

by the authors is hampered both by its complexity and by its deference to the private sector.

Given the low profitability of privately manufactured vaccine and the public health imperatives of a reliable and adequate supply, there seems to be little benefit in leaving this responsibility in private hands. A federally operated system to purchase or produce vaccines is required, with provision for adequate compensation to health care providers for storing and administering vaccines.

The concept is not novel. Since 1975, the federal government has bought, stored, and sold oil from the Strategic Petroleum Reserve to protect the nation's oil consumers. If the government can play so critical a role in protecting our oil supplies, why should it do less to protect us from infectious disease?

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THE AUTHORS REPLY: Dr. Hinman and other members of the National Vaccine Advisory Committee believe that the current approach to vaccine financing, which relies on large-scale purchasing and distribution by the government, is sufficient to ensure a stable supply of vaccines and is an effective system for the distribution of vaccines to vulnerable populations and that it should therefore be expanded. Although the current public health model has fostered high rates of childhood immunization, it has also contributed to the fragility of the vaccine supply. Severe shortages of 8 of the 11 recommended childhood vaccines occurred during 2001 and

2002, followed by a shortage of pneumococcal conjugate vaccine in 2004. With only one supplier for each of eight critical vaccines, the potential for disastrous new shortages is a real and immediate concern.

Rather than expanding the current approach to include new populations, the IOM committee suggested that a new strategy was necessary to reshape the financing system for vaccines. A safety-net model originally designed to serve the truly needy cannot be sustained when government purchases account for more than half of the vaccine market. Public-sector purchase prices are simply too low to sustain corporate investments in vaccine products when these are compared with other, more profitable biologic and pharmaceutical products. On the other hand, abandoning the private sector, as suggested by Schwartz, is unnecessary and counterproductive, given the important role that private initiative has historically played in vaccine innovation.

Successful implementation of the IOM committee's recommendations requires further public discussion, as well as refinements in the proposal to address both technical and political concerns. But in order to have a meaningful discussion of the merits of the IOM proposal and the strategies for its implementation, the stakeholders must first agree that there is a serious and urgent problem that requires us to move beyond status-quo solutions.

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Medical Mystery Answer: Male Infant with Unusual Weight Gain and Rash

TO THE EDITOR: The medical mystery in the January 20 issue¹ involved a seven-month-old boy who had congenital Cushing's syndrome and a severe acneiform rash (Fig. 1A), with growth of pubic hair. The child's motor development was grossly delayed. Computed tomography of the abdomen

showed a solid mass in the region of the left adrenal gland (Fig. 1B). The child's plasma cortisol level was elevated, at 44 mg per deciliter (normal range, 5 to 23), and the testosterone level was 6.06 ng per milliliter (normal range, 0.04 to 0.48). Histologic examination of the mass after excision showed an



Figure 1. A Male Infant with Unusual Weight Gain and a Rash.

Panel A shows the child at seven months of age, and Panel B the solid mass in the region of the left adrenal gland. After excision of the mass, the child was healthy, as pictured at four and a half years of age (Panel C).

adrenal adenoma. At four and a half years of age, the child was healthy, and his psychomotor development corresponded to his age (Fig. 1C).

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Editor's note: There were 1188 responses submitted from 72 countries. Sixty-seven percent of the respondents suggested abnormalities consistent with Cushing's syndrome; of this group, 11 percent specifically diagnosed Cushing's disease, which this boy did not have, and 8 percent suggested a variety of exogenous sources of cortisol (such as topical cream used for the rash or from maternal use passed to the baby in breast milk). Cushing's syndrome refers to the clinical consequences of excess cortisol, whereas Cushing's disease — a specific cause of excess cortisol — is due to a pituitary adenoma and is named in recognition of the neurosurgeon, Dr. Harvey Cushing, who first described the syndrome and related it to a pituitary lesion. These conditions are discussed in the Case Records that appear elsewhere in this issue of the *Journal*.²

Many alternative diagnoses were suggested. Eight percent of the respondents suggested other endocrinopathies (such as the hypothyroidism, leptin deficiency, and excess growth hormone), 14 percent suggested a variety of congenital syndromes (such as the Prader-Willi syndrome), and 9 percent suggested various other conditions (such as the nephrotic syndrome and overfeeding). Two percent of the respondents suggested maternal illness as the diagnosis, such as gestational diabetes. Many insightful comments were received from readers, including this one from Alisa McQueen: "This infant's history of weight gain, moon facies, acneiform eruption, and hypertension suggests the presence of excess cortisol."

1. Hartmann H, Schumacher U. A medical mystery. *N Engl J Med* 2005;352:273.
2. Case Records of the Massachusetts General Hospital (Case 7-2005). *N Engl J Med* 2005;352:1025-32.

Peripartum Dissection of the Right Coronary Artery

TO THE EDITOR: Spontaneous coronary dissection is a rare but serious complication in the peripartum and postpartum periods.^{1,2} However, we disagree

with Frimerman and Meisel (Nov. 11 issue)³ about the diagnosis in the Images in Clinical Medicine article.³ First, the luminal structure that is described