It is therefore all the more distressing to find in the latest issue of a monthly index for medical specialties, under the heading "Ophthalmic Drugs—Locally-acting Steroid Preparations," the following indications for their use: "acute conjunctivitis, infection, and other eye irritations," "inflammatory eye infections," "conjunctivitis, corneal injuries, non-specific superficial keratitis," "infections of outer and anterior chamber," "inflammatory eye conditions," "inflammatory eye or ear conditions where infection is suspected," and "external inflammation of eyes and ears." These recommendations referred to eight preparations of various steroids, with or without assorted antibiotics. It must be conceded that in one or two cases a contraindication is mentioned, such as herpes simplex of the eye (including keratitis and ulcers) or herpes simplex: tuberculous eye infections.

Without wishing to denigrate the ability of one's colleagues, is it really reasonable to suppose that the vast majority of general practitioners, to whom these advertisements and suggestions are presumably directed, are in fact equipped to distinguish between herpes simplex of the eye, non-specific superficial punctate keratitis, and even tuberculous eye infections. Even to the ophthalmologist the diagnosis of the acute red eye is often a difficult matter.

In case it is felt that this is flogging a dying or even dead horse, it might be apposite to mention that only within the past two months have we had a case at this hospital of dendritic ulceration of the eye, treated for three weeks elsewhere with local steroids only, with resulting steady deterioration. We are fortunate in having been able to switch him over to 5-iodo-2-deoxyuridine, and the cornea is now healed—but should our patients have to rely on fortune?—I am, etc.,

Sussex Eye Hospital,
Brighton 7.

M. J. GILKES.

Too Many Vitamins

SIR,—Who will deny that we are becoming a nation of pill addicts? There can be few homes which do not contain a liberal assortment of tablets of varying shape, colour, and size; and the unrestricted sale of vitamins is swelling their number.

The public are led to believe that vitamins are a panacea for a great variety of ills. This is being accomplished by devious—and dubious—methods of advertising, including the dropping of sample tablets through the letter-box. There is in fact no evidence that vitamins given where no deficiency exists will cure or prevent any of the legions of ailments for which they are recommended.

It is generally held that vitamins are innocuous substances, and that, even if little good results from their ingestion, then at least no harm will occur. This however is not the case, as the habitual consumption of several vitamin tablets daily may result in overdosage manifesting itself in a variety of toxic effects. For example vitamin A poisoning may cause bone lesions in children, and hypervitaminosis D may cause decalcification of bones.

While gross vitamin deficiency must be rare in Britain, it has been suggested that many people may suffer from a "subclinical" deficiency state, the certain diagnosis of which is difficult; but if the diet is satisfactory and no physical abnormality is apparent, then a "subclinical" deficiency is unlikely. Even if such a deficiency does exist the correct treatment would be a well-balanced

diet. With the continuing rise in the standard of living and increasing awareness of disease by the public, more vitamin-rich foods are being eaten. Further, many foods now contain added vitamins, the addition being motivated either by a genuine desire to increase their nutritional value or as a "gimmick" to boost sales. If to this abundant vitamin intake supplementary vitamins are taken, then perhaps it is possible that many people are suffering from a "subclinical hypervitaminosis state"—a hitherto unknown condition.

Vitamins are potent therapeutic substances, and as such should be administered only by those qualified to judge their effects. I feel that unscrupulous advertising and unrestricted sales are to be condemned.—I am, etc.,

London S.E.1.

K. LANCER.

Local Hydrocortisone and Hypopigmentation

SIR,—We have been using hydrocortisone Roussel injectable (a 2.5% suspension of hydrocortisone acetate) as local injections for a variety of soft-tissue lesions like ganglion, tenosynovitis, De Quervain's disease, etc. In some of these patients a patch of hypopigmentation has developed at the site of injection. The number of patients amounts to eight. They are between 20 and 30 years of age, five being females, three males, and are otherwise normal. The hypopigmented patch appears two or three weeks after the injection and measures about 1–2 cm. in diameter. There is hypoaesthesia in the area. The other causes of hypopigmentation have been excluded. The hypopigmentation disappears of its own at the end of three to four months. This is essentially a preliminary report of this untoward effect not reported before. We have taken sections and investigated this phenomenon and studied the enzymatic activity, etc., of the affected skin. The patients are under observation and are being followed up. The patients have to be reassured that the hypopigmentation will disappear in due time, as they are much worried by it.—I am, etc.,

K.E.M. Hospital,
Bombay 12, India.

A. V. BAVADEKAR.

Pyocyanus Liver Abscess Treated with Colomycin

SIR,—Ascending cholangitis following choledochojejunostomy is not an uncommon complication. Cholangitis with abscess formation due to a pure *Pseudomonas pyocyanea*, however, is rare and invariably fatal. The case reported survived with colomycin therapy after other antibiotics appeared to be ineffective.

A 39-year-old housewife was first seen with a seven-months' history of five attacks of obstructive jaundice, associated with a high temperature. The attacks lasted 7–14 days and settled without antibiotics. Clinical examination was unhelpful, the liver was not enlarged, and the gall-bladder was not definitely palpable, but a cholecystogram showed a non-functioning gall-bladder.

She was admitted for exploration of the common duct and laparotomy revealed a gall-bladder distended and opaque, with a grossly dilated common duct. Operating cholangiogram showed the duct to be almost completely obstructed at the upper border of the duodenum. Biopsy proved it to be a simple stricture. A cholecystectomy was performed, the common bile duct divided above the obstruction, which was not removed, and an end-to-side Roux-en-Y choledochojejunostomy performed through the mesocolon. Liver biopsy showed evidence of early biliary cirrhosis. Penicillin and streptomycin were given for the first three