particularly applies to the existence of family problems, the illness of the child in the 14 days before death, and the separation of the mother from the father at the time of the child's death. Problems were present in 12 of the families compared with five of the controls. In 12 families too, some abnormality was noted in the infants during the two weeks before death or recalled at interview compared with five of the controls. Seven of the 14 mothers were separated from the father at the time of the infant's death—no exact comparison with the control group is possible, but only one of the mothers in it was living on her own.

These findings give further support to the need for more detailed investigation of the social factors surrounding these largely unexplained deaths.

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To be taken as directed

Sir,

I was interested in the article by M. S. Gatley, in your Journal of July 1968. Whilst most of us realize how irregularly many of our patients take prescribed medication and it is worth emphasizing this fact again, it would have been of greater interest had Dr Gatley described the conditions for which the medication was prescribed and the results of treatment.

One wonders whether the traditional frequency and duration of dosage of many drugs is really based on sound therapeutic knowledge. To the patient the omission of doses and the early cessation of treatment may seem entirely reasonable if his symptoms have been relieved and very often this will be synonymous with cure of his condition. It, of course, behoves the doctor to urge his patients very strongly to continue medication in those cases where continuation despite the absence of symptoms is medically indicated.

Perhaps a similar trial to evaluate the outcome of a few common illnesses according to the reliability with which the medication is taken and the duration for which it is taken, might indicate that many traditional courses of therapy are of higher dosage and longer duration than is therapeutically necessary.

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