because their pain and discomfort have not been relieved by antacids. Am I to deprive them of rapid symptomatic relief? Some of them will never need the expensive cimetidine and those who do can surely hope for relief while waiting for their gastric acid levels to be lowered.

Many doctors in general as well as consultant practice are still unaware that the pain of an ulcer is often due to spasm or cramp of the gastric musculature. While this is often provoked by hyperchlorhydria, it may not be relieved immediately by its correction. Most patients who get this type of pain are relieved rapidly by either metoclopramide or a liquorice preparation before meals and at night. Among the liquorice preparations my preference is for Caved S, which is cheap and does not cause fluid retention. Apart from drugs many patients will be helped by a discussion of the stresses which have provoked their hyperchlorhydria.

In the same issue of the journal (p 1154) a general practitioner, Dr S Schrire, emphasises how much kinder doctors tend to be when they themselves have suffered from a complaint. I heartily agree and would recommend those of your readers who have missed this Personal View to look back at it.

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Increasing prevalence of breast-feeding

SIR,—In a recent paper from the Department of Health and Social Security Multicentre Postneonatal Study¹ the infant feeding practices of 130 primiparous and 166 multiparous mothers randomly selected from seven areas of England and Scotland were analysed from data collected during an interview at their homes. The results generally supported the findings of Dr E C Coles and others (21 October, p 1122), although the feeding practices of primiparous mothers were highly significantly more satisfactory than those of multiparous mothers.

In all, 161 (54%) of mothers attempted to breast-feed and 69 (23%) were still doing so at 12 weeks. Disappointingly, 50 (17%) introduced solids before six weeks and 32 (11%) admitted to giving overconcentrated milk feeds.

Although the incidence and duration of breast-feeding may improve with campaigns of encouragement to mothers, there will always be mothers who do not wish to breast-feed for social, emotional, or physical reasons. It may be counterproductive to encourage these mothers to breast-feed as they may be made to feel guilty, resentful, or inadequate when the attempt, which was made under protest, fails.

The associations between bottle-feeding and obesity in infancy, hypernatraemic dehydration, and the sudden infant death syndrome are now much less clearcut, owing to improvements in bottle-feeding practices as much as to the increased incidence of breast-feeding. In clinical practice the undernourished breast-fed baby is becoming an increasingly common problem.

Correct bottle-feeding comes a very close second to breast-feeding, and, while most mothers can be encouraged to breast-feed, the medical profession should not become over-zealous in the attempt to attain 100% breast-feeding. Positive encouragement for breast-feeding should continue, but continuing

emphasis on correct bottle-feeding practices and delayed introduction of solids for those mothers who do not, or will not, breast-feed must be given at least equal importance.

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¹ Oakley, J R, *Archives of Disease in Childhood*, 1978, **53**, 688.

Treatment of hydatidosis

SIR,—We read with interest the article by Dr A Bekhti and others (22 October, p 1047) on the treatment of hepatic hydatidosis with mebendazole. But the findings reported in this paper, including the drop in the concentration of antibodies and the regression of hepatic hydatid cysts, are after all indirect evidence. The essence of the problem really lies in our ignorance of what is going on inside the hydatid cyst in man when the patient receives the recommended dose of mebendazole. We have additional information that provides direct evidence and confirms the findings of Bekhti *et al.*

A 20-year-old woman was the first in a series of patients to be investigated for the effect of mebendazole on hydatid cysts. She had confirmed multiple hydatid cysts (one in the left lobe of the liver, one in the right lobe, and one in the lower pole of the left kidney). She received the recommended dose of mebendazole for 21 days, starting on 27 April 1978. She had an uneventful postoperative course after an operation on 27 June to remove the cysts and was well when seen three months after operation.

Macroscopically, the three cysts were brownish-grey and soft and friable. They had lost the characteristic "touch" of hydatid cysts which is familiar to surgeons with experience of hydatidosis. The thick hydatid fluid was sterile when cultured for bacteria. Microscopic examination of hydatid fluid collected from the cysts proved negative for the presence of protoscolices and brood capsules. No growth of secondary hydatid cysts was demonstrated after 105 days in three rats and three albino mice injected intraperitoneally with 1 ml and 0.5 ml of pooled hydatid fluid respectively. Histological studies of different parts of the hydatid cysts removed from the patient showed complete degeneration of the germinal layer and absence of protoscolices and brood capsules. The laminated and fibrous layers were intact.

Full results of the investigation will be published later.

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Gamma-glutamyltransferase in ascitic fluid in primary hepatoma

SIR,—We would like to comment on the paper by Dr T J Peters and others (18 June 1977, p 1576), in which they reported significantly raised levels of γ -glutamyltransferase in the ascitic fluid of five patients with primary hepatoma in comparison with patients with liver cirrhosis or ascites due to other causes. We have determined γ -glutamyltransferase levels (method of Persijn *et al.*²) in ascitic fluid from 44 patients, including 10 with hepatoma

Gamma-glutamyltransferase levels in ascitic fluid

Diagnosis	No of patients	Enzyme activity (mU/ml)	
		Mean $\pm$ SE	Range
Hepatoma	10	20.47 $\pm$ 12.93	5.5–83.0
Hepatoma (not confirmed)	10	15.50 $\pm$ 10.44	5.0–39.5
Cirrhosis	24	13.00 $\pm$ 12.93	1.0–47.0

proved either by peritoneoscopic biopsy or at necropsy, 10 with raised α_1 -fetoprotein levels but without clinical or peritoneoscopic evidence of hepatoma, and 24 with apparently ordinary liver cirrhosis. The results, shown in the table, were analysed statistically by the Mann-Whitney U test.

Differences between the γ -glutamyltransferase levels in ascitic fluid from the three groups of patients were not significant. Thus we have been unable to confirm the assumption that the assay of this enzyme in ascitic fluid may be a useful investigation in diagnosing hepatoma. Perhaps our cases are not strictly comparable to those of Dr Peters and his colleagues, which might represent more advanced lesions; six of our 10 patients with hepatoma were diagnosed by peritoneoscopic biopsy, which allows the sampling of relatively small lesions; while Dr Peters and his colleagues apparently used blind biopsy, which, in our experience, is successful only in extensive hepatocellular carcinoma.

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¹ Persijn, J P, and Van der Slik, W, *Journal of Clinical Chemistry and Clinical Biochemistry*, 1976, **14**, 421.

Data sheets and lactation

SIR,—In your issue of 21 October (p 1122) there is a report by Dr E C Coles and others on the increasing prevalence of breast-feeding. Only seven pages later (p 1129) there is an article by Drs A Herxheimer and N D W Lionel proposing the minimum information needed by prescribers and the format of the standard UK product data sheet. There is not one mention of drugs and lactation and this is typical of almost every data sheet in the ABPI *Compendium*. Articles in the medical press are usually incomplete, inaccurate, and misleading when dealing with drugs in breast milk.^{1 2} Lists of drugs such as carbimazole, amantadine, and morphine are of little relevance to everyday prescribing.

Drugs which might harm the breast-fed baby must not be given inadvertently through ignorance or lack of information. It is also unreasonable to deny the lactating woman the benefits of modern drugs simply because the necessary information is not available. There is no reason to penalise her by denying control of her hay fever, epilepsy, or IUCD menorrhagia. The general practitioner wants to know which drugs he can safely prescribe, and recent experience in my practice shows that they include antibiotics, anticonvulsants, anxiolytics, antihistamines, antiemetics, and aminocaproic acid.

The data sheet should indicate where