and in this sense its proposals are, and certainly should be, "specialist."

The declared intention of Dr Westcott and his colleagues "to demonstrate the general practice answer" is very welcome, and I hope their counter-proposals will share the Court Committee's overriding concern that vested professional interests should not get in the way of effective services to meet the special needs of children. May I give one example of the problems they will face? Education authorities will rightly insist that they are provided with a school health service which shares fully in the rising standards which we all seek. Can those who are unhappy about the report's proposals, in this and other respects, suggest an alternative pattern of services which will avoid perpetuating the present divided services? Experience leads us to believe that such divided services will be divisive: this would be in the interests of no one, least of all children. And that, after all, is what it is all about.

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Reading

Breast conservation in mammary carcinoma

SIR,—I am surprised that Mr Hermon Taylor (2 April, p 908) is surprised that you did not quote his paper on "sector mastectomy" in your leading article (5 March, p 595). After all, neither did you quote the quite excellent account of this procedure in *A General System of Surgery* by my old friend Dr Laurence Heister, of the University of Helmstadt, published in 1753. He particularly commends using a dressing dipped in warm ale and butter. It is becoming increasingly difficult these days to claim a "first" in any field of surgery.

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Erythema infectiosum: no evidence of teratogenicity

SIR,—In reporting an epidemic of erythema infectiosum ("slapped cheek" disease) in north Devon¹ we promised to follow up all the women in our area who were in the first trimester of pregnancy during the epidemic and its incubation period. Ager *et al*² followed up seven women who were known to be in the first trimester during the epidemic they recorded and found no evidence of teratogenicity from erythema infectiosum.

In our area the number of pregnancies for this period which ended successfully was 29. The number of spontaneous abortions was three. There were no abnormalities of a teratogenic nature. Two babies were slightly small for dates and both scored Apgar 5. All the rest were large and healthy and scored Apgar 7 or more. Two had "clicky hips" and one had wide skull sutures: two later had attacks of bronchiolitis and one had a cyanotic attack.

This group compared well with the products of the pregnancies for the same period of the previous year. Then there were 25 successful pregnancies and again three spontaneous abortions. One baby had a mid-thoracic, non-paralytic spina bifida and one suffered deafness

as a result of frank maternal rubella during the first trimester. One developed a systolic murmur and one had a convulsion on the third day of life.

Follow-up of 38 of the children who had erythema infectiosum during the epidemic revealed that no fewer than seven of them were atopic, five suffering from asthma and two from eczema. One child developed an unexplained convergent squint a few weeks after the epidemic.

Overall we cannot find any evidence that erythema infectiosum is teratogenic in the same sense as rubella. Indeed, the control group of infants had more abnormalities than those studied. The high incidence of atopy among the children who had the disease presumably reflects the fact that those with a high histamine level in their skin would show the features of erythema infectiosum more vividly.

H E CRAMP
B D J ARMSTRONG

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¹ Cramp, H E, and Armstrong, B D J, *British Medical Journal*, 1976, **1**, 885.

² Ager, E A, Chin, T D Y, and Poland, J D, *New England Journal of Medicine*, 1966, **275**, 1326.

When to visit

SIR,—The article on the subject of GP night visiting rates in your "General Practice Observed" series (26 March, p 827), although appearing initially innocuous, carried what was to me an alarming sting in its penultimate paragraph.

"Only on the basis of adequate information can family practitioners develop a consensus about explicit criteria to be used both in 'educating' patients about when to request night calls and in deciding when to visit in response. For these criteria to depend on the idiosyncracies of individual practitioners cannot be a satisfactory state of affairs either for the medical profession or for patients."

To be instructed by a committee when to visit my patients is an imposition I would find hard to bear. The day I am instructed by anyone when I should not visit my patients will be the day I resign from practice.

J M BARRITT

Richmond,
Yorks

Insurance companies' attitude to psychiatric illness

SIR,—Dr J T Hutchinson has written cogently (19 March, p 775) about the unenlightened and stigmatising attitude adopted by certain insurance companies towards patients who have had mild psychiatric disorders and who desire to take out life insurance.

I wish to report briefly on a different, although related, aspect. Recently I have had under treatment three male patients with an age range of 24-44 years who are employed by insurance companies at various clerical and management levels. One suffered from a neurotic depression, another from an obsessional neurosis, and the third from alcoholism. All were treated as outpatients and despite their problems had good employment records. Each—and especially the latter two patients—stressed the punitive attitude of their employers and the comparative lack of confidentiality

within their companies regarding employees who seek psychiatric assistance.

These admittedly random observations, when considered in association with those of Dr Hutchinson, suggest a problem of discriminatory attitudes concerning psychiatric disorders, as well as an inability to differentiate the mild from the serious, on the part of some insurance companies.

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Breast size and cancer

SIR,—With reference to Professor B N Catchpole's letter (19 March, p 776) about breast size and cancer, I wonder whether he has tried relating these to breast-feeding? It is well known among women that success in breast-feeding is often inversely related to breast size. As one small-busted, amply lactating patient said to me, "I may not have much, but all I've got works. The big ones are all for show." As breast cancer rarely seems to arise in those who have been successful breast-feeders and as these are often the coffee-cup rather than the challenge-cup size, it would seem that, as Professor Catchpole suggests, the size and fat content of breasts may be of more than aesthetic importance.

MARJORIE REID

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Medicine in Staffordshire

SIR,—Having greatly enjoyed Dr D Gibbs's article on medicine in Staffordshire (19 March, p 765) may I add a gloss on the first descriptions of the use of the foxglove in dropsies? It is widely believed that Withering's is the first such account, but his description,¹ published in the latter half of 1785, is preceded by at least five others.

In 1780 two essays of Charles Darwin were published posthumously by his father, Erasmus,² and to them was subjoined a note in which were described the histories of nine dropsical patients treated with foxglove. No more was published until February 1785, when the editor of the *London Medical Journal* reviewed the reports that had reached his notice from physicians at Edinburgh and London.³ Subsequently, in a paper read to the Royal College of Physicians of London in March 1785, Erasmus Darwin⁴ described the treatment of six cases and claimed authorship of the note appended to his son's works. That paper was followed by an account by Sir George Baker,⁵ better known for his observations on lead poisoning,⁶ of the treatment of four cases and a brief history of the uses of the foxglove before that time. Finally John Warren, in a letter to one Dr Simmons in May 1785, recounted his experience in four cases.⁷

In none of these accounts was Withering's name mentioned, but Withering in the second edition of his botany⁸ gives references which lead one to the other sources. Withering's description of his own case IV¹ makes it clear that Darwin learnt the use of the foxglove from him and Withering's irritation at Darwin's 1780 publication is evident.

It was Darwin who in 1775 invited Withering to fill Dr Small's place in Birmingham and