numerous other reports²⁻⁵ since then in which the condition has been referred to as dentinogenesis hypoplastica, dentinogenesis imperfecta hereditaria, teeth without crowns, and *erbbedingte Dentinhypoplasie*.

We had the opportunity to trace this anomaly in four generations of a family (see chart). The condition appeared in all teeth of the persons affected, with an equal proportion of the offspring of both sexes (six men and six women). Hereditary opalescent dentine was detectable on all deciduous and permanent teeth of the patients Nos. IV/19, 22, 23, 25, 27 and on the deciduous teeth of a baby 18 months (V/33). The patients of the third generation were already fully edentulous, but they stated that their deciduous and permanent teeth had the characteristics of hereditary opalescent dentine and that these teeth had been lost in earlier life by falling out spontaneously. The roots of the teeth of some patients are shown in the Figure. There is characteristic reduction in the size of the roots and constriction of their necks, and narrowing of the root canals.

We inquired about the disposition in the family for other diseases and discovered to our surprise an interest in music in many members. The man (I/1) who lived in the 19th century was a famous clarinettist, but the condition of his teeth is unknown. Patients Nos. III/13 and IV/20, 23, 27 are all active professional musicians who play the saxophone, clarinet, and trumpet, but although IV/20 has been a professional musician for 13 years he has normal teeth. A correlation has been described between hereditary opalescent dentine and osteogenesis imperfecta, abnormal mobility of the patella, keratosis palmoplantaris, albinism, retinitis pigmentosa, deaf-mutism, and polycystic kidneys. No correlation has previously been reported between hereditary opalescent dentine and wind-instrument playing. The question arises, is it possible that the activity of playing wind-instruments, present in several generations, could cause a significant disturbance in the development of teeth among the offspring?—We are, etc.,

Budapest,
Hungary.

GEORGE FODOR, M.D.
CLAUDIA VADÁSZ, D.D.S.

REFERENCES

1. Finn, S. B., *J. Amer. dent. Ass.*, 1938, 25, 1240.
2. Stainton, C. W., *Dent. Cosmos*, 1892, 34, 978.
3. Hopewell-Smith, A., *Ibid.*, 1913, 55, 765.
4. Kaftan, F., *Zahnärztl. Rdsch.*, 1926, 35, 222.
5. Pfleger, H., *Dtsch. Zahnärztl. Wschr.*, 1929, 31, 337.

Lord Moran's Diaries

SIR,—One wonders why an important problem raised by Lord Moran's Diaries has not yet been freely discussed: is it because the problem is so difficult, or that its solution might establish an unpalatable principle? I refer to the possibilities of "somato-psychic" deterioration. If the policies of a politician can be harmfully influenced by a physical disease—for example, cerebral atheroma or heart-block—are we not running great risks by allowing powerful leaders to continue in office indefinitely without undergoing a prescribed medical overhaul? We demand a fairly strict medical examination on entry into the national service of nurses and doctors, gardeners and stokers, but apparently politicians, on whose policies the fate of a whole nation, indeed in this atomic era of the whole world, may depend, can enter and continue service whatever physical diseases may be seriously disturbing their mental faculties.—I am, etc.,

Weybridge, Surrey.

I. ATKIN.

SIR,—Since the appearance of Lord Moran's Memoirs in the *Sunday Times* I have been waiting for comment on his behaviour in your columns. It seems to me to be conspicuous by its absence.

In view of the letters from Randolph Churchill on the subject of the family's wishes, it would appear to me that to have published even a historically important document of this type is a gross contravention of one of the first rules of medical ethics by a senior member of the profession who surely should be leading us all in the way we should go, and surely the profession should say so unequivocally, even if it is not prepared to take any further action.

Would it not have been better to have left all his diaries in safe custody so that they could have been referred to by historians in the future after all personal contact with Sir Winston and his family had been lost?—I am, etc.,

Epping, Essex.

H. GRYLLS.

Arsenicals for Asthma

SIR,—I know that to raise a matter based only on clinical observation of a number of patients without giving exact statistical facts is in these days asking for criticism. In *Price's Text Book of the Practice of Medicine* (9th edition) (p. 754) I recently came across a statement by my most respected friend Professor L. J. Witts, under the section on Eosinophilia, to the effect that he had seen a favourable result in a case of non-tropical eosinophilic bronchitis in a woman as a result of giving a course of nearsphenamine: and this served to confirm the impression I had formed regarding certain cases of bronchospasm.

I have over the past 20 years had uniformly good and commonly entirely successful results as a result of using nearsphenamine or drugs of that group in some dozen or more cases of adults with symptoms of bronchial asthma. They were unlike the usual run of such asthmatics in that they were not seasonal or associated usually with infection; they were commoner in a proportion of about 5:1 in women, they occurred at or around the time

of the menopause, and they responded poorly to usual methods of therapy.

The one thing they all had in common was a consistent eosinophil count of 8% or over on several occasions. A routine course of stilarsan intravenously each week for 10–12 weeks gave striking responses. Recently, for example, a patient whose bouts of respiratory distress proved disabling and resistant to treatment was started on arsenical injections. After a third dose she developed a rash. The drug was therefore discontinued, but the patient asked to have it resumed, "rash or no rash," as her breathing was so much improved. Happily the rash proved to have no relation to the injections, and these were completed with a most satisfactory recovery. The use of trivalent arsenicals was probably suggested to one's mind by seeing their effect on a few cases of tropical eosinophilia during the war. Spread out among a large number of cases who have passed through general medical wards over some 20 years their notes have become dispersed among a mass of others. Nor has there been, I regret, any recorded follow-up, though since patients did not reappear one can presume that their condition has not relapsed.

Perhaps others with more precise and statistical minds, or even those who still rely on their own clinical impressions without recourse to computers, can tell me if they have experience of treatment by arsenical injections in adults who begin to have severe asthmatic symptoms in middle life, and whose only common denominator appears to be a high percentage of eosinophils constantly in the peripheral blood but no "tropical" background.

I think we are all agreed that the function and behaviour of the eosinophil corpuscles in response to various stimuli is still a most intriguing mystery.—I am, etc.,

Radcliffe Infirmary,
Oxford.

P. MALLAM.

Interaction of Drugs

SIR,—We were interested to read your leading article on the increasingly important topic of "The Interaction of Drugs" (2 April, p. 811).

As practising anaesthetists we realize the importance of increasing the dose of steroids administered to patients undergoing major surgery, if they have ever received a course of these drugs in the past.

However, we hasten to point out that "profound hypotension" is not an inevitable accompaniment of anaesthesia in these patients should additional steroid therapy be omitted. This is particularly true when anaesthesia is for a minor surgical procedure.—We are, etc.,

R. G. MUCKLOW.
J. S. MATHER.

Queen Elizabeth Hospital,
Birmingham 15.

Aspirin and Children

SIR,—The article on aspirin poisoning by Dr. J. O. Craig and others (26 March, p. 757) may help to shift the inertia on this subject. As students we were given the facts about host resistance and the defence mechanisms against infection. Why, then,