vitamin E by mouth and by topical application. Phyllis D. Cilento\(^\text{a}\) has also had success in this condition in addition to a number of other conditions cited in her letter to the Editor.

13. Miscellaneous Dermatoses.—A limited number of grapes have been reported in chronic ulcers, benign chronic familial pemphigus, cutaneous vasculitis and a number of other conditions.

There is much evidence that objectively gratifying results are obtainable in a relatively large number of conditions,\(^\text{b}\) even though failures have also been reported. In this respect it would be interesting to know whether the preparations of vitamin E employed were either of the two most potent and stable preparations, the d-alpha-tocopherol acetate and d-alpha-tocopherol acid succinate, and for how long and in what dosage it was given.

The statement of Briggs and Briggs that “unless clear-cut advantage to vitamin E supplementation is forthcoming in the future, the taking of tocopherol preparations cannot be recommended” is to be deprecated because of the gratifying results obtainable in many cases. Also, despite the variety of conditions for which vitamin E may be employed, such drugs as arsenic, bismuth, chloroquine, griseofulvin, antibiotics and aspirin (which latter can have a deleterious effect on the kidneys), all of which can be useful in a variety of conditions, can be attended by greater risks of idiosyncrasy, toxicity and over-dosage than vitamin E.

It could be really advantageous if investigators were to collaborate and pool their results with vitamin E therapy, rather than deprive a number of people of a valuable medication which has not been found to produce toxic manifestations associated with such drugs as the ones mentioned above.

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\(^{1}\) Itec, R. B., and Arnold, H. L., Jr, 1974, personal communication.

\(^{2}\) Ayres, S., jr, and Mihan, R., Lancet, 1972, 15: 139.

\(^{3}\) Boyd, A. M., and Marks, J., Angiology, 1963, 14: 198.

\(^{4}\) Ayres, S., jr, and Mihan, R., Cabi Med., 1969, 111: 87.

\(^{5}\) Cathcart, R. F., III, J. Amer. Med. Ass., 1972, 219: 216.

\(^{6}\) Seghal, V. N., Vidiraj, S. N., Rege, V. L., and Bhopal, P. O., Dermatologica, 1972, 144: 37.

\(^{7}\) Michaelson, J. D., Schmidt, J. D., Dresden, M. H., and Duncan, W. D., personal communication.

\(^{8}\) Ayres, S., jr, et alii, Cutis, 1973, 11: 54.

\(^{9}\) Ayres, S., Jr, and Mihan, R., Cutis, 1971, 7: 35.

\(^{10}\) Nair, P. P., et alii, Arch. Int. Med., 1971, 128: 411.

\(^{11}\) Ayres, S., Jr, Current News in Dermatology, The Shok Letter, 1973, Item 6: 1.

\(^{12}\) Ayres, S., Jr, and Mihan, R., Cutis, 1969, 8: 287.

\(^{13}\) Cilento, Phyllis D., Med. J. Austr., 1974, 1: 458.

\(^{14}\) Shute, E. V., Shute Foundation for Medical Research, 1972.

THE INCIDENCE OF TUBERCULOSIS

Six: Contrary to popular belief, both within and outside the medical profession in Australia, tuberculosis is not utterly defeated. This erroneous conception seems to have been responsible for a lack of vigilance with regard to a possible diagnosis of tuberculosis in some cases seen recently, to the great detriment of the individual and the community. One example will suffice.

A 57-year-old man who had had a partial gastrectomy in 1957 for a duodenal ulcer, attended his doctor a number of times over a period of 10 weeks complaining of cough, sputum and weight loss. Various antibiotics were prescribed without benefit, and it was not until the man presented to the hospital that a chest X-ray examination was made. This revealed extensive tuberculosis with a large cavity in the upper lobe of the left lung. The sputum, of course, contained many tubercle bacilli. The moral is obvious: given if examination in general practice (which of course it should not be), the ease and economy with which chest radiographs are available should excuse nobody from ordering this essential examination whenever there is suspicion of the possibility of pulmonary tuberculosis. The key word is “suspicion”, and this is where so many appear to default. Now that the mass radiographic chest survey is being scaled down and rights to do, the strain added responsibility for doctors of first reference to order a chest X-ray examination if the symptoms, signs or circumstances even vaguely suggest the possibility of pulmonary tuberculosis.

Statistics revealed at this week’s 25th annual session of the National Tuberculosis Advisory Council should be noted in the above context. Although, thanks to modern chemotherapy, the mortality from tuberculosis is now negligible (11 per 100,000) the incidence has remained at approximately 11.5 per 100,000 in Australia for the last three years, migrants contributing approximately one-third of these. In New South Wales notifications rose from 489 in 1972 to 591 in 1973, an increase of 23%. This is the first time in 20 years that the steady, and at times, rapid decline in the incidence of tuberculosis has been reversed. Obviously, in more senses than one, the price of freedom is eternal vigilance.

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GUIDE TO THE CARE OF THE YOUNG CHILD

Six: The review of the “Guide to the Care of the Young Child”, 7th edition, published in the Journal of June 15 creates an erroneous impression. In the review it is said, “The last edition was published in 1966 and one has the impression that not much of this textbook has been rewritten in the subsequent years”. Actually much has been rewritten and new material has been introduced. This is evidenced by the expansion of the text from 286 to 350 pages.

Nearly all the chapters have been revised. Many have been expanded, in particular that on Growth and Development, in which a more detailed table for assessment of development at different ages has been included. The chapter on vitamins has been brought up to date. The section on the examination by the Infant Welfare Sister of the child at specified ages has been considerably expanded from 9 to 18 pages.

Three new chapters have been added by different authors experienced in their particular fields, Family Planning, Vision and Hearing Screening Tests and Speech Development. A chapter on Posture, Gait and Skeletal defects written by an orthopaedist replaces the old one on Posture. In addition to the third of the metric system throughout, the new 5 ml teaspoon and 20 ml teaspoon have been introduced in the feeding tables and instructions. All statistics have been brought up to date. The price of the book is $5.

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BELCROMETHASONE DIPROPIONATE

Six: It is refreshing to see a major public hospital like Royal North Shore giving the Press an open hearing on recent developments, and also to hear Dr Russell Vandenberg of the Asthma Investigation Clinic at the hospital giving an up-to-date statement about the new asthma product, beclomethasone dipropionate. Why must a heap of critics rush in and knock this? (Journal, June 22).

Doctors bothering to follow the medical Press are quite aware of the reports about this product. The British Medical Journal started talking about its successful use back in 1972 and a bit later in 1973. Indeed, these reports were overwhelmingly in support of the new product, and the manufacturer himself could hardly be more eloquent about a new product. Since then, there seem to have