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may be chronically impaired from recurrent infection (even in the absence of overt diarrhoea), it may also prove beneficial when the intestinal flora and architecture are normal. The potential for ORS to improve the absorption or adsorption of other orally administered pharmaceuticals should also be examined.

We thank Prof Jonas Salk for his contribution.

*Frederik P L van Loon, Peter A Patriarca
National Immunisation Program MS E61, Centers for Disease Control and Prevention, Atlanta, GA 30333, USA

1 Patriarca PA, Wright PF, Jacob John T. Factors affecting the
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Galactosaemia

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1 Patriarca PA, Wright PF, Jacob John T. Factors affecting the

2 Walker RI. New strategies for using mucosal vaccination to achieve

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4 Gore SM, Poungvarin O, Pierce NJ. Impact of rice-based oral

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8 Honeyman MM, Green A, Holton JR, Leonard JV. Galactosaemia:
results of the British Paediatric Surveillance Unit study, 1988–90. Arch

Sir—Battistutta and colleagues (Dec 10, p 1607) report that the penetran

crude cumulative risk of melanoma. The study population

Sir—Allen (Jan 14, p 128) claims that in our commentary (Nov 5, p 1242) we failed to take note of the importance of prospec
tive studies of newly diagnosed cases of galactosaemia. We focused on the outcome of retrospective studies because no prospective studies have been published. Allen cites an abstract of his own small uncontrolled retrospective study to support the value of neonatal screening. Unfortunately he cites the world-wide study by Waggoner and colleagues that omit the most convincing evidence that early treatment has little effect on long-term outcome—namely, that from sib pairs. The results in the reference we cite and from earlier studies of sibs indicate that the long-term outcome of sibs of known galactosaemics who were usually treated from birth was no different from that of the index case who had been started on treatment much later, many not before 3 months of age. Screened patients might be expected to have fewer neonatal complications, although the timing of the screening test is critical. In the UK, screening tests are done between 6 and 14 days, and a survey has shown no difference in neonatal complications in the screened and unscreened groups.

In our final paragraph we emphasise the importance of carefully planned prospective studies of patient outcome. We also mentioned the contribution that a register could make in collecting longitudinal data, and in this respect we are pleased to report that a UK galactosaemia register has now been set up.

Metabolic Unit, London Centre for Paediatric Endocrinology and Metabolism, Institute of Child Health, London; and *Department of Child Health, University of Bristol, Bristol BS2 8BJ, UK


Sir—Battistutta and colleagues (Dec 10, p 1607) report that the penetrance of the familial melanoma gene MLM2 is rising, with a decrease in median age of onset of melanoma. They base this conclusion on the finding that subsequent birth cohorts of mutated MLM2 carriers have a higher

Frequency of familial melanoma and MLM2 gene

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