Zachary Cope has made out an excellent case for Addison's disease, as brilliant as the recent diagnosis of Marfan's syndrome in Abraham Lincoln [see *B.M.J.*, 4 April, p. 858], though Dr. Bevan's alternative of Hodgkin's disease must be considered. My main remaining doubt is the pain in the back at an early stage. I do not remember this in cases I have seen, nor is pain mentioned in Conybeare's textbook,¹ though Price's² speaks of occasional severe abdominal pain. If even a few such cases have been reported, Cope's diagnosis of Addison's disease seems almost proved as the natural explanation of the pigmentation and the crises.

It seems appropriate that this correspondence should be continued by a member of the hospital that was adorned by Addison and Hodgkin.—I am, etc.,

London N.W.3. MAURICE CAMPBELL.

REFERENCES

- ¹ *Conybeare's Textbook of Medicine*, edited by W. N. Mann, 14th ed., 1964. Blackwells, London.
- ² *Price's Textbook of the Practice of Medicine*, edited by D. Hunter, 9th ed., 1956. Oxford University Press, London.

SIR,—I was very interested to read the article about Jane Austen's last illness by Sir Zachary Cope (18 July, p. 182) and Dr. F. A. Bevan's letter (8 August, p. 384).

I am not a doctor, but a keen reader of Jane Austen's novels and letters, and I have always imagined that the symptoms of her illness, anaemia, languor, and sickness were caused by some gynaecological complaint. I feel that the letter to Anne Sharp, 22 May 1817, tells us a great deal: "An attack of my sad complaint seized me . . . the most severe I ever had . . . it reduced me very low. This Discharge was upon me above a week, and as our Alton Apothecary did not pretend to cope with it better advice was called in . . . and his applications gradually removed the Evil. . . . Mrs. J. A. has had a much shorter confinement than I have, and a Baby to produce into the bargain."

Miss Austen may have been reticent of writing of this side of her illness in previous letters, especially to her brother and nieces, but she had obviously had earlier attacks.

As to the discoloration of her skin, I think that Jane Austen might well have written of the usual bad looks of illness—dark circles under the eyes, etc.—as "Black and White and every wrong colour." That was typical of her turn of phrase. Her niece Caroline writes of her aunt as "looking very pale, and there was about her a general appearance of debility and suffering." Surely this observant child of 12 would have noticed any severe pigmentation, and there is no mention of it in Cassandra Austen's description of her sister's last days.

Most writers of the 18th and 19th centuries seem to have suffered from biliousness, and to have thought it the cause of all ill-health; perhaps the self-treatment with laudanum, tincture of rhubarb, castor oil, etc., was an aid to biliousness.

Jane Austen would have some lively words to say about *this* discussion, I feel sure, could she but enlighten us!—I am, etc.,

Chichester, Sussex.

IRENE WILSON.

The Disappearing Chamber-pot

SIR,—Some years ago the late Lord Brabazon wrote to a national newspaper complaining of "defects in sanitation" in modern hotels and indicating the necessity for nocturnal perambulation of corridors and the possible misuse of fitted washbasins for purposes for which they were not intended. His meaning was not sufficiently clear, and the subsequent correspondence was side-tracked into other channels.

With conferences on hotel management and on public health steadily evading this issue the time has come for a demand to be put forward by a responsible medical journal for "A Chamber-pot beside each Bed."

The chamber-pot is steadily disappearing from "modernized" hotels in England and Scotland, and I now find that visitors to Switzerland are in a like plight. Recently at Arosa a coachload of mainly elderly ladies on a rather expensive "exclusive" tour arrived at a first-grade hotel. The courier could be overheard by all the residents in the lounge pleading for the provision of chamber-pots for her charges, but she only succeeded in obtaining two bedpans kept for the use of ski injuries.

It is true that the great majority of over-55's have to rise in the night; most of our dollar-bringing tourists fall into that category. A bedside utensil can be used in a half-awake state almost without disturbing the rhythm of sleep. It is no excuse to plead the more general provision of private bathrooms alongside the bedroom; the opening of doors, and switching-on of lights, play just as much havoc with sleep routine as does that shuffle along the corridor at 1 a.m. If the pot is there, there may be no need to use it; in its absence a nocturnal walk is certain to be required. Let us revert, I say, to *confort ancien* and retain more satisfied tourists.—I am, etc.,

London W.1. GEORGE R. MCROBERT.

Drug Rash after Triprolidine

SIR,—A 54-year-old woman was seen at the Southend General Hospital because of a lichenoid eruption on the neck and inner side of the upper arms. This eruption was not pruritic and consisted of small lichenoid papules, some linear lesions and suggestions of telangiectasis, and some "crêpe-paper-like lesions." The whole appearance was bizarre but suggestive of poikiloderma of Civatte in an unusual location. A biopsy was taken and the section showed mild perivascular inflammation in the cutis, with partially lichenoid and perivascular arrangements. There was a lot of pigmentary incontinence. The histology supports the clinical diagnosis of poikiloderma of Civatte.

Further questioning elicited the information that the patient had just noticed the pigmentation after she had taken Proactidil. She had taken a tablet daily for ten days in January, and noticed the rash coming on two or three days later. It had persisted for eight weeks, but faded within a week of being given Synalar cream. A test dose of Triprolidine was given with the full co-operation and knowledge of the patient, and pruritus was observed within 24 hours and a recurrence of the eruption after 48 hours.

This rash, too, faded after local application of Synalar cream.

The second patient with this condition was a 58-year-old housewife, whose doctor had treated her pustular pompholyx with Proactidil. On the fourth day of this therapy the patient complained of swelling of the hands, headache, and a rash on the neck. She stopped the Proactidil and was seen three days later when the headache and swelling had gone, but a definite lichenoid eruption on the sides of the neck was seen. She was given Synalar, the rash cleared and she took half a tablet of Proactidil, with a recurrence of the rash on the neck, but no further swelling of the hands, or headache.

The interesting features of these two cases were not only the similarity of the eruption, even histologically, to poikiloderma of Civatte, but their recurrence after readministration of the drug, and the fact that both tended to be more marked in exposed areas. The first patient noticed that her rash became much more marked after exposure to sunshine. This is of interest because it has recently been stated¹ that Triprolidine is a sunscreen. Gordon² has refuted this, and in these two patients certainly Triprolidine would not appear to have had a suncreening effect; rather the reverse, if anything.—I am, etc.,

SUZANNE ALEXANDER.

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REFERENCES

- ¹ Lowenthal, L. J. A., *Brit. J. Derm.*, 1963, 75, 254.
- ² — *Med. Proc.*, 1963, 9, 461.
- ³ Gordon, W., *Brit. J. Derm.*, 1964, 76, 265.

Staging of Breast Cancer

SIR,—I write on behalf of the Committee on Clinical Stage Classification and Applied Statistics of the Union Internationale Contre le Cancer (U.I.C.C.), and on which I serve as one of the representatives of the United Kingdom.

Most surgeons and radiotherapists will be familiar with the T.N.M. Classification for malignant tumours of the breast. After discussions starting in 1953 and culminating at the 7th International Cancer Congress in London in 1958, the U.I.C.C. published a brochure in French, English, and Spanish in which the principles of the T.N.M. system and the particular definitions with regard to cancer of the breast were set forth, and in which it was suggested that the T.N.M. system should be used on as wide an international scale as possible, starting on 1 January 1960, for a trial period of five years, and that at the end of this time, in the light of experience and any criticisms which might be offered, the classification could if necessary be amended and final proposals submitted to the World Health Organization.

The five-year period ends on 31 December 1964. The Staging Committee meets in July 1965 to consider any comments or criticisms which representatives from the various countries might wish to submit. Accordingly, if any surgeon or radiotherapist would care to send me any views he may have on the success or otherwise of the T.N.M. system I will collect these together and submit them to the Staging Committee for discussion.—I am, etc.,

MICHAEL HARMER.

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