ventral hernia covered by skin, necessitating repair in later life.

Both these methods have proved successful and it appears that the conservative treatment of exomphalos major is associated with a lower mortality rate than any operative method. Both methods have the disadvantage that the amniotic sac is not opened, and there is therefore a chance that an underlying intestinal malformation will be missed. In exomphalos severe associated malformations are frequently encountered[6] and are partly responsible for the high mortality.

It is now well established that exomphalos must be treated as an emergency and that delay in treatment after birth may result in drying out and rupturing of the amniotic sac. Post-natal rupture of the exomphalos used to be thought to be a fatal complication, but nowadays this fear is probably exaggerated. On the other hand intrauterine rupture of an exomphalos is still a very dangerous condition, and only a few cases surviving operation for this condition have been reported.[7]

INCREASE IN GONORRHOEA

The British Co-operative Clinical Group has now published its fifth study of various aspects of the problem of gonorrhoea in Great Britain.[1] Details of cases were collected for the year 1961 from 150 clinics in 122 towns and cities in England and Wales and eleven clinics in eight towns and cities in Scotland. The analysis was based on 29,519 males and 7,588 females in England and Wales and 2,091 males and 533 females in Scotland. As in earlier years the main concentration of cases was in the larger towns and cities.

Of the infected men, 47.2% were born in the United Kingdom and 52.8% abroad. In the year reviewed 27.3% were from the West Indies as compared with 3% in 1952. The proportion of males from the West Indies and other places overseas was highest in London and in cities with populations over 500,000. Immigrant males with gonorrhoea tended to concentrate in certain clinics. On the other hand 82% of the infected women were born in the United Kingdom, 9.8% in the West Indies, and 8.2% elsewhere. The proportion of West Indians had increased from 0.5% in 1952. As with the male immigrants the proportion of female immigrants was highest in London and other big cities. In towns and cities with a population of less than 500,000 in England and Wales and in Scotland over 90% of the patients were born in the United Kingdom.

Male patients aged 15 to 19 years accounted for 6.3% of the cases in males in England and Wales and 7.7% in Scotland. In England and Wales those aged 20 to 24 provided 27.1% and all other age groups 66.6%. Earlier studies had shown a steady increase of infection in those aged 15 to 19 between 1957 and 1960,[2] but in 1961 there was a slight fall of the proportion in the age group from 6.4 to 6.3%. Nevertheless the actual numbers increased in all age groups. It seems that young males from abroad were making a considerable contribution, for of 1,530 males aged 15 to 19, 39.5% were born in other countries. Of female patients treated in England and Wales those aged 15 to 19 contributed 25.8% of the cases, and 85.2% of these were born in the United Kingdom. Those aged 20 to 24 accounted for 37.6% of the cases and older women for 36.6%: in these groups 82.9% and 78.9% respectively were born in this country. There did not seem to be a direct relationship between the increase in gonorrhoea among immigrants and the increase among young females aged 15–19.

[1] British Co-operative Clinical Group, *Brit. J. vener. Dis.*, 1963, **39**, 1.
[2] See *Brit. med. J.*, 1962, **2**, 1242.

STRONTIUM-90 IN BONES

The latest report on the levels of strontium-90 in human bone deals with samples from people dying in the first six months of 1962.[1] The levels were very close to those found during 1961 and thus far below the levels of concern to the public health. Though atmospheric tests of high-yield nuclear weapons were resumed in the autumn of 1961 there would not have been time by the midsummer of the next year for an appreciable incorporation into human bone of the newly created strontium-90. Subsequent analysis will presumably reflect the increased deposition of fall-out in 1962[2] and 1963.[3]

The femur has been the standard bone for analysis in Great Britain up till now. In this latest report data are included on vertebrae as well. Under the age of 20 the two bones gave the same strontium-90 values, but in adults the levels in the spine were twice as high as in the femur. This difference in adults but not children is to be expected and has been observed before.[4 5] The bone of the vertebrae has a faster turn-over than that of the femur, so that the dilution of newly formed bone salt containing strontium-90 from fall-out by pre-existing bone salt dating from before 1954 is less in the spine than the femur. In infants and growing children the choice of bone is largely immaterial because turn-over in all is large, but if meaningful comparisons are to be made between analyses of adult bones it is necessary to compare similar bones or to make some allowance for the variation in rate of turn-over in different bones.

We much regret to announce the death on August 17, in Sydney, of Emeritus Professor F. J. Browne. A memoir will be published next week.

Correction: We regret a printing error in the annotation on "Location and Form of Cerebral Plaques in Multiple Sclerosis" (August 10, p. 335). The ninth to thirteenth lines should have read: "But when the cerebral hemispheres are severely or primarily affected, as C. E. Lumsden[2] has pointed out, the subsulcine or junctional zones between white and grey matter may show as much damage as the immediately periventricular zones . . ." not "drainage" as printed.

[1] *Assay of Strontium-90 in Human Bone in the United Kingdom, Results for 1962.* Part I, with some further results for 1961. *Medical Research Council Monitoring Report Series* No. 6, 1963. H.M.S.O., London.
[2] Cambray, R. S., Fisher, E. M. R., Spicer, G. S., Wallace, C. G., and Webber, T. J., *Radioactive Fall-out in Air and Rain, Results to the middle of 1962*, 1962, AERE-R4094. H.M.S.O., London.
[3] —— —— —— —— —— *Radioactive Fall-out in Air and Rain, Results to the middle of 1963*, AERE-R4392, in preparation.
[4] Kulp, J. L., Schulert, A. R., and Hodges, E. J., *Science*, 1960, **132**, 448.
[5] Bryant, F. J., and Loutit, J. F., *Human Bone Metabolism Deduced from Strontium Assays*, AERE-R3718, 1961. H.M.S.O., London.