have been present in the patient's circulation. Further studies on other members of her family indicated that the patient's mother, one of her sisters, and probably her son exhibited a similar trait confirming thalassaemia of a mild degree (Fig. 2).

COMMENT

The patient's family had come from East Yorkshire, and so far as is known there is no history of Mediterranean forebears, though of course remote ancestry cannot be excluded. The four recent papers describing thalassaemia in British people were largely written by practitioners who were either laboratory workers or who had a special interest in haematology. Iron-deficiency anaemias are more likely to be seen by the general physician or family doctor. The cause of most is explicable and usually they are easily corrected by iron (by mouth or injection) and by treatment of the underlying cause where possible. A number of hypochromic anaemias will be seen which are refractory to iron, and then thalassaemia should be considered. Iron therapy in thalassaemia is of no use and may be dangerous (Dacie, 1960). It is most probable that the true incidence of thalassaemia in Great Britain is higher than the few published papers on it would suggest.

I am grateful to Mr. R. M. Millen for permission to study the patient, who was admitted under his care. I thank Dr. B. J. M. Duxbury and the pathology laboratory staff, especially Mr. R. Smith, for the haematological and biochemical investigations on the patient and her family. I am particularly grateful to Dr. P. J. Crosland-Taylor, of the Bland-Sutton Institute, the Middlesex Hospital, for estimating the Hb-A₂ levels, and to both him and Dr. T. Simpson for helpful criticism in the preparation of this paper.

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Adrenal Cortical Failure During Steroid Therapy for Mammary Carcinoma

The danger of adrenal cortical failure in patients on large doses of steroids due to increased demands of infection, especially gastro-intestinal with malabsorption of the drug, is very real and requires constant vigilance.

CASE REPORT

A woman aged 50 was first seen in July, 1960, with bilateral mammary carcinoma and enlarged lymph nodes in both axillae. X-ray examination showed lytic metastases in the neck of the right humerus and small metastases in most ribs.

In August she was given a single palliative x-ray treatment to the upper end of her right humerus. Stilboestrol 20 mg. daily was given until it was quite evident that it was not having much effect.

Steroid therapy was then started—prednisolone, working up to 30 mg. daily in divided dosage—with the object of

causing a medical adrenalectomy. She had lost a considerable amount of weight and had developed ascites, which at abdominal paracentesis produced 23 pints (13 litres) of greenish fluid. It was presumed that repeated paracenteses would be required later.

However, a remarkable improvement followed. The mammary tumours and lymph-node enlargement all regressed, no further ascites developed, and she began to put on weight and was able to resume her role of busy housewife.

Suddenly one morning she had severe generalized abdominal pain and repeatedly vomited bile-stained fluid. Her bowels opened involuntarily and she passed numerous loose stools. On the previous day she had felt quite well and had not neglected to take her tablets.

When seen she was collapsed, and flushed, and was sweating copiously. Her temperature was 102° F. (38.9° C.), pulse 170, and blood-pressure not readable. There was generalized abdominal tenderness and some epigastric guarding.

A diagnosis of adrenal cortical failure simulating an acute Addisonian crisis was made, on the presumption that a gastro-intestinal infection had increased the demand for steroid and/or reduced the absorption of the steroid.

Hydrocortisone sodium succinate 100 mg. was given intravenously and crystalline penicillin 500,000 units intramuscularly. There was no immediate improvement and she was by now stuporous. An acute gastric perforation could not be ruled out, and arrangements were made for emergency admission to hospital. However, it soon became apparent that she was distinctly improving clinically. An hour after treatment was started she was less stuporous, her temperature was 102° F. (38.9° C.), pulse 140, and B.P. 55/20. She had had no further vomiting. An interesting feature at this stage was an intense generalized pruritus of which she complained incessantly.

The following morning there was a further improvement. She was alert if somewhat bewildered. Her temperature was normal, pulse 120, and B.P. 75/50. There had been no further vomiting, but some epigastric tenderness persisted. Cardiac auscultation revealed regular dropped beats about one in six, which were attributed to a hyperkalaemia. Hydrocortisone sodium succinate 100 mg. and crystalline penicillin 500,000 units were given intramuscularly. Assuming a low serum sodium and possible acidosis, sodium bicarbonate was given, 50 gr. (3 g.) in divided doses during that day. Glucose drinks were also given frequently to counteract an assumed hypoglycaemia.

Next day she was clinically normal: temperature 98° F. (36.7° C.), pulse 100, B.P. 150/80. The heart sounds were regular and normal. She was restored to her previous dosage of prednisolone and instructed to crush the tablets. Potassium chloride tablets 7½ gr. (0.5 g.) t.d.s. were also given. She had some nausea during that day and vomited once, but has since been quite well. At the time of writing she was up and about each day and was contemplating a holiday.

We are indebted to Dr. Robert Gibb, Christie Hospital and Holt Radium Institute, Manchester, for his help in this case, and for permission to quote from the hospital reports.

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Additional training schemes in hospital administration and more training posts than in previous years are being introduced in 1962 by the Minister of Health and the Secretary of State for Scotland. Altogether 75 posts for men and women are being offered to university graduates, professionally qualified people, and to officers already employed in the National Health Service who have had at least three years' service and certain educational qualifications.