes² which require confirmation. It would be interesting to know the immunoglobulin levels in the two patients described which might give support or negate the immunoglobulin theory put forward in the article.

There is strong evidence favouring mucopolysaccharide as the link between amyloid and psoriasis. Recent evidence³ has demonstrated that in secondary amyloidosis there is a complex of amyloid deposits of protein and sulphated mucopolysaccharide suggesting that acid mucopolysaccharide is intimately involved in the formation of amyloid. Increased deposits of mucopolysaccharide are found in psoriatic lesions and it has recently been proposed⁴ that sulphated mucopolysaccharide may be a stimulant to epidermopoiesis resulting in the fundamental defect in psoriasis.—I am, etc.,

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Attitudes to Breast Feeding

SIR,—May I endorse the final statement in the leading article on attitudes to breast feeding (19 April, p. 131) that "the medical profession should be encouraged to examine more closely the educational task before it"?

We have conducted two surveys on the incidence of breast feeding in Cambridge among mothers attending the ten welfare clinics in the area; the first in 1964 and the second in 1968. In both cases we found that the mothers who had attended grammar school or university were far more likely to breast feed their infants for at least three months, and sometimes for as long as eight or nine months, than less well educated women. They did so because they felt it was the best start for the baby and because they found it so much more convenient than artificial feeding, which entailed additional work in the preparation of the feeds.

On the contrary, the large number of mothers who artificially fed their infants from birth, or who gave up breast feeding before three months (the time we considered breast feeding to have been successful), claimed that bottle feeding was so much easier and convenient in that others could feed the baby for them and thus leave them freer socially. Out of the 500 mothers interviewed only one gave as a reason for not breast feeding an early return to work.

We found that a higher percentage of mothers who were delivered at home breast fed than those delivered in the local maternity hospital. Furthermore, mothers who were delivered in the hospital, whether they were there for only 48 hours or for the full nine days, were far less likely to attempt to breast feed or to continue to do so on their return home. Some mothers felt that the individual attention of the domiciliary midwife at a home confinement gave her advantages over the often harassed pupil midwife who, under pressure of time, finds it easier to administer stilboestrol than help and guide a mother who is not quite certain whether she wants to breast feed or not. In addition, the young primipara is easily swayed by the opinions of a ward full of mothers who tell her that artificial feeding is easier and more convenient.

I feel that the medium of commercial advertising is one of the strongest deterrents to breast feeding. Large posters and colourful and attractive advertisements in magazines advocating the superiority of this or that feed are hardly likely to encourage the less well educated mother to persevere with breast feeding.

Our surveys were devised to cover many factors which might contribute towards the success or failure of breast feeding, and details will be published in the near future.—I am, etc.,

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Brucellosis Presenting with Arrhythmia

SIR,—We are not aware of any reports of paroxysmal supraventricular tachycardia in brucellosis, and as a presenting symptom of brucellosis it must be rare. Accordingly, we should like to report the following case.

A Lancashire bricklayer aged 44 who had been staying in London for some time presented at casualty one morning complaining of fluttering and discomfort in his chest. It had started twelve hours previously and had passed off while in bed but it had recurred during the morning. Apart from this he had been feeling off-colour for two weeks, but had no other complaints.

On examination his pulse rate was 150 per minute and regular, temperature 99° F. (37.2° C.). No other abnormal physical signs were found. An E.C.G. showed that he was in supraventricular tachycardia, and during the course of the cardiogram his rhythm changed spontaneously to atrial fibrillation with ventricular ectopic beats. It was considered that he might have a mild carditis and he was admitted. On the same day while in hospital, he reverted to sinus rhythm, but later this changed into a supraventricular tachycardia again and he became hypotensive. His blood pressure and tachycardia reverted to normal after two hours, and remained so for the rest of his illness. On

the fifth day of his illness his temperature rose to 101° F., and for six days he had an intermittent fever. Routine investigations for pyrexia of unknown origin were carried out.

On admission a standard agglutination test for brucella antibodies was positive to a titre of 160. This was repeated one week later, when it had risen to 2,560. In the interval between agglutinations and following the rise in titre, blood cultures were taken. *Brucella abortus* was isolated from 11 of the 20 bottles taken, growing equally well in 0.5% glucose broth and liver infusion broth. There was no history of drinking unpasteurized milk, or eating Italian cheese. He is an urban inhabitant who had some contact with cattle 12 months ago while working in a field.

Bassett-Smith¹ first reported a case of atrial fibrillation in brucellosis in 1906, and since then there has been growing literature on heart disease in brucellosis.² Myocarditis is common in fatal brucellosis,³ where it can be demonstrated at necropsy.

We should like to thank Sir John Richardson for permission to publish the clinical findings on this case.

—We are, etc.,

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Unusual Presentation of Diabetes Mellitus

SIR,—I was most interested to read the leading article on oesophageal dysfunction and diabetes (24 May, p. 466). The following case history may be of interest to your readers.

An 81-year-old lady presented to the casualty department at this hospital on 17 March complaining of 5 weeks' severe pain over the top of her head and over both temples. This was constant, unvarying, and not aggravated by coughing. It was unrelieved by analgesics. She had no other symptoms and it was noted that she was a thin elderly lady with a blood pressure of 150/80. She was tender over her temporal and occipital arteries and the diagnosis was thought to be cranial arteritis. Her E.S.R. was 56 mm. in one hour, and her skull x-rays were normal. She was given prednisolone 10 mg. three times a day. Two days later she was no better, and was referred to the neurological department. She was seen on 26 March, when her head was still aching, and it was noted that her temporal arteries seemed normal and were pulsatile, but were slightly tender. It was considered that temporal arteritis might be the diagnosis, but in view of her generally unhealthy appearance that she might have a widespread neoplasm. Routine outpatient urine testing for sugar, ketones, and albumin was negative. Her liver function tests were normal. She was continued on prednisolone 10 mg. twice daily, and 6 days later the top of her head was not so tender. Her E.S.R. was 30 mm. in one hour. The following week she was a lot better and her E.S.R. was 21 mm. in one hour.

A fortnight later she was well, but when next seen on 13 May she complained of difficulty in swallowing for three weeks. She said that liquids gave her a pain in the front and back of her chest, that she vomited if any food did pass down, and that liquids were swallowed much more easily than solids. She had also lost over two stone (12 kg.) in about three months. The patient was an intelligent 81-year-