It therefore appears that elevated prolactin levels are not associated with pre-eclampsia or gestational hypertension in pregnancy per se, but, as Dr. Redman and colleagues have shown, with the renal effects of these diseases—reduced urine clearance, proteinuria, and oedema. As they suggest, it seems that prolactin is a primary aetiological factor in toxemia of pregnancy and probably that metabolism or excetration of prolactin is affected when kidney function is impaired in this condition. —We are, etc.,

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Trasylol for Pancreatitis

Sir,—I would like to support Dr. M. L. Lewis’s misgivings (22 March, p. 680) concerning the use of aprotinin (Trasylol) in pancreatitis. Though in theory aprotinin is ideal for the early stage of pancreatitis, in which there is kinin generation and increased fibrinolysis, yet without a battery of tests it is impossible to know whether the patient has passed on to a stage of fibrinolytic inhibition. Inhibition of fibrinolysis as a result of pancreatitis was documented by Gabreylewicz and Niewiarowski in 1968, but confirmatory studies in man are still required. In 1967 Belker showed that aprotinin predisposes to fibrin deposition in the kidneys by its inhibitory effect on fibrinolysis. Clearly an increase of fibrinolysis, as in early pancreatitis, is essential to the prevention of thrombus formation. In my studies of pancreatitis in rats, which are animals which do not easily develop thrombi, inhibition of fibrinolysis gave rise to “shock lung,” just as Dr. Lewis has described.—I am, etc.,

E. Nigel Wardle
Newcastle upon Tyne

Myeloid Leukaemia and Cot Deaths

Sir,—The preleukaemic state envisaged by me as a cause of sudden death of apparently healthy babies—either stillbirths1 or cot deaths2—is unlikely to be associated with classical signs of myeloid leukaemia (Dr. E. Tapp and others, B. W. Ortridge, 14 April, p. 140).

On the other hand, in-utero replacement of normal reticuloendothelial system cells with cells which look normal but behave abnormally (mutant cells) could (a) produce intolerance of the anti-conditions of childbirth (due to difficulty in replacing ζ chains of haemoglobin with γ, β, and δ chains) and intolerance of the post-