

Rapid Weight Loss in the Elderly

Q.—*Apart from malignant disease and obvious acute illness, what are the most likely causes of rapid loss of weight in elderly people?*

A.—The question is difficult to answer without some information to restrict the field of inquiry. If loss of weight was due to subacute bacterial endocarditis or tuberculosis, one would expect fever and an increased sedimentation reaction. If due to toxic goitre, which is easily missed in the elderly, there should be tachycardia; diabetes should give sugar in the urine; and cirrhosis should give a palpable liver, stellate naevi, and changes in the plasma proteins. Emaciation may be due to disorders of the alimentary tract, such as non-malignant disease of the oesophagus, peptic ulcer or steatorrhoea from gastro-colic fistula, pancreatitis, or regional ileitis; in these circumstances one would expect dysphagia, vomiting, or diarrhoea. When there is no change in temperature, pulse, and E.S.R., and no localizing symptom, one would think of conditions such as depression and arteriosclerosis. Surprisingly rapid loss of weight may sometimes occur after trauma, operations, or severe infections.

Sensitivity of Nipples to Cold Water

Q.—*A healthy girl of 17, who is fond of swimming, complains of severe pain in both nipples when they are first immersed in the water. The pain persists for perhaps a minute and then goes completely. On examination the breasts are somewhat small, but the nipples are well developed. Swabbing the nipples with cold water causes them to blanch and to retract slightly. Pain is then felt. As the colour returns to the nipples, so the pain subsides. What is the cause of this pain, and is any treatment possible?*

A.—Severe pain of this kind is usually associated with a vascular disturbance in the nipple, and this is borne out in this case by the colour changes noted. The pain is the result of ischaemia, which may be brought about by spasm of the vessel walls but is more likely to be caused by spasm of the involuntary muscle which is distributed throughout the nipple and around its base. This muscle is normally concerned in controlling not only the ducts but also the blood vessels with a view to causing erection of the nipple. The phenomenon described may be regarded as an aggravation of the usual skin reaction to a cold stimulus, and indeed it can sometimes be induced by inserting some remote part of the body such as the hand or foot in cold water.

Undue sensitivity of the nipple to cold is more often seen when the breasts are actively developing, as in early pregnancy. In this case pubertal growth may be a factor, so that the spasm may subside as the girl gets older. Meanwhile treatment is difficult, and, although it is just possible that daily gentle kneading of the nipples with lanoline cream or an oestrogen ointment might help, it would probably be wise to avoid any treatment which might encourage this young girl to take a morbid interest in her breasts and in her problem.

Effect of Industrial Oils and Greases on Psoriasis

Q.—*What effect has oil or grease, encountered at work, likely to have on patients with psoriasis? Will it exacerbate their condition?*

A.—Oil and grease encountered at work do not usually have any adverse effect upon patients with mild or static psoriatic patches. On the other hand it must be remembered that workers who are exposed to oil and grease often have difficulty in removing these after work and must perforce use powerful detergents. These detergents are more likely to be harmful than the original oil and grease. Another factor to be borne in mind is that many workers exposed to oil and grease are employed in machine shops, their jobs being to set and service machine tools used for cutting metal. Under these conditions there is often a serious risk of repeated minor injury from the so-called "swarf" or fine metal filings, slivers, and spirals. It is

well known that psoriatic patients will often develop a patch of psoriasis in response to an injury of the skin such as a scratch or even a surgical incision, and consequently they should not be employed in jobs where there is a risk of repeated minor injuries. Patients with more active and generalized forms of psoriasis should not be exposed to oils and greases.

Grooves on the Nails

Q.—*A patient of mine has three grooves and three corresponding ridges on the nails of her big toes. No other nails are affected. The condition has been present for about 18 months. What is the explanation for this phenomenon?*

A.—It is presumed that the grooves and ridges run transversely on the nails. The fact that they are present on the big toe nails of both feet makes it less likely that they are due to a local cause, and presumably indicates some systemic upset which has occurred three times, at about the time that part of the nail was first forming. When a ridge reaches about the middle of the nail, it indicates an upset occurring about three months previously. A nail dystrophy from systemic causes would be expected to produce changes in all the nails, but this does not always happen. Another cause to be considered in this case is some vascular disturbance in the legs. Aggravation of a vascular condition by cold, for example, might account for this dystrophy confined to the big toes.

Mental and Psychological Sequelae of Cerebral Malaria

Q.—*Are mental deficiency and abnormalities of behaviour recognized sequelae of non-fatal cerebral malaria?*

A.—No.

Corrections.—In the annotation on "Glycogen Storage Disease of the Liver" (*Journal*, July 16, p. 189) the last sentence on p. 190 should have read "Hypoglycaemia not responsive to adrenaline and the hyperglycaemic-glycogenolytic factor of the pancreas (glucagon) would confirm the diagnosis . . ." instead of "Hypoglycaemia not resistant. . . ."

In the paper by Professor C. H. Best and his colleagues entitled "Effects of Dietary Protein, Lipotropic Factors, and Re-alimentation on Total Hepatic Lipids and their Distribution" (*British Medical Journal*, June 18, p. 1439) there was an error in the quotation at the foot of p. 1443. The last line on that page and the first line on the following page should read ". . . and only occasionally is the fatty infiltration most severe around the central vein of the lobule."

Our report of Dr. C. Langton Hewer's remarks on the Trendelenburg position at the meeting of the Section of Anaesthesia in Toronto should have quoted him as saying that there was a fall in the blood pressure of 2 mm. Hg for every inch vertically above heart level (not a rise of 20 mm.).

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