had fallen from 37,800 to 24,700 per c.mm. and the eosinophils from 88 to 73%—that is, from 33,264 to 18,031 per c.mm. Two months later, without any further treatment, the white cell count had fallen to 9,400 per c.mm. and the eosinophils to 60% (5,640 per c.mm.). Four months after penicillin the white-cell count was 12,000 per c.mm. and the eosinophils 57% (6,840 per c.mm.). The patient stated that he felt better.

COMMENT

It is regretted that an x-ray examination of the chest could not be undertaken. However, in view of the clinical and haematological findings it would appear likely that the patient was suffering from tropical pulmonary eosinophilia. The possible presence of a *Loa loa* infection would produce a degree of eosinophilia, but hardly one of 88% (33,264 eosinophils per c.mm.). There was no evidence to suggest the presence of another helminth infection. Hunter (1946) reported a case of tropical pulmonary eosinophilia in a European aged 37 who had been resident in Nigeria for 12 years. Wilson (1947) reported the condition in three Africans in East Africa, but it is believed that the present paper reports the occurrence of the condition in a West African for the first time. It is interesting to speculate whether this patient acquired the disease in India some eight years previously and that it had only become manifest recently, or whether it had been acquired in Nigeria.

It is not possible to say with any assurance whether or not there had been any response to penicillin in this case, although there is a suggestion that the drug had some effect.

This case was seen at the Leprosy Research Unit, Uzuakoli, Nigeria. Thanks are due to Dr. J. Lowe for permission to investigate the case and to publish the findings, and to Sister O. Smith for her co-operation.

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Long-term Prognosis in Infantile Eczema

In 1953 Purdy published the results of an investigation into the after-history of cases of infantile eczema in Edinburgh. To amplify his findings a similar investigation into the cases of infantile eczema occurring in Dundee over the same period was carried out. Letters were sent to those patients who attended the skin department of Dundee Royal Infirmary with infantile eczema during 1931–7 inclusive. The questionnaire adopted was the same as that used by Purdy, but in addition questions were included regarding the onset and disappearance of asthma. In order to have results as closely related as possible to those of Purdy, the same criteria were followed in the selection of cases from the hospital records.

RESULTS

In a large number of cases it was impossible to locate by letter persons whose last known address was that of 15 to 22 years ago. Thus Table I shows that, of 136 questionnaires sent out, 92 (67.6%) were returned as "dead" letters.

TABLE I.—Result of Questioning

Total No. of persons sent letters	136 (94 males, 42 females)
"Dead" letters returned	92
Useful replies	37 (20 males, 17 females)
Useless replies (deaths at early age)	2
Replies not returned	5

In the 37 useful replies received, 12 patients claimed to have had no sequelae to their primary attack of infantile eczema. Table II gives the incidence of the generally accepted sequelae and compares the figures found in this study with those in Purdy's series. In assessing the final results of the Besnier's prurigo group all patients were examined personally unless they had been seen recently by a consultant of this department.

TABLE II.—Results of 37 Replies

	No.	Asthma	Asthma Denied; Wheezing Admitted	Hay-fever	Besnier's Prurigo	Migraine
Male	20	9	1	5	10	1
Female	17	4	4	5	5	3
Total	37	13 (35.1%)	5 (13.5%)	10 (27%)	15 (40.5%)	4 (10.8%)
Purdy's series	93	37 (39.8%)	10 (10.7%)	39 (41.9%)	23 (24.7%)	7 (7.5%)

The overall figure for asthma is 35.1%. If the five patients who failed to return the questionnaire are classed as having no asthma then a minimum figure of 30.9% is reached. This minimum is too low, as it assumes that none of the wheezing group of five patients and none of the "lost" five patients are asthmatic. If it is conceded that the wheezing group are asthmatic a minimum of 42.8% is reached, and excluding the "lost" five patients the figure is 48.6%. This range of roughly 43 to 49% is similar to Purdy's of 30 to 50%. Asthma developed in 13 patients in the first decade and disappeared in four males and one female in the second decade.

The figures for Besnier's prurigo show a range of 35.7 to 40.5%; the minimum figure presumes a complete absence of the complaint in the five patients who failed to return the questionnaire.

Table III shows a regrouping of the patients and agrees with Purdy that asthma without skin involvement is the most frequent sequela, with a range of 23.8 to 27%.

TABLE III.—Regrouping of Cases from Table II

	No.	Asthma (or Wheezing Attacks) but No Besnier's Prurigo	Besnier's Prurigo but No Asthma (or Wheezing)	Both Asthma (or Wheezing) and Besnier's Prurigo	Hay-fever but No Asthma (or Wheezing)
Male	20	5	5	5	1
Female	17	5	2	3	
Total	37	10 (27%)	7 (18.9%)	8 (21.6%)	1 (2.7%)
Purdy's series	93	27 (29%)	5 (5.4%)	20 (21.5%)	14 (15%)

Besnier's prurigo in association with asthma is next in frequency, with a range of 19 to 21.6%. Besnier's prurigo alone has a range of 16.6 to 18.9%, which is much higher than that observed in Purdy's series—namely, 4 to 5.4%.

Hay-fever was present in 27% cases in Table II, but in the regrouping in Table III only 2.7% claim to have hay-fever without asthma.

Migraine occurred in four patients, three of them females. I agree with Purdy that it is a very doubtful outcome of infantile eczema.

The answers to questions regarding nervous stability and intelligence were so varied that it was impossible to support or refute the widely held belief that sufferers from infantile eczema are compensated with a high intelligence.

COMMENT

Of the 37 (27%) useful replies received to a questionnaire similar to Purdy's, 25 describe at least one of the recognized sequelae of infantile eczema. Of these 25, 10 had asthma, 8 Besnier's prurigo and asthma, and 7 Besnier's prurigo alone. Although the number of useful replies in this investigation was disappointingly low, it was decided to publish the results so that they may be added to Purdy's findings, and to any subsequent figures recorded from other centres, in order that the ultimate total number may be high enough to yield an accurate picture of the sequelae of infantile eczema.

I wish to thank Dr. J. Kinnear for permission to use his cases and for his helpful advice.

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