

### ANOTHER DISEASE CAUSED BY WOMEN'S FASHIONS.

DURING the last year or so I have seen an increasing number of cases of the condition about to be described among women coming under my care for other reasons, and in three or four cases I have actually been consulted with regard to the condition itself.

It apparently only occurs in women of 35 years or more who have bobbed or shingled hair, and who also have the coarse, greasy type of skin with patulous sebaceous follicles. It consists of a pigmented band—more or less continuous according to the shape of the head—lying horizontally across the upper part of the forehead, generally about half an inch in width across the front, but usually wider and less regular at the temples. In summer, and at a distance, the effect might be mistaken for that of the natural contrast between sunburnt skin and skin protected by the hat, but on close examination the lesion is seen to be composed of telangiectases, a marked deepening of the colour at the folds of the natural fine wrinkling of the skin and pigmentation of a yellowish-brown colour, arranged sometimes in a rough network and sometimes collected into freckles of irregular size and shape.

The lesion does not disappear in winter, and in some cases forms a definite and conspicuous disfigurement. It is, moreover, very difficult to remove. Sufficiently vigorous application of CO<sub>2</sub> snow removes some of the pigmentation in rather a patchy manner and the larger telangiectases can be dealt with by electrolysis, but the lesion somehow or other seems to remain visible.

The first time I noticed the condition I thought it was a limited manifestation of Civatte's poikiloderma reticularis, which it resembles very closely, but I soon had an opportunity of observing its coincidence with the red groove formed on a patient's forehead by the recent pressure of a hatband.

Women, owing to the carriage of the head differing from that of men, wear their hats further back—they present in relation to their hatbands by the vertex, as opposed to men, who present by the brow. The vertex, as the obstetrician knows, subtends a shape admirably adapted to slip out of such things as hatbands. With the added mechanical disadvantage of the hair not being anchored at its distal end it has been necessary for hats to fit more tightly than ever.

It seems probable that the seborrhoeic condition of the forehead may also have a mechanical influence in the matter. For reasons which will be obvious I have not been able to study the condition histologically and I confine myself to drawing attention to the condition and its immediate cause.

J. H. TWISTON DAVIES, M.B.,  
Dermatologist, Royal Sussex County Hospital.

### SPRUE TREATED WITH INTRAVENOUS INJECTIONS OF CALCIUM CHLORIDE.

THE following clinical details of a case of sprue are interesting in view of the fact that this disease is very rare in Costa Rica, and there do not seem to be any published reports on this system of treatment.

A coffee planter from Costa Rica, aged 69, was first seen in August, 1928, with a two months' history of loose, frothy, clay-coloured motions, associated with loss of weight and anaemia. A diagnosis of sprue was made.

During the subsequent eleven months, some portion of which was spent in hospital, he received treatment on the usual lines. He was dieted strictly; calcium was given both as the lactate and also in a proprietary preparation; liver, subcutaneous iron and arsenic injections, strawberries, and Batavia powder were also tried. The latter controlled the diarrhoea but did not appear to affect the course of the disease, and his condition deteriorated. The weight dropped from his usual 10 st. 6 lb. to 8 st. 13 lb., and loss of appetite and weakness were marked. In February, 1929, he was admitted to hospital and put on 2 lb. in weight, but he was discharged some weeks later very little better.

In July, 1929, intravenous calcium treatment was started in conjunction with parathyroid extract, but the parathyroid was omitted later, as it appeared to have no effect. The series of injections commenced with an initial dose of 1 c.cm., which was gradually increased to 3 c.cm., at intervals at first of three days, which were increased to a week or longer as the patient's condition improved. A total of twenty-five injections was given.

The general condition of the patient greatly improved. His weight has increased from 9 st. 1 lb. to 10 st. 9 lb. His appetite is better, and he has much more energy. The looseness of the bowels has not disappeared; there are still on an average one or two motions daily, as contrasted with the daily two to three before the intravenous therapy was employed.

As an experiment, for a fortnight the treatment was omitted, and he was given instead 10 grains of calcium chloride by mouth, three times daily. No effect was produced other than heartburn and loss of appetite, and the patient did not experience that sense of well-being and energy which he always noticed after the intravenous administration. There did not appear to be any drawback to the treatment. For a few moments after the injection there was a sense of constriction in the throat, but this soon passed off, and caused no inconvenience.

Lloyd<sup>1</sup> reports that sino-auricular heart-block has been produced by 4 c.cm. of 10 per cent. calcium chloride solution, injected intravenously, but that, on the other hand, 50 c.cm. of 1 per cent. calcium chloride have been injected without noticeable effect. Dutton<sup>2</sup> recommends an initial dose of 1 grain in intravenous calcium administration for any purpose. In the present case a 2 per cent. solution was used.

St. Leonards-on-Sea.

W. GOVER, M.B., B.Ch.Oxon.

## Reports of Societies.

### SPRUE.

At the meeting of the Royal Society of Tropical Medicine and Hygiene on June 19th, with Dr. G. CARMICHAEL Low in the chair, a paper on the applied pathology, biochemistry, and treatment of sprue was read by Dr. N. HAMILTON FAIRLEY.

Dr. Fairley conceived of sprue as essentially an alimentary disease, the clinical features and pathological, haemolytic, and biochemical findings being explained in terms of the resulting dysfunction of the gastro-intestine. The pathological lesions, which were primarily inflammatory and secondarily atrophic, had a notoriously patchy distribution, and in the later stages might implicate the whole tract. Involvement of the stomach was indicated by the frequency of defective acid secretion, and, as in pernicious anaemia, deranged gastric secretion probably underlay the megaloblastic hyperplasia of the marrow and the megalocytic anaemia so characteristic of sprue. The aplasia which the megaloblastic marrow underwent in sprue resulted from malnutrition, and was analogous to the corresponding changes produced in the normal megaloblastic marrow of pigeons undergoing starvation. Investigations on the blood chemistry of sprue showed that total as well as the ionic serum calcium was frequently reduced, and also that this reduction was not accompanied by an increase in the inorganic phosphorus. The essential principles in the treatment of sprue might be summarized as (1) alimentary rest; (2) restoration of the blood to a normal condition; (3) reinforcement of lowered blood calcium and defective HCl secretion. In sprue the starchy foods and the disaccharides in the gut gave rise to acid fermentation, while fat was poorly absorbed. Of the fundamental foodstuffs, protein, especially in the form of minced underdone red meat, was well tolerated, leaving little residue, and the author submitted that the most rational method of obtaining alimentary rest under such conditions was by the administration of a high protein, low fat, low carbohydrate, adequate vitamin diet. The effects of a high protein diet were very obvious clinically, since the stools showed a fall in their fat content, became neutral or alkaline in reaction, rapidly decreased in bulk and number, while abdominal distension and intestinal flatulence disappeared. In all cases of megalocytic anaemia liver extract in full dosage was administered daily, and a steady improvement in the red cell counts and percentage of haemoglobin followed, and generally a reticulocyte response was elicited, its intensity being inversely proportional to the gravity of the anaemia.

Colonel F. P. MACKIE, I.M.S., believed sprue to be a disease *sui generis*, also that it was fundamentally an infective disease, though what the specific infection was,

<sup>1</sup>Lloyd, W. D. M.: Danger of Intravenous Calcium Therapy, *British Medical Journal*, April 21st, 1928, p. 662.

<sup>2</sup>Dutton: *Intravenous Therapy*, p. 517.

it was not possible to state. The infection attacked some part of the intestinal canal, in the majority of cases the small intestine, and was liable to spread upwards, involving the stomach. The result of the interference with absorption and secretion was ultimately to produce a condition resembling chronic starvation. With regard to etiology, one of the most prominent theories until recently, that of Ashford, that sprue was due to a combination of several factors causing glandular insufficiency, to which was added the organism *Monilia psilosis*, had been disproved by experiments in Bombay, and the theory was losing ground even in the country of its birth.

Dr. P. H. MANSON-BAHR spoke from his experience of two hundred cases which had been under his care at the Hospital for Tropical Diseases, and showed graphs illustrating the improvement and recovery on a mixed milk high-protein diet. Increase of weight in the patient had coincided with a decrease in the size of the stools. He believed that sprue was a specific disease, that wherever it occurred it was liable to affect Europeans, and was more prevalent among Europeans the nearer the Equator, though in its distribution sprue missed the whole Central African continent. Wherever it occurred, in widely separated localities, the nature and symptoms of sprue were identical. It had a definite incubation period, which he reckoned at three months, and it must be assumed that the virus of sprue was capable of lying dormant in the human body for a number of years.

Dr. G. M. HARSTON spoke of the excellence of ultra-violet radiation in sprue; the best form of apparatus for the purpose was the open tungsten arc. Dr. G. W. GOODHART raised the question of familial incidence in sprue or allied conditions, and mentioned the case of a patient invalided home from India with pernicious anaemia, which responded to liver treatment; the father of this patient had died of sprue. Dr. Low, from the chair, said that caution was necessary in appraising any dietetic result, but he highly praised the value of the biochemical work which Dr. Fairley had done.

#### ABDOMINAL HYSTEROTOMY.

At a meeting of the Edinburgh Obstetrical Society held on June 11th, with the president, Dr. H. A. DAVIDSON, in the chair, Dr. W. F. T. HAULTAIN reviewed a series of twenty-eight cases of abdominal hysterotomy which had been carried out by the staff of the Royal Maternity Hospital, Edinburgh, during the last three and a half years.

Dr. Haultain said that as this operation was of recent origin it was advisable to examine statistics to show in what kind of cases it was advocated, and to estimate its value in comparison with other procedures for therapeutic abortion. In the cases under review, the most common indication for the operation was severe toxic hyperemesis, the operation having been done twelve times for such cases. In five cases it had been done for albuminuria associated with a persistent high blood pressure occurring in the earlier months of pregnancy; in three for toxic pyelitis which had finally been associated with persistent hyperemesis; and in three for myocarditis. Twice it had been done in association with myomectomy for degenerating fibroids which had invaded the decidual lining of the uterus. It was done once for acute toxic chorea gravidarum, once for a hydatidiform mole, and once for an acute phthisis. Only one patient died, a mortality rate of 3.6 per cent., which was thought to be remarkable, as in more than half of the cases the patients were almost in *extremis* with toxæmia before the operation was performed. This mortality rate compared very favourably with that in 25 cases of vaginal hysterotomy which had been performed for similar indications during the three years previous to June, 1927; the mortality in these cases was 5—that is, 20 per cent.

In comparing the abdominal and vaginal operations, it therefore seemed that the abdominal route was much safer and more successful. This was due, in the first place, to the rapidity and ease with which the abdominal operation could be done; in the second place, to the absence of severe shock and of bleeding, which was sometimes associated with

the vaginal operation. Also in cases suffering from dehydration—a frequent cause of death in toxic cases, the abdomen could be filled with saline before closing the peritoneal cavity—this being of very great value to the patient. In cases such as severe myocarditis and recurrent albuminuria sterilization could be carried out at the same time. With regard to the slower methods of induction of abortion, abdominal hysterotomy would seem to be preferable, especially in primiparae, where induced abortion between the third and sixth months is a most painful and tedious business. It was also of special advantage where sterilization had to be carried out. It was recommended in cases of hydatidiform mole, for by such an operation the uterus could be completely evacuated of the growth with certainty, and therefore the danger that sepsis, haemorrhage, and chorion epithelioma might develop at a later date would be greatly minimized. Up to the present it was not found that the operation had any bad effect on future conception, as one of the patients had had two children since the operation for hyperemesis in 1927.

Dr. C. D. KENNEDY followed with details of four cases of abdominal hysterotomy which showed the type of case for which the operation was advocated. In the first two cases induction was for severe pregnancy toxæmia, in the third for an acute exacerbation of chronic nephritis, and in the last for acute chorea gravidarum. The first patient was a primipara, aged 21, who was five and a half months pregnant, and had pre-eclamptic symptoms associated with almost complete loss of vision, urine solid with albumin, and a blood pressure of 220/100. The second was a primipara, aged 21, who was four months pregnant, and was suffering from persistent vomiting. She was very emaciated, jaundiced, and mentally deranged; her pulse rate was 144, and her urine contained bile and albumin. Conservative treatment was abandoned after five days, because the general condition of the patient was getting worse. The third patient, an 8-para, aged 43, was six months pregnant. She had pre-eclamptic symptoms with very marked oedema, jaundice, and dyspnoea. The urine was solid with albumin, and contained bile and pus cells as well. These three patients were operated on under spinal anaesthesia, and made satisfactory recoveries. The fourth patient, a primipara, aged 19, was four months pregnant. She was very anaemic and suffered from exaggerated involuntary movements of arms and legs. The urine contained bile and albumin. In spite of conservative measures, the movements increased very markedly. She was unable to get any rest at any time during the day or night; she became delirious, and mental symptoms developed rapidly. The uterus in this case was evacuated under general anaesthesia, and the patient made an excellent recovery.

#### HABITUAL ABORTION.

Miss E. V. CROWE, reading a paper on habitual abortion, began by stating that this condition was by no means always associated with spirochaetal infection, and that during the past two years there had been 19 non-specific cases treated at the ante-natal department of the Royal Maternity Hospital, Edinburgh. In 9 of the cases the abortions were preceded by a full-time, often instrumental, labour. Among the 19 cases, 2 were suffering from toxæmia, 5 from cervicitis, 1 from pyelitis, and 2 from valvular disease of the heart. All seemed to be suffering from general debility, which made itself manifest by anaemia, emaciation, sallowness, listlessness, headaches, constipation, and loss of appetite and strength. All had enjoyed fairly good health until their first pregnancy, after which this chronic ill-health developed. The majority of them lived in the poorer districts of Edinburgh, where both fresh air and sunlight may have been lacking. The average number of pregnancies was five in the short space of five and a half years—a fact which might be of some significance. Dental caries or pyorrhoea was present in 11, and 5 of the patients had septic tonsils. All the cases were treated more or less alike by giving them small repeated doses of neokharsivan and a special diet which was rich in calcium, along with any special treatment for the cervix, teeth, etc., which might be required. The results were, in the main, satisfactory, but the cases were too few to point to any definite conclusion.