temperature by a similar thermocouple attached to the great toe of one foot, and the calf blood flow—representing muscle flow—by a thermostatically controlled water plethysmograph (Barcroft and Edholm, 1943) applied to the same or the contralateral leg.

The chart is typical, and shows that the skin temperature and the calf blood flow both begin to increase as soon as anaesthesia is induced, and there is a corresponding fall in the rectal temperature.

Chart showing effect of anaesthesia (thiopentone, cyclopropane, and curare) on calf blood flow, skin temperature of great toe, and rectal temperature

Several minutes, usually about 30, elapse before maximal changes are manifest, but there is throughout the period of observation a close time relationship between the increase in the skin and muscle blood flow and the decrease in bowel blood flow.

These observations have been repeated in 10 patients and have shown a marked degree of constancy.

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No serious malnutrition was found among Arab refugees from Palestine living in surrounding Arab countries, reports the latest and most extensive investigation carried out jointly by the World Health Organization and the Food and Agriculture Organization of the United Nations. Professor A. G. van Veen, a senior official of F.A.O., and Dr. R. C. Burgess, who heads the nutrition section of W.H.O., spent two weeks this spring visiting refugee camps, feeding centres, hospitals, schools, and clinics in the Lebanon, Syria, Jordan, and the Gaza strip of Egypt. Their joint report agrees generally with the findings of earlier W.H.O. investigations made in the spring of 1950 and 1951 that the nutritional status of the refugees is in many cases better than that of the populations among which they live. They recommend higher rations for refugees in the more exposed camps, and make a series of recommendations to improve the feeding of infants and schoolchildren. Doctors in charge of clinics and hospitals were unanimous that "injudicious feeding was an important primary cause of malnutrition in infants." To remedy this situation the investigators recommend a general extension of the practice at some milk centres to give instructions on infant-feeding to the mothers when they come to obtain their milk. In addition, mothers should be taught the importance of exposing their infants and young children to the sun to prevent rickets.

Medical Memoranda

Full-time Pregnancy Associated with Hydatidiform Mole

CASE REPORT

A primigravida aged 23 attended the antenatal clinic on February 11, 1949, to book for hospital confinement. Her last menstrual period was October 16, 1948, and menstruation had previously been regular. The uterus was found to be large for the period of amenorrhoea, the fundus being at 24 weeks' height, instead of 16 weeks. There was no other abnormality. As there was a family history of twins, x-ray examination of the abdomen was carried out on February 16 to exclude a multiple pregnancy. It showed a single foetus of 20 weeks' maturity and the patient was booked for confinement in June instead of July. Thereafter, findings at the antenatal clinic were normal.

She was admitted in labour on June 13, 1949, and had an easy spontaneous delivery of a mature male infant weighing 6 lb. 4 oz. (2,840 g.). Placenta and membranes were expelled complete ten minutes after delivery, and were followed by a fleshy mass about the size of a large lemon. There was no post-partum haemorrhage. The mass proved to be a hydatidiform mole, completely encased in atrophied decidua.

The puerperium was normal. No enlargement of ovaries was noted eight days after delivery, when the Aschheim-Zondek test was negative. On August 27 and December 4 Hogben tests were negative. On the latter day the patient reported that slight vaginal bleeding had occurred, for half an hour only, on one day in October. Lactation was good, the infant being entirely breast-fed. The pelvic organs felt normal.

In April, 1950, the patient failed to report. When she was eventually traced in May she reported that no menstrual periods had occurred since her previous confinement. She thought, however, that she was four months pregnant. Clinical examination showed her to be 26 weeks pregnant, and this was confirmed by x-ray examination. The course of the pregnancy was normal, and on August 18 she was delivered of a boy weighing 8 lb. 5 oz. (3,770 g.). This suggests that she had conceived shortly before the last Hogben test on December 4, 1949. The placenta was normal and the puerperium was straightforward. When examined on October 2, 1950, involution was complete.

COMMENT

Hydatidiform degeneration of one of twins with normal development of the other appears to be a rare occurrence. I have been able to trace only two reports of similar cases. In that recorded by Waters and Crunden (1943) the infant was of 36 weeks' maturity. It weighed 4 lb. 12 oz. (2,150 g.) and survived. In that case delivery of the baby was followed by the mole, which was shaped like a disk and resembled a placenta without a cord. The baby's placenta followed spontaneously. This case was followed up for two years, during which time the Aschheim-Zondek test was consistently negative and no pregnancy occurred. The second report, by Favreau and Belanger (1939), was of a case in which the infant, delivered at 36 weeks' maturity, weighed 5 lb. 15 oz. (2,700 g.) and survived. No follow-up is recorded. The case was similar to ours in that the placenta of the first child was delivered normally and was followed by an encapsulated mole, which was the size of a foetal head.

ELIZABETH M. ROSE, M.B., Ch.B., M.R.C.O.G.,
Assistant Obstetrician and Gynaecologist. Royal Infirmary, Stirling.

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