dose might have been insufficient for a twin pregnancy), and further studies will certainly be of great interest. However, I do not think that this case supports the hypothesis of a determinant role for beta-sympathomimetic drugs in fetal lung maturation.

Service de Gynécologie Obstétrique, Hôpital Antoine Beclère, 9240 Clamart, France  LUCIEN SCHNEIDER

PRENATAL DIAGNOSIS OF MAROTEAUX-LAMY SYNDROME

Sir,—The Maroteaux-Lamy syndrome, or mucopolysaccharidosis type VI (M.P.S. VI), is an autosomal recessive disorder characterised by severe skeletal deformities, growth retardation, and corneal opacity. The basic defect is a deficiency of the lysosomal enzyme arylsulphatase B (A.s.B.). Both A.s.B deficiency and an accumulation of sulphated mucopolysaccharides have been demonstrated in cultured skin fibroblasts from M.P.S. VI patients. Since A.s.B activity is measurable in cultured amniotic-fluid cells, prenatal diagnosis should be possible.

We have investigated the second pregnancy of a woman whose first child had M.P.S. VI, established by the demonstration of A.s.B deficiency in leucocytes (Dr K. 0. Liem, Free University, Amsterdam) and in cultured fibroblasts. After 17 days, while receiving 1500 mg per day, the patient began to have increased nasal and oral secretions. Within 2 more days she complained of dyspnoea and was having obvious expiratory wheezing heard in both lung fields; many upper airway sounds also were present. She was afebrile, and a chest film taken at the time showed only changes consistent with chronic obstructive pulmonary disease (the woman was a heavy smoker). Deanol was discontinued, and within 16 h the patient had stopped the lungs were clear, the rhinorrhoea and sialorrhoea had cleared considerably. By the second day after the drug was stopped the lungs were clear, the rhinorrhoea and sialorrhoea had stopped, and the patient had returned to her previous state.

These side-effects of a cholinergic nature suggest that deanol may indeed act in man by conversion to choline and...
In our experience in five patients biochemical investigations and clinical observations confirm that zinc treatment is effective and safe. These patients had been on oxyquinolines 'Entero septol' for months or even years, and none had optic nerve damage. But we did find hypoacousia in two of our patients during the treatment (one of them had had an antrotomy as a baby). This might mean that the neurotoxic effect of oxyquinoline products affects not only the optic nerve but also the acoustic (cochlear) nerve. Fortunately the zinc treatment suggested by Dr E. J. Moynahan eliminates this risk too.

The normal fasting bile-acid level in our previous study7 was between 89 and 157 (average 116), µg/dl. After spironolactone a sharp fall from 545 to 240 µg/dl was observed in patients with hepatobiliary diseases. Spironolactone did not affect the normal plasma bile-acid level of 8 control subjects. Spironolactone also seems to be indicated in intrahepatic cholestasis and possibly in other hepatobiliary diseases with high plasma bile-acid levels.

The Lancet, July 3, 1976

EFFECT OF SPIRONOLACTONE ON PLASMA BILE-ACID LEVELS IN LIVER AND BILEDUCT DISEASES

<table>
<thead>
<tr>
<th>Subjects</th>
<th>Cholic + chenodeoxycholic + deoxycholic (µg/dl)</th>
<th><em>Before spironolactone</em></th>
<th>† After spironolactone.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Liver cirrhosis or bilious obstruction</td>
<td>15</td>
<td>545 ± 108†</td>
<td>240 ± 47 (p &lt; 0.01)</td>
</tr>
<tr>
<td>Controls</td>
<td>8</td>
<td>145 ± 14†</td>
<td>137 ± 14†</td>
</tr>
</tbody>
</table>

2. ibid. 1975, ii, 351.
3. ibid. 1976, i, 91.

Obituary

STEPHEN HENRY BRUNTON BLAIKIE
T.D., M.B.Edin., F.R.C.P.E.

Dr Stephen Blaikie, who had been in general practice in Knightsbridge for the past 25 years, died on June 4 at the age of 59.

After Uppingham, he started his medical training at the University of Edinburgh, but before it was completed he left to join the Royal Scots, later transferring to the Parachute Regiment, of which he came to command the 4th Battalion. Wounded in Italy, he was invalided home and resumed his training at Edinburgh. He rapidly qualified and after house-appointments at the Royal Infirmary, in 1947 he became M.R.C.P.E. and started in general practice in London. His father, who had been a well-known and much-loved general practitioner in Brook Street, died before his son had qualified.

There was, therefore, no direct succession, and Stephen Blaikie's early years in London were spent as an assistant to Dr John Hunt (now Lord Hunt of Fawley). He became F.R.C.P.E. in 1972.

Stephen Blaikie's grace and distinction, combined with his formidable professional attainments, ensured his immediate success in general practice. For over a quarter of a century he held a leading place amongst the family doctors of the West End of London. His charm, his compassion, and his gaiety won the devotion of the numberless patients who entrusted themselves to his care. His scrupulous professional standards and his outstanding ability endeared him to his colleagues, both general practitioners and consultants. He exemplified all that was best of the traditional British family doctor. There will be many patients who feel not only a sense of bereavement at his passing but also an irreparable loss at being