

suffering from lead poisoning. It is now known that the urinary excretion of  $\delta$ -amino-laevulinic acid is a very sensitive indicator of whether a patient has metabolically active lead in his body, and it would be interesting to know whether persons with retained metallic foreign bodies containing lead have an increased excretion of this substance.

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## Treatment of Chloasma

**Q.**—*Is there any treatment for removing the brown stains which occur on the face of some women during pregnancy?*

**A.**—The treatment of chloasma is not very satisfactory. Monobenzone ointment (monobenzyl ether of hydroquinone) may be used and is sometimes successful, but there is a risk of provoking contact dermatitis. The pigmentation can be masked by cosmetics.

## Depth of Graves

**Q.**—*I gather that the usual recommended depth of graves is that no part of the coffin must come within 3 ft. (0.9 m.) of the ground surface, but if soil conditions are suitable 2 ft. (0.6 m.) may be permitted. On what public health or other grounds have these figures been arrived at?*

**A.**—Regulation 8 of the Regulations made by the Home Secretary for burial grounds provided under the Burial Acts, 1852, 1853, 1854, 1855, and 1857, is as follows:

No coffin shall be buried in any unwallied grave within 4 ft. (1.2 m.) of the ordinary level of the ground unless it contains the body of a child under 12 years, when it shall not be less than 3 ft. (0.9 m.) below that level.

The depth of the average adult coffin is 15 in. (38.1 cm.) and that of a child under 12 years is not more than 12 in. (30.4 cm.). This allows a 2 ft. 9 in. (0.8 m.) coverage of earth for an adult and at least 2 ft. (0.6 m.) for a child. The purpose of this earth coverage is, of course, to seal off noxious effluvia resulting from decomposition of the body.

The considerations to be borne in mind in this connexion are discussed in a Ministry of Health memorandum on the Sanitary Requirements of Burial Grounds, issued in May, 1926.

## Idiopathic Auricular Fibrillation

**Q.**—*What is the prognosis of idiopathic auricular fibrillation in an otherwise fit man aged 34, in whom fibrillation started abruptly 18 months ago and has persisted ever since? There was an attack of fibrillation for a few days only about 11 years ago. He is normotensive, has no mitral stenosis, and thyrotoxicosis has been excluded. Attempts to correct the arrhythmia by quinidine, etc., were unsuccessful. Daily digitalis keeps the heart rate at about 80 per minute.*

**A.**—Idiopathic or lone atrial fibrillation can cause congestive heart failure in about 10% of patients,<sup>1</sup> and may reduce effort tolerance. Digitalis is apparently not always adequate to control heart failure in the small percentage of patients who have this complication, even when the ventricular rate is well controlled. Conversion to sinus rhythm by quinidine, however, may result in complete cure.<sup>2</sup> In the majority of patients, when the ventricular rate is satisfactorily controlled with digitalis, symptoms are usually slight and prognosis good. There is no certain tendency to left atrial thrombosis and embolism, and life is not commonly threatened or activity impaired.<sup>3</sup> If the diagnosis is correct in the patient quoted, no undue anxiety need probably be felt, but, since quinidine has been unsuccessful, digitalis should be maintained indefinitely to control ventricular rate.

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## Antidiabetic Drugs in Disseminated Sclerosis

**Q.**—*Is there any evidence that oral antidiabetic drugs are of value in disseminated sclerosis?*

**A.**—The cause of multiple (disseminated) sclerosis remains unknown. Among the many possibilities which have been considered, one hypothesis is that the disease is due to a fundamental disorder in carbohydrate metabolism. This view is supported by the finding that some patients with multiple sclerosis have an abnormal response to oral glucose and other abnormalities of carbohydrate metabolism such as an increase in the amount of lactic and  $\alpha$ -ketoglutaric acid in the blood.<sup>1,2</sup> These results have been interpreted as indicating that there is some defect in the utilization of small carbohydrate molecules. If this hypothesis were correct, then substances which have an effect on carbohydrate metabolism might influence the course of multiple sclerosis.

A preliminary report on the use of the antidiabetic sulphonamides by Sawyer<sup>3</sup> is encouraging. He treated seven patients with tolbutamide in a dosage of 0.5–1.5 g. daily. In all cases definite improvement was noted while the patient was receiving capsules containing tolbutamide, and deterioration occurred when similar capsules containing sugar were substituted without the patients' knowledge. Sawyer also found that a high carbohydrate diet made these patients worse and that a diabetic diet low in carbohydrate had the reverse effect. It is to be emphasized, however, that this is only a preliminary report and that the number of patients is small. In a condition such as multiple sclerosis, in which remissions and relapses are frequent and in which the criteria for improvement are largely subjective, considerable confirmation of these results will be required before it can be claimed that the sulphonylureas are any better than the many other substances which have had a brief heyday in the treatment of multiple sclerosis and in the end have been found to be ineffective.

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## Swimmer's Cramp

**Q.**—*What is the cause of swimmer's cramp? Is there anything to prevent it, other than avoiding the cause?*

**A.**—I do not know the cause of swimmer's cramp. However, there seems little doubt that it is far more frequent in cold water than in warm, and that the longer in cold water the more likely is cramp to occur. So muscle cooling is probably the most important factor. Another feature is dehydration—e.g., from vomiting. Long-distance swimmers frequently vomit, partly because of swallowing sea-water, or possibly even as a form of sea-sickness.

**Correction.**—In the first paragraph of the section headed "Research and Finance" in the article on "William Harvey's Lessons for To-day" (April 22, p. 1123), the sentence "but his dedication of his book to King Charles II . . ." should have read ". . . to King Charles I." Robert Boyle died in 1657, not 1557 as stated.

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