isoprenaline inhaler during an acute asthmatic attack in man, by giving 0.5 μg/kg isoprenaline intravenously every 30 seconds to hypoxic dogs during a five-minute exposure to fluorocarbon 11, we again failed to induce cardiac sensitization. The PaO2 values of approximately 50 mm Hg recorded in these experiments are comparable to those found by Tai and Reed1 in patients with clinically severe asthma, but the blood concentration of fluorocarbon and the dose of isoprenaline were far in excess of those likely to result in man from the use of pressurized inhalers. The concentrations of fluorocarbon 11 in the blood were at least twenty times greater than those found in man by Dollery et al.,2 following a massive overdose of 30 puffs of an inhaler in two minutes, and the dose of isoprenaline was equivalent to at least 50 puffs of an inhaler in the space of five minutes.

Our results, therefore, do not support the view that the unexplained deaths among asthma sufferers could have been due to cardiac sensitization resulting from the use of pressurized aerosols containing isoprenaline.

These results were presented in detail to the European Society for the Study of Drug Toxicity, Amsterdam, June 1971, and are to be published in the Proceedings.

—We are, etc.,

D. CLARK
D. J. TINSTON
Industrial Hygiene Research Laboratories,
I.C. Lal, Macclesfield, Cheshire


Severe Malarial Infection

SIR,—The report from Ibadan entitled “Severe Malarial Infection in a Patient with Sickle-cell Anaemia” (22 May, p. 445) is by no means as unusual as the authors would appear to suggest. When working at Harari Hospital, Rhodesia, I encountered several cases of acute malaria (due to P. falciparum) in patients with sickle-cell disease. The diagnosis of sickling was confirmed by electrophoresis, although I do not have the records at hand I can remember at least one child with sickle-cell anaemia who died in an acute attack of malaria. I know that other members of the medical staff there had the same experience.

We knew of course from the original observation of Beet,1 and the work of Brain,2 Raper,3 and others, of the increased resistance to malarias of those suffering from the sickle-cell trait. However, it was our impression that malarial infections occurred in the homozygous state which were quite often severe, which could precipitate a crisis, and which could rapidly lead to death through dehydration, sequestration, and lysis of red cells. When presented with a “sickle-cell crisis,” then, it was always our practice to disregard theoretical considerations of increased resistance to malaria and to make a search for the parasite.—I am, etc.,

A. M. E. PICHANICK
Department of Child Health,
Hammersmith Hospital,
London W.12


Multiple Eponyms

SIR,—I wonder whether Dr. T. J. David (12 June, p. 655) would agree for his review of the description of craniofaciomandibular dysostosis syndrome by the Trocquet-Apert- Francescetti-Greig-Helmholz-Harrington-Marie-Sainton-Crouzon-Treacher-Collins syndrome. If not, perhaps he will allow me to add Bök-Hesselvik-Buckley-Yakovlev-Park-Powers-Jackson-Scott-Banks-Brown-Harper-Meisenbach et al.—I am, etc.,

Brian Livesley
King’s College Hospital,
London S.E.5

Infantile Subdural Haematoma

SIR,—The interesting paper by Mr. A. N. Guthkelch (22 May, p. 430) is of particular concern to Home Office pathologists, for whom certain cases of fatal subdural haematomata in infancy have been a problem for some time. Such fatalities are best considered in the three main distinguishable categories. (1) Those with obviously related head injury such as bruising or fractures on both. (2) Those with injuries elsewhere on the body, but no significant injury to the head. (3) Those without any injury anywhere.

The first category presents no problem in that the injuries clearly lead to death. The second category is more difficult, particularly if the other injuries are of long standing, but there should be no hesitation in attributing the fatal subdural haematoma to the general violence implicit when there are injuries of appropriate severity and duration to other parts of the body.

In the third category I have for some