Editorial—Continued from page 267

many failures and eccentrics, produced many of the most stimulating minds in medicine.

The continuing development of medical education in this country is a process which we can justifiably view with pride, but we shall do no harm if we remember that a good doctor is not simply a person well versed in technical information, but also a fully responsible individual. This necessarily implies that his training and develop-

ment must not be too rigidly circumscribed, and that adequate scope should be given for the play of personal initiative and idiosyncrasy. It may well be that with our present concentration on raising the standard of the average student we are repressing the most active and enquiring amongst them, and that when economic conditions permit we should gain by some relaxation of the controls which now encircle the student, both before and after graduation. There are more ways than one of killing a goose.

PRURITUS FROM EATING APPLES*

By E. LIPMAN COHEN

Chronic widespread pruritus in young men is psychogenic in the majority of cases. Other causes are Hodgkin's disease, diabetes mellitus, nephritis and gout.

An Anglo-Italian, aged 32, complained of itching of the skin which had troubled him for three years. The extensor aspect of the forearms, popliteal fossae and anterior aspect of the legs were affected. At first the scrotum had itched but this had not persisted. It was worse when undressing and while taking a hot bath. He had had 'not quite a nervous breakdown' 12 years previously. His father had asthma. Except for scratch marks the skin looked normal. He did not appear anxious. His urine contained no sugar.

Scratch tests were strongly positive with mixed pollens, definitely positive with apple and doubtfully positive with tobacco. He had never had hay fever and the pruritus was not confined to the pollen season. He was particularly fond of apples and ate them whenever possible.

He stopped eating apples and the pruritus became negligible. When seen three and a half years later he reported that the improvement had been maintained. He still had some itching in cold weather but it was very mild. If he had a feverish illness, such as influenza, the itching ceased completely. The itching regions in cold weather were the popliteal fossae, calves and ankles.

Hudelo (1931), Macleod (1932) and Urbach (1946) give an account of pruritus due to specific foods and Winkler (1927) refers to fruit as a cause, but they do not mention apples. Korting (1950) has described a girl, aged 16, who had had urticaria after eating apples since the age of 11. Intracutaneous tests were strongly positive to apple and weakly positive to oxalic acid, succinic acid and tartaric acid. Richter (1930) has described briefly a girl aged 17 with urticaria from eating apples.

In this patient there is strong evidence, but not complete proof, that eating apples gave rise to his pruritus. After he avoided apples the condition changed to a mild pruritus hiemalis with the characteristic distribution on the legs.

* Read at a meeting of the British Association of Allergists in London on January 27, 1951.

BIBLIOGRAPHY

- KORTING, G. W. and UHLMANN, W. J. (1950), *Derm. Wschr.*, **122**, 1024.
 HUDELO, L. (1931), 'Prurits et Prurigo,' Paris, Doin.
 MACLEOD, J. M. H. (1933), 'Diseases of the Skin,' London, Lewis.

- RICHTER, W. (1930), *Derm. Wschr.*, **91**, 1327.
 URBACH, E. (1946), 'Skin Diseases, Nutrition and Metabolism,' London, Heinemann.
 WINKLER, M. (1927), 'Jadassohn's Handbuch der Hautund Geschlechtskrankheiten,' Berlin, Springer, **6/1**, 345.