

There must be very few cases which lend themselves to this sort of conservatism. In four years in a community where ectopic pregnancies are common, and bilateral ectopic pregnancies hardly a rarity, the writer has not found another suitable case. Nevertheless, there are a certain number of women wanting a child very badly, willing and understanding the inevitable risk, in whom such treatment seems reasonable. If we are to agree with Dr. Fry's views on aetiology, perhaps the indications are not as infrequent as we sometimes believe.—I am, etc.,

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Concurrent Intrauterine and Ectopic Pregnancies

SIR,—Dr. J. M. Ritchie's letter (June 3, p. 1605) on bilateral ectopic pregnancy brings to mind what I consider a rather interesting case I had some years ago.

A young woman of 34 consulted me for the delivery of her fourth baby. Her first three pregnancies were normal. When first seen she was 4-months pregnant, and had no complaint except that she had attacks of pain in the left iliac fossa, which at times forced her to lie down and take aspirin, phenacetin, and codeine for relief. She was tender in the left iliac fossa, and per vaginam her uterus was enlarged to 16-weeks pregnancy, and she was tender in the left fornix, but nothing of importance was detected.

When she called at 20 weeks for her routine antenatal visit we detected a large quantity of albumin in her urine, and her B.P. had gone up to 185/110. She was admitted to hospital, but failed to respond, and it was decided to do a hysterotomy. At operation we were amazed to find, after having performed the hysterotomy, that she had a mass in the left tube about the size of a chicken's egg, which when opened and eventually biopsied proved to be ectopic pregnancy. Had she conceived this ectopic pregnancy at the same time as her normal intrauterine pregnancy, one would have expected it to have been much larger than a chicken's egg. Would this be a case of superfecundation, or possibly superfoetation?—I am, etc.,

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S. M. FEINBERG.

Hypotensive Drugs in a Heat Wave

SIR,—Drs. E. Montuschi and P. Pickens have drawn attention (July 15, p. 174) to the enhancement of hypotensive drugs during a heat wave. This does not seem very surprising, since people not suffering from any vascular lesion tend to have low blood pressures in hot weather. In the routine examination of patients suffering from various illnesses and injuries such blood-pressure readings as 90/70 are frequently met. Presumably this is due to dilatation of superficial vessels and is what one might expect. One can well imagine that patients on hypertensive drugs could exhibit alarming symptoms.—I am, etc.,

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B. E. JERWOOD.

Pythagoras and the Beans

SIR,—The actual teaching of Pythagoras on beans seems to have been as much a mystery to the classical writers as to Dr. A. J. C. Tingey (July 22, p. 246), and at least one author¹ claims that Pythagoras frequently ate beans. The most recent critical review is that of Arie,² who, though he concludes that there may have been a rational basis for the prohibition, has commented³ that the answer is likely to be found in

a study of the more ancient Mediterranean religions, for beans played a part in mystery cults in Rome, Greece, Egypt, and Persia, some of which preceded Pythagoras.

The classical references will be found in Bayle⁴ and Zeller.⁵ For my part I am inclined to accept the view quoted by Aulus Gellius¹ as that of the musician Aristoxenus, a pupil of Aristotle and a student of the old literature, who lived only 250 years after Pythagoras, on whom he wrote a book. Aristoxenus wrote: "Pythagoras among vegetables especially recommended the bean, saying that it was both digestible and loosening and therefore he frequently made use of it." He continues by explaining that the sound of the word for beans is similar to that for "to conceive," and that Empedocles in his verses used the word for beans when he meant testicles; Pythagoras continued this practice, and the vulgar did not understand the symbolical use of the word. The prohibition of beans should be regarded as a warning against venereal excess, entirely in keeping with Pythagoras's general principles of temperance in all things.—I am, etc.,

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REFERENCES

- ¹ Aulus Gellius, *Noctes Atticae*, IV, 11.
- ² Arie, T. H. D., *Oxford Medical School Gazette*, 1959, 11, 75.
- ³ — personal communication.
- ⁴ Bayle, P., *Dictionnaire Philosophique*, 3rd ed., 1720. Art. Pythagoras, Vol. III, pp. 2315-2322.
- ⁵ Zeller, E., *Die Philosophie der Griechen in ihrer geschichtlichen Entwicklung*, 2nd ed., Tübingen, 1856, pp. 227, 228, 354.

Cyproheptadine

SIR,—You comment in "To-day's Drugs" (July 1, p. 46) that cyproheptadine ("peractin") is a new drug and imply that it has new therapeutic and biological properties in that it antagonizes serotonin as well as histamine. May we point out that promethazine ("phenegan") has been used clinically since 1949 (which was before the importance of serotonin in human metabolism was recognized) and is reported to have anti-serotonin as well as antihistamine properties.¹⁻³ Other more recently introduced phenothiazine derivatives possess this dual property.—We are, etc.,

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- ¹ Gyermek, L., Lázár, I., and Csák, A. Zs., *Arch. int. Pharmacodyn.*, 1956, 107, 62.
- ² Parrott, J. R., and West, G. B., *Brit. J. Pharmacol.*, 1958, 13, 65.
- ³ Halpern, B. N., Liacopoulos, P., and Liacopoulos-Briot, M., *Arch. int. Pharmacodyn.*, 1959, 119, 56.

Mortality from Chloramphenicol

SIR,—I was interested to read the letters of Dr. P. Rabindran and Dr. S. C. Sood (July 1, p. 52) on the subject of mortality from chloramphenicol. My experience during four years of tropical practice included the treatment of typhoid, scrub typhus, meningitis, and acute urinary, gastro-intestinal, and respiratory infections with chloramphenicol. I experienced no complications with the drug, a finding in agreement with Dr. Rabindran.

Dr. Sood's observation suggesting that regular checking of the granulocyte count should be carried out as a means of detecting early cases of marrow aplasia is open to criticism. In typhoid and scrub typhus, which are the indications *par excellence* for chloramphenicol, the granulocytes are normally depressed and may fall further as the disease progresses. The reticulocyte count

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