cortical thinning being the only radiological sign of osteomalacia. Thus true osteoporosis was responsible for the cortical thinning in only the cases of steroid therapy and Cushing's syndrome—three out of 18 cases. The other 15 were due to hyperparathyroidism and osteomalacia.

Cortical thinning cannot therefore be regarded as synonymous with osteoporosis.

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¹ Anton, H C, *British Medical Journal*, 1969, 1, 409.

Antacid and sodium content of Gaviscon

SIR,—We were interested to read the paper by Dr R E Barry and Mr J Ford (18 February, p 413) referring to the sodium content and neutralising capacity of some commonly used antacids.

We would like to correct an apparent misconception in the paper and point out that the action of Gaviscon in the management of dyspeptic symptoms depends on the formation of an alginate raft for the suppression of gastric reflux and not upon neutralisation of gastric acid. The antacid component in liquid Gaviscon is present to aid the formation of the alginate raft.

The sodium content of the Gaviscon range has been clearly stated in our literature and our data sheets since 1971 and cautionary warnings about the use of the products in conditions in which sodium intake needs to be controlled have also been made.

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Hot foot syndrome

SIR,—I was most interested to read the report of a case of unilateral lumbar sympathectomy due to retroperitoneal tumour by Dr R C Brown and others (18 February, p 410). The combination of a hot foot, ankle oedema, and pain associated with recurrent retroperitoneal tumour has become known as the "hot foot syndrome," first described at a clinical meeting by Dr R J Evans, head of the Eleanor Smythe Pain Clinic, Toronto General Hospital, who has since collected many cases. An article from him is currently in press detailing the findings of his cases. Since I first learnt of this syndrome from him I have collected six cases and have found the hot foot sign to be a very valuable indicator which may precede all other evidence of tumour recurrence. One of these patients underwent a laminectomy on the basis of a diagnosis of disc protrusion before the recurrence of her ovarian carcinoma became obvious.

Thermography is obviously a useful investigation in these cases and has shown that the main temperature difference occurs at the feet but a much smaller difference is detected along the lower leg. One very recent case was of an inoperable carcinoma of the rectum in which the temperature difference between the feet was very marked indeed, this being confirmed by several independent examiners. However, by the time the patient attended the

radiotherapy centre for treatment the difference could not be detected by either palpation or thermography and could not be elicited by making the legs dependent or by exercise. It is interesting to note also that this patient did not have any pain whatsoever, although pain does usually accompany this sign.

Hot foot sign should clearly be regarded as a very valuable physical finding for tumours which may recur in the retroperitoneal space and I would echo Dr Brown's comment that a deliberate search should be made for this sign in all suitable cases.

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Cost of outpatient chemotherapy

SIR,—I would like to add to the interesting article (25 February, p 493) by Professor K C Calman and others. Having been an outpatient myself for chemotherapy for over a year the largest saving of all was the continuing ability to stay at work throughout treatment. Being a teaching hospital representative with ICI and a district councillor means that I have plenty to do. I found eventually that even on the days I received intravenous therapy I would be fit enough to attend council meetings in the evening. My results at work remained above average, as did my income, this point being especially important to our children, now in final years at school and university.

The greatest impact of outpatient therapy has been on my friends and people in general. People are learning that it is possible to live with cancer for eight years, go as an outpatient and return to one's own family each day, and usually get to work the next day, and still be able to give to life.

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Snap-happy parents

SIR,—I was most interested to read the letter from Drs J A Sills and J E Handley (11 February, p 368) and thought your readers might be interested to know how I adopted the same practice of providing a clear photograph to all mothers who are separated from their babies in my special care baby unit. About 18 months ago a father asked me if he could take a Polaroid picture of his newly born premature baby who had been transferred 30 miles from another hospital where there were no facilities for coping with such babies. This was a new idea to me, and when I saw the resulting "instant" picture, which contained a minuscule baby surrounded by the paraphernalia of incubator, oxygen analyser, etc, I decided to ask our hospital photographer to provide a larger picture instead. As a routine now she takes a 10 × 6 in black and white picture of the nude baby only, so that the mother can see all the features of the baby clearly. This picture is then sent to any separated mother immediately to encourage "bonding" and because of the importance of this first critical 36-h period in this respect.

I have interviewed several of these mothers subsequently and all have been very enthusiastic in expressing how much that photo-

graph meant to them when they had to remain in another hospital surrounded by other mothers who had their own babies near them. I intend carrying out a survey of all the mothers who have received such photographs, to include developmental progress of their children and the occurrence of any subsequent disturbed behaviour or poor mother-child relationship as compared with a similar group of premature babies whose mothers did not receive photographs in past years.

Following that initial inspiration of seeing the father use his Polaroid camera I discovered that it was also standard practice in such hospitals as Mill Road, Cambridge, and Queen Charlotte's and King's College, London, so that any aspirations to originality rapidly vanished.

I might add finally that we always try to take the photograph before inserting umbilical and other catheters, nasal cannulae, ECG electrodes, etc, which might otherwise present a frightening appearance to the mother. I think the practice of introducing an explanatory leaflet about the special care unit, explaining the purpose of these items of equipment, is an admirable one and this was something else that I learnt was used in the Cambridge unit and will shortly be introduced here.

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Help for parents after stillbirth

SIR,—So far in the correspondence about stillbirth there has been no mention of any kind of planned management being carried out in hospitals. Although it is only in its initial stages and will need to be co-ordinated with what happens in the delivery room and on the wards following the delivery of a still-born baby, a deliberate approach has been adopted by the social work department at this hospital. We are automatically informed of all deliveries in the hospital and are almost always able to talk to mothers of stillborn babies before they are discharged—usually within 48 h of delivery. The greatest value of this first interview is not so much the opportunity it offers of giving these mothers the information they always request (in the main they require explanation and reassurance from doctors at this time); rather it lies in enabling us to follow up these mothers after they return home.

For many mothers the time spent in hospital is remembered as a prolonged nightmare. However, as long as they are in hospital they can continue to see themselves as mothers, albeit bereaved mothers. After discharge from the hospital they rapidly have to adjust and are often pushed by family and friends into denial of ever having been expectant mothers. It is during this time that feelings of depression, guilt, and resentment are strongest and also during this time that a continued link with the hospital can be of great value.

We maintain contact with these mothers by telephone after discharge and see them again at home after the district midwives have stopped going in. Whether or not follow-up continues depends on whether the parents are agreeable to it, on the reaction the mother has to stillbirth, and on the help she has received from family and friends.

Such follow-up takes a lot of time but its value is immense. Firstly, it gives immediate support to parents of stillborn babies. Mothers