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The illustration showing the true course of symptoms of food intolerance is reproduced, by permission, from Lessof MH. *Clinical Reactions to Food*. Chichester: John Wiley.

Street. They appeared on challenge to be sensitive to different foods, but tartrazine and benzoic acid were top of the list.

Arthritis

Gouty arthritis is aggravated by alcohol and by high purine and high protein diets. Although most patients with rheumatoid arthritis do not respond to food exclusions or challenges, a patient was reported from the Hammersmith Hospital whose arthritis was clearly shown to be aggravated by milk and cheese.

Lesson of the Week

Prolonged hypoparathyroidism presenting eventually as second trimester abortion

R EASTELL, C J EDMONDS, R C S DE CHAYAL, I R MCFADYEN

Idiopathic hypoparathyroidism is an uncommon condition that is rarely diagnosed during pregnancy. The patient described here had symptoms for many years and an abortion during the second trimester before the diagnosis was suspected and established during a second pregnancy.

Hypocalcaemia due to hypoparathyroidism can go undetected in spite of untoward physical effects. If the condition remains untreated during pregnancy second trimester abortion may occur

Case report

A 23 year old white woman had noticed spontaneous carpal spasms for 10 years but had never brought them to medical attention. She had suffered from episodes of depression and had attempted suicide three years previously. In May 1983 she went into labour at 27 weeks of pregnancy. The pregnancy had seemed normal, and there was no evident reason for abortion. The female infant weighed 790 g and died after 26 hours. Necropsy showed that she had bilateral intraventricular haemorrhages, bilateral pneumothoraces, and the respiratory distress syndrome. A radiograph of the neonate did not show any signs of parathyroid dysfunction.

In October 1983 the patient was admitted during the 16th week of a second pregnancy for insertion of a cervical suture to prevent premature labour. She was observed to have Chvostek's and Trousseau's signs and snowflake opacities of the lens. She did not have signs of monilial infection, and her knuckles and feet looked normal. She was short, with a height of 1.48 m compared with the mean parental height of 1.68 m. Her teeth were normal. Initial investigations showed a plasma calcium concentration of 1.61 mmol/l (6 mg/100 ml), phosphate concentration of 1.61 mmol/l (5 mg/100 ml), magnesium concentration of 0.68 mmol/l (2 mg/100 ml), and alkaline phosphatase activity of 110 U/l (upper limit of normal 280 U/l). Urinary

excretion of calcium was 1.2 mmol (48 mg)/24 h. Radiographs of the hands and skull were normal. Plasma parathyroid hormone concentration was 50 ng/l (upper limit of normal 120 ng/l) and thus was not increased in response to the hypocalcaemia; plasma 25-hydroxycalciferol concentration was normal for the season. Idiopathic primary hypoparathyroidism was diagnosed, but before the hypocalcaemia could be corrected she went into labour and was delivered at 18 weeks. At necropsy the fetus was found to have a polymorphic leucocyte infiltration of the lungs and chorioamnionitis consistent with a three day labour. During the puerperium the patient underwent a modified Ellsworth-Howard test, which measured the response of plasma cyclic adenosine 3',5' monophosphate to 100 IU of bovine parathyroid hormone given intravenously. The plasma concentration rose from a base value of 8 nmol/l (0.27 mg/100ml) to a peak value of 98 nmol/l (3.2 mg/100 ml) (normal peak value 100-280 nmol/l (3.3-9.3 mg/100 ml)), confirming the diagnosis.

Subsequently, treatment with alfacalcidol 2 µg daily increased the plasma calcium concentration to 2.25 mmol/l (9 mg/100 ml). A hystercervicogram showed cervical incompetence. She remained well without any recurrence of depression or carpal spasms. Ten months after the second abortion she had a third pregnancy, at which time she was receiving treatment and the plasma calcium concentration was consistently normal. The pregnancy was unremarkable. Spontaneous rupture of the membranes occurred at 36 weeks, and a normal infant was delivered.

Discussion

Our patient evidently had severe hypocalcaemia due to hypoparathyroidism for at least 10 years before it was identified. Until her pregnancies, however, the untoward effects of recurrent carpal spasms, opacities of the lens, stunted growth, and possibly episodes of depression had been unrecognised. The pregnancy itself may have exacerbated her condition.

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In vitro experiments on the uteri of pregnant rats have shown that hypocalcaemia tends to increase uterine irritability, reducing the resting potential and spike frequency of the muscle fibres.¹ The hypocalcaemia in our patient was sufficient to cause irritability of skeletal muscles and may also have caused uterine irritability. The irritability together with the cervical incompetence probably accounted for the two second trimester abortions.

Plasma calcium concentration usually falls in the second trimester of a normal pregnancy, and in response to this the plasma parathyroid hormone and 1,25-dihydroxycholecalciferol concentrations rise to meet the demands of the fetus. This mechanism fails in mothers with hypoparathyroidism, who become hypocalcaemic at this time if their dose of vitamin D is not increased. There is only one previous report of idiopathic hypoparathyroidism presenting in pregnancy,² but pregnancies have been described in patients receiving treatment for it. Of those pregnancies for which plasma calcium values were available, those in which the mean plasma calcium concentration was ≤ 1.7 mmol/l (7 mg/100 ml) ended in either midtrimester abortions^{3,4} or premature labour.⁵

This case indicates that primary hypoparathyroidism may go

unrecognised for years yet during this time produce considerable untoward effects. Pregnancy places an added strain on calcium metabolism, and with an inadequate parathyroid response plasma calcium concentrations may decline further. If the plasma calcium concentration is reduced to ≤ 1.7 mmol/l the pregnancy is at considerable risk.

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MATERIA NON MEDICA

Of ice and men

January 1941. One of His Majesty's survey ships ordered to proceed to the Denmark Strait, thence to the edge of the field ice and chart its present position.

The frozen mountains of Iceland illuminated by the Northern Lights made an unforgettable sight. The air and sea temperatures dropped rapidly and we were enveloped in a dense icy mist. Small ice floes came past and suddenly we emerged from the mist to see a vast white expanse which stretched further than the eye could see.

We made a second journey to the Arctic Circle four months later to find out how far the ice had moved and if there was a new navigable channel through the ice field. Little did we know that the *Bismarck* would come this way a week later and destroy the *Hood*.

I made friends with the Senior Royal Air Force Medical Officer, Iceland, who would have dearly loved to join us on the voyage north. He was none other than Leonard Hussey, who had been a member of the *Endurance* expedition and was with Shackleton when he died on South Georgia. He tells the story in *South with Shackleton*.

When *Endurance* was abandoned to the ice floes Shackleton salvaged Hussey's precious banjo. Hussey was doubtful if they should take it as it was rather heavy. Shackleton replied, "Certainly, it's vital mental medicine, and we shall need it." This proved to be so and it was often more valuable than food during the four and a half months on Elephant Island. Once a week they held a concert to which all contributed, accompanied by the banjo.

My name is Frankie Wild-o! and my hut's on
Elephant Isle;
The wall's without a single brick, and the roof's
without a tile;
Yet nevertheless you must confess, in many and
many a mile,
It's the most palatial dwelling-place you'll
find on Elephant Isle.

Midway through the concert Frank Wild would propose the toast of "The boss and the crew of the *James Caird*." This was solemnly drunk in melted ice flavoured with a little methylated spirit and ginger from the medicine chest.

Hussey confessed to me that in very rare moments of depression he would wonder why he had ever ventured on such an enterprise, but was comforted when he looked round a crowded London tube or restaurant and could say to himself "I have seen and done things that none of these *****s will ever know."

He was fond of quoting these lines which were often recited by Shackleton:

We are the fools that could not rest
In the dull earth we left behind,
But burned with passion for the South
And drank strange frenzy from its wind.
The world where wise men live at ease
Fades from our unregretful eyes,
And blind across uncharted seas
We stagger to our enterprise.

It was a rare privilege to know such a great, modest, and humble man. I was left with the same indelible impression 36 years later, on another naval occasion, when I met Sir Vivian Fuchs.—JAMES W RAE, retired consultant physician, Bradford.

Dress optional

Thirty years ago, on Saturdays our senior surgeon used to do his ward round in full otter hunting regalia—blue jacket and plus fours, red tie and stockings, coat and waistcoat with gold buttons.

On Sundays I did my round without white coat or retinue—an opportunity to get to know my patients and take my own "history." I was accompanied by my Jack Russell bitch, Di, admitted on a technicality (the notice at the door saying "No dogs allowed") until later when we had a more formidable matron. When possible I brought my small daughter with me as well.

Whatever good I may have achieved there can be no doubt that Di and Mary did better. Patients, utterly bored in hospital, came to life with my visitors and spoiled them disgracefully, and our otter hunting surgeon's sporting attire no doubt caused an equally effective distraction. Perhaps we were considered human after all, and maybe we were being holistic.—BASIL MILES, retired physician, Hereford.

WORDS GULLET. The Latin for throat, *gurgulio*, has some interesting derivatives. GORGE and GULLET are laymen's terms for pharynx and oesophagus. GARGOYLISM (Hurler's syndrome) is one of the mucopolysaccharidoses, a group of inherited disorders based on an enzymic malfunction. It is so called because of the severe distortion of the face with which these patients are affected, and which is reminiscent of architectural gargoyles. Gargoyles (Fr *gargouille*) are rainwater spouts which project from roof gutters. On cathedrals they are sculpted as grotesque human or animal figures, a reaction, I suspect, to months of sculpting saints. GARGANTUAN, enormous, derives from Gargantua, a fictional giant created by a doctor turned novelist, François Rabelais (c.1455-1553). Enormous meals went down the throat of Gargantua, who was named after the Spanish for throat, *garganta*.

JARGON, a private language, unintelligible to the outsider and used by a group, trade, or profession, originally meant any noise made in the throat. This term cannot be applied to foreign languages, but the Danish wife of one of my house physicians admitted empathetically that Danish was "not a language but a throat condition." GARGLE. This is the act of rinsing the fauces with fluid in the mouth and the head tilted backwards while breath is expelled to produce a bubbling sound, to wit, a GURGLE. Whereas it was formerly included in the routine of morning hygienic ablutions, the practice seems to be less prevalent nowadays, possibly as a result of increased faith in the efficacy of antibiotics. In its heyday it was usual to phonate during the expiratory phase, and a change of vowel sounds during the act was a refinement added, no doubt, to frighten the germs.—B J FREEDMAN.