primary atypical pneumonia, but does not cause the meningitis. Of the two remaining cases one had right-sided pneumonia and the other pharyngotracheitis.

The temporal association between cold-agglutinin-positive infection and aseptic meningoencephalitis or meningitis in the eight cases described is not definite evidence of an aetiological relation. The cases should, however, be noted in respect of the possibility of mycoplasma infection in aseptic meningoencephalitis or meningitis, especially in cases without sign of atypical pneumonia.

Summary

From January 1962 to June 1963 126 patients (69 females and 57 males) with cold-agglutinin-positive infection were treated at the Stockholm Hospital for Infectious Diseases. Eight of them (2 females and 6 males) had aseptic meningoencephalitis or meningitis. Six of the eight patients were aged 5 to 29 years (75 of the total number of patients were in this

age-group) and were among the 72 patients who fell ill between October 1962 and February 1963.

It is suggested that *Mycoplasma pneumoniae* may be a cause of aseptic meningitis.

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Effect of Clofibrate and Androsterone on Hypercholesterolaemic Xanthomatosis

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When the claim was made that the oral administration of clofibrate in combination with androsterone (Atromid) led to a lowering of serum cholesterol in patients with hypercholesterolaemia and coronary artery disease (Oliver, 1962) it appeared desirable to determine the effect of this therapy in patients with other manifestations of hypercholesterolaemia. Seven such patients have now been treated for two years with 2 g. of Atromid daily in three divided doses. These patients fall into four groups.

Group A consisted of three male patients aged 30, 40, and 46 with xanthoma tuberosum on the knees and elbows. The xanthomata had been noted for 18 months, 3 years, and 15 years respectively. The two elder patients had suffered inter-

mittent claudication in one leg for eight and three years respectively. All three had impalpable dorsalis pedis pulses in one or both feet. Before treatment their serum cholesterol was 460, 325, and 500 mg./100 ml. respectively. These levels fell to below 250 mg. in two cases within a month of starting treatment. The other fell promptly to 300 mg. in six weeks and then fell still further to 250 mg. or below over the next three months. All have remained below 250 mg. for the rest of the two years. Total serum lipids before treatment ranged from 2.9 to 3.05 g./100 ml., and after treatment from 1.35 to 1.85 g. In all three the xanthomata have disappeared. They appeared to be diminishing three to five months after starting treatment and had completely disappeared in 11 to 13 months. The patient with the shorter history of intermittent claudication insists that he can now walk about four times as far before getting pain.

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Photographs of elbow of patient in group B. Left, photograph taken on 14 August 1962, before starting treatment. Right, photograph taken on 16 July 1964, after 23 months' treatment, showing disappearance of xanthomata.

Group B comprised one patient only—a man aged 21 with eight months' history of xanthoma tuberosum on face, elbows, buttocks, and knees, and no other symptoms. This patient appeared to be a case of essential hyperlipaemia. Before treatment the serum cholesterol was 1,100 mg./100 ml., and the total serum lipids were 8.5 g./100 ml. On treatment his serum cholesterol fell quickly to below 400 mg. and for 14 months thereafter fluctuated between 200 and 500 mg., but for the past six months it has been below 250 mg. After eight months' treatment his total serum lipids had fallen to 1.95 g./100 ml. In 15 months all xanthomata had completely disappeared (see Fig.).

Group C consisted of one man only, a younger brother of the oldest patient in group A. This man, aged 42, had no xanthomata, but had suffered intermittent claudication for five years and had an impalpable left dorsalis pedis pulse. Before treatment his serum cholesterol was 600 mg./100 ml. This fell promptly to 300 mg. and in two months was below 250 mg., and for the last 10 months has been below 200 mg. Before and after treatment his total serum lipids were 3.3 g./100 ml. and 1.8 g. He claims some improvement in walking.

Group D comprised one woman and one man with xanthelasma palpebrarum. The woman, aged 54, had noted xanthelasma for 10 years and had a myocardial infarction three years ago. She had since suffered from cardiac-effort pain. Her serum cholesterol before treatment was 680 mg./100 ml. Since starting treatment it has varied between 400 and 500 mg. Before and after treatment her total serum lipids were 2.8 g./100 ml. and 1.65 g. After two years' treatment there has been no change in the xanthelasma and no change in her symptoms. The man, aged 37, with xanthelasma palpebrarum of seven years' duration, had no other symptoms. Before treatment his serum cholesterol was 430 mg./100 ml. On treatment it fell rapidly to below 300 mg. and has remained at this level. Before and after treatment his total blood lipids were 2.1 g./100 ml. and 4.3 g. There has been no change in the xanthelasma during two years' treatment.

Discussion

It is thus clear that in the four patients with xanthoma tuberosum the administration of clofibrate with androsterone

led to a striking fall in their serum cholesterol and in disappearance of the xanthomata. This is in striking contrast to the results recorded by Jepson and James (1963) in a similar group of patients. A similar fall in serum cholesterol was noted in the man with familial hypercholesterolaemia with intermittent limp but no xanthomata. There was a suggestion that symptoms were improved in two of the patients with intermittent claudication.

A much less marked effect on the serum cholesterol was observed in two patients with hypercholesterolaemia and xanthelasma palpebrarum, but there was no change in the xanthelasma.

Side-effects from the drug were slight. Four patients complained of some postprandial discomfort. There was a slight fall in the blood uric acid at the start of treatment, but this was not maintained. There was no rise in the serum glutamic pyruvic transaminase during treatment.

It now appears that clofibrate alone will have the same effect (Howard *et al.*, 1963; Oliver, 1963), and it is proposed to continue treatment in these patients without the androsterone.

Summary

Clofibrate with androsterone (Atromid) in doses of 2 g. daily for two years led to a fall in serum cholesterol and the disappearance of xanthoma tuberosum in four men with hypercholesterolaemia. In two patients with hypercholesterolaemia xanthelasma palpebrarum there was a less marked fall in serum cholesterol and no effect on the xanthelasma.

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Medical Memoranda

Pregnant Woman Struck by Lightning

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To be struck by lightning is unusual. For a pregnant woman to be struck by lightning is a rarity. For a pregnant woman to be struck by lightning during the first trimester of pregnancy and then to continue through a normal pregnancy to deliver a normal infant remains to be recorded. This is an account of such an event.

CASE REPORT

The incident occurred on a Welsh mountainside on 5 July 1963. The woman was sheltering with her husband inside a sheep-pen and underneath a corrugated metal sheet. The man was standing in front of the woman; the zinc sheet was resting on the nape of the woman's neck but was not touching the husband. They were both wearing rubber Wellingtons. Near by, the man's father was sheltering beneath another zinc sheet, which was touching his

shoulders. He was standing on wet soil and was wearing hobnailed leather boots.

The lightning had the following effects: (1) It destroyed two rows of Japanese larch trees (these were about 20 yards (18 metres) away). (2) It scorched near-by ground and made two holes in the ground. (3) It burnt part of a near-by field of hay. (4) It knocked the husband and wife across the sheep-pen (a distance of 8 ft.; 2.4 m.). (5) It probably knocked the three people unconscious. When the husband picked himself up he found his wife and father lying on the ground. They recovered consciousness shortly afterwards, though the husband thought at first that his father was dead. (6) It almost completely destroyed the father's left boot and burnt his coat and shirt. He had extensive superficial burns of the back and the right leg. His left foot was made cold, cyanotic, pulseless, and anaesthetic to pinprick. (7) The woman felt that she had been struck on the back of the neck. She had a headache, which lasted for some hours. Her clothes were not burnt. She had a fern-leaf pattern superficial type of burn of entry at the back of the neck, on the right shoulder, and over the left mastoid region. Exit burns ran transversely across the buttocks. These burn marks disappeared within 24 hours.

The three people walked to a near-by farmhouse, where they were visited by Dr. H. G. Davies, who admitted the woman and