Physical signs were observed at once which suggested a blood disorder. Respiration was established without difficulty and the lungs appeared to expand normally but mild cyanosis persisted. Clinically and radiologically there was no evidence of congenital heart disease, but the liver was considerably enlarged. No glands were felt and the spleen was impalpable at the initial examination, but in view of the known association of Down's syndrome with congenital leukaemia a blood count was obtained about eight hours after birth. Arrangements were also made for chromosome studies to be undertaken, but as the infant was born during the August Bank Holiday investigations were necessarily limited. The blood count showed Hb 18 g/100 ml, haematocrit 54, M.C.H.C. 33, W.B.C.'s 320,000/mm³; (neutrophils 10%, lymphocytes 8%, monocytes 4%, metamyelocytes 10%, myelocytes 18%, promyelocytes 10%, myeloblasts 40%). No platelet count was done. There was no evidence of sepsis, the mother's W.R. was negative, blood group of mother and infant was O Rh-+, and the indirect Coombs test was negative, so leukaemoid reaction to sepsis, congenital syphilis, or erythroid blastosis appeared to be excluded.

Wegener's Granulomatosis

Sir,—It is surprising that your leading article on "Wegener's Granulomatosis" (21 August, p. 446) fails to mention the very striking results obtained in this condition with the use of large doses of cyclophosphamide. Each of the patients treated had extensive pulmonary and central nervous system involvement and lesser degrees of renal involvement and sinusitis. Corticosteroid therapy had proved without effect in all cases. There was rapid improvement in signs and symptoms in four patients after cyclophosphamide had been started. Almost all evidence of disease disappeared. In one patient it was possible to discontinue the drug for 20 months and in another for 12 months. The other two patients were asymptomatic for three and a half years on continued low doses of cyclophosphamide.—I am, etc.,

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Bushey Heath, Herts

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The baby became dyspnæic and more cyanosed, the liver increased in size, and the spleen became palpable before she died 48 hours after birth. The mode of death was very similar to that described by Pierce1 who found that the majority of infants exhibiting signs of leukaemia at birth died within a few days, often from respiratory insufficiency caused by atelectasis or pulmonary infiltra-

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