bar puncture by five years. Nevertheless Wynter must have been quick off the mark, Quincke's report at the international congress being made only a month earlier.

J N BLAU

Consultant Neurologist, The National Hospital for Neurology and Neurosurgery, London

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Atopic Eczema

Sir—I was interested to read the recent overview article concerning new developments in the treatment of atopic eczema [1]. The author discusses the use of evening primrose oil (EPO) in just one paragraph in the article. This in itself is surprising, since EPO is the only new development in the management of atopic eczema to have received a licence for use in the condition. But there are several serious errors of fact which should be corrected.

First, the study conducted by myself and Dr Burton did indeed show a significant benefit in children with atopic eczema from the use of EPO. This is very clearly stated in our paper [2]. It is true that the results in children were not as good as in adults, and we discussed the possible reasons for this. Your overview fails to mention that the other published controlled study of EPO in children, using a larger dose, was very significantly positive in favour of EPO [3]. One further completed study confirms the clinical benefit of EPO over placebo [4], and further controlled studies of EPO in young children are in progress.

The meta-analysis of the controlled studies referred to by Dr David does not include selected studies. It includes all studies, as a meta-analysis must. He is quite mistaken to state that the meta-analysis did not include the single negative study, and the fact that the Bamford et al study was included in the meta-analysis is very clear in the published article [5].

While Dr David is correct to state that the negative study of Bamford et al [6] was the single largest trial of EPO, there were several serious drawbacks to this study. First, compliance was extremely poor—65% of the patients achieved 50% compliance. Second, analyses of blood fatty acid patterns strongly suggested that there had been mixing of placebo and active capsules. Third, patients were assessed at three months intervals only, making reliable assessment of the disease severity extremely difficult, and finally, the age group of patients used was particularly old. There is ample justification for doubting the validity of this study. Because of the questionable validity of the Bamford study, the meta-analysis was carried out both with and without these results, and in both cases shows a significant benefit of EPO over placebo. It may be that this has confused Dr David.

In the context of a discussion of whether EPO has a place in the management of atopic eczema, it seems a shame that Dr David has failed to point out the following:

i. No other single treatment approved for use in atopic eczema has been subjected to controlled clinical trials in so many patients.

ii. The use of EPO is based on the recognition of an abnormality of essential fatty acid composition in plasma and mononuclear cells in both adults and children [3,7–9], and in the umbilical cord blood of infants at risk of eczema [10,11]; in adipose tissue, [12] and in breast milk [13] of affected mothers. The skin of patients with atopic eczema similarly has abnormalities of fatty acid composition [14,15]. It is therefore the only treatment licensed for use in atopic eczema with a sound rationale for its use.

iii. EPO is extremely safe.

I hope that correction of these factual inaccuracies may prove helpful to your readers.

STEPHEN WRIGHT

Medical Advisor (Dermatology), Scotia Pharmaceuticals Ltd.

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EDITOR’S NOTE: Resurrection or resuscitation?

The article in the April issue of the journal by Dr and Mrs T. Lloyd Davies elicited a large number of letters to the editor, many from people who had not read the article itself but were offended by what they had heard or seen in the newspapers. We print below a selection of thoughtful and persuasive letters from a number of those who had read the article itself, and cited historical and theological evidence to refute the hypothesis proposed by Dr Lloyd Davies; others made essentially similar comments.

The article and many of the letters were read by the Reverend Professor Gordon Dunstan, with whose comments we conclude the correspondence.

As editor, it was my decision to publish the article as a medical hypothesis which, in Professor Dunstan’s words, ‘seeks to understand the physiology of the events of Good Friday and Easter Day.’

The very head and front of my offending hath this extent, no more

(Shakespeare)

ROBERT MAHLER
Editor

Resurrection or Resuscitation?

Sir—No-one can disagree with the concluding statement by Lloyd Davies and Lloyd Davies that ‘faith does not require the abandonment of thought or the assent to concepts not scientifically acceptable.’ On the other hand, the process of thought is not helped by the adoption of hypotheses based on a selective reading of the available evidence.

The only evidence which is available for details of the events surrounding the crucifixion of Jesus is found in the New Testament documents. There is no room here to discuss the reliability of these records [1, 2] but I intend to take them at their face value as the authors appear to have done. I will, however, give the same credence to all the record and not be selective in my handling of the evidence. I will also resist the urge to speculate on the mechanism of Jesus’s death. At a remove of almost 2,000 years any conclusions are of necessity very tentative. I would only emphasise the point made by the authors that all the Gospel writers imply that the death of Jesus was voluntary, in keeping with His statement that ‘No-one takes (my life) from me, but I lay it down of my own accord’ [3].

The outline of the events of the crucifixion up to the point of death are accurately set out by the authors. The early death of Jesus occasioned surprise and led Pilate to seek confirmation from the commander of the execution squad that death had occurred. The centurion was clear in his evidence [4] and it was only then that Pilate gave permission for the body to be handed over to Joseph of Arimathaea, a prominent member of the Jewish council and a secret disciple of Jesus. Contrary to the statement of the authors that we do not know who took the body down, it is clearly stated that Joseph ‘took down the body, wrapped it in linen and placed it in a tomb cut out of the rock’ [5]. The other Gospels all agree that the body was placed in the tomb, not taken away and tended as suggested in the current hypothesis [6]. I can see no reason for rejecting these statements while accepting the details of the crucifixion.

The incident of the spear wound is important. Lloyd Davies and Lloyd Davies argue that the word used by the author of John’s Gospel means ‘to prick’ rather than ‘to pierce’. My lexicon gives the meanings ‘to prick, pierce, wound, stab; tear’. More importantly, the author himself obviously thought the word synonymous with the word which the Lloyd Davies accept as undoubtedly meaning ‘to pierce’ or he would not have inserted the quotation referred to in John 19:37. He clearly had a gaping wound in mind as in John 20 he reports Jesus as instructing Thomas to ‘reach out your hand and thrust it into my side.’ In interpreting the use of Greek words by the New Testament writers (who did write classical Greek) their use of the word is of more importance than the classical derivation of that word. The significance of the soldier’s actions are glossed over by the authors. This was not a soldier standing idly at the foot of the cross and whiling away the time. This was a member of a squad detailed to ensure that the victims were dead so that they could be removed from the cross before the Jewish festival. Having broken the legs of the other victims to hasten their death he found Jesus dead and rather than breaking His legs he stabbed Him to ensure that He was dead. A trained soldier handles his weapons instinctively and would without thinking aim for the heart. Hence the effusion of ‘blood and water’ although Jesus was dead. This, incidentally, is the only episode in the whole story which is specifically said to be vouched for by an eyewitness [7].

The Lloyd Davies rightly assume that a considerable time must have elapsed between the death (or apparent death) of Jesus and the body being handed over to His followers because of the inevitable delay in obtaining permission from Pilate. They have missed the significance of this fact. We have already seen that Jesus remained on the cross until taken down by Joseph, he was sufficiently unconscious throughout that period to fool the experienced Roman execution squad into thinking that He was dead, then He would in any case