a diagnosis of syphilitic aortitis. These changes were infiltrations by a few plasma cells around the vasa vasorum and often a little adventitial fibrosis. This gives an incidence in our material of 2.1% for syphilitic aortic aneurysm and 5.3% for syphilitic aortitis. These figures would be approximately halved if all necropsies at all ages and those limited to the cranium were included. An incidence of 1.7% and 2.7% is given by Bryant (1903) and by Osler (1905) respectively for aortic aneurysm, but reviews of the subject ignore the age composition of the necropsy material. The negative Wassermann in the present case need occasion no surprise, for in just over half the recorded cases the reaction was negative.

Summary

In 900 complete necropsies on patients over the age of 30, 15 thoracic and 4 abdominal syphilitic aneurysms and 29 cases of syphilitic aortitis were found. A case of rupture of an abdominal aneurysm into the duodenum is reported.

I wish to thank Dr. F. M. B. Allen for clinical notes on this case.

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Medical Memoranda

Rupture of Rectus Abdominis as a Complication of Pregnancy

A paper by Mr. Rufus Thomas in the *Journal* of July 31, 1943 (p. 136), and a letter from Dr. Nora Keevil published on Aug. 21, 1943 (p. 245), drew my attention to the rarity of rupture of the rectus abdominis as a complication of pregnancy. I therefore thought that it might be worth while publishing the record of a case which I treated before joining the Forces.

Mrs. A., aged 37, was admitted to hospital at 9.25 p.m. on May 14, 1941. She was a 6-para, whose five previous pregnancies had ended in two premature labours (both infants alive and well) and three abortions. Present pregnancy: L.M.P. Oct. 10, 1940 (31 weeks' duration at time of admission). She had been well, apart from some chronic bronchitis, until four hours before admission, when she was seized with a sudden pain in the upper right quadrant of the abdomen. The pain remained constant. She vomited once. There was no vaginal haemorrhage or discharge. Her doctor had sent her to hospital with a diagnosis of ? ovarian, ? fibroid, ? appendix.

When examined in hospital the uterus was found to correspond to a period of amenorrhoea. There was a hard tender mass to the right of, and separate from, the uterus. It was deep to the rectus muscle, and was all above the umbilicus. T. 99°; P. 104; R. 28. Laparotomy was decided upon. Diagnosis: acute abdomen. Nature of tumour not diagnosed.

Under general anaesthesia a right paramedian incision revealed a large haematoma in the sheath of the right rectus muscle and deep to the muscle. The muscle fibres were torn opposite the tip of the ninth costal cartilage and the terminal branches of the deep epigastric were torn across. The clot was evacuated and the bleeding vessels secured. The peritoneum was opened and found normal; it was then closed. A corrugated rubber drain was put into the rectus sheath and the wound closed. Apart from some vaginal bleeding the day after operation, convalescence was uneventful. She was discharged on June 13—30 days after operation. She reported to the antenatal department on June 24, and was found to have bronchitis and albuminuria. She was readmitted to hospital, and remained there till full term. She had a normal delivery of a female infant weighing 6 lb. 10 oz. on July 21. She was finally discharged on Aug. 1. Mother and infant were both well.

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Medical and surgical self-adhesive plasters now contain a proportion of synthetic rubber. Their life continues to be adequate for all reasonable requirements, but they cannot be guaranteed to withstand storage over long periods. The Medical and Surgical Plaster Makers' Conference advises dealers to rotate their stocks regularly to eliminate the possibility of goods lying on shelves. Stock which has not been turned over may deteriorate and cannot be replaced or credited by the manufacturers.

Reviews

NUTRITIONAL DEFICIENCIES

Nutritional Deficiencies: Diagnosis and Treatment. By John B. Youmans, M.D., assisted by E. White Patton, M.D. Second edition. (Pp. 389; illustrated. 30s.) London: J. B. Lippincott Company.

This book was written essentially for clinicians, and during the 18 months between the appearance of the first edition and the preparation of the second, little work applicable clinically has appeared. The additions to the book include the changes in the eye in vitamin A deficiency and the use of blood vitamin A determinations. The chief parts rewritten are those concerning the diagnosis of thiamine, nicotinic acid, vitamin C, and other possible nutritional deficiencies. The table of the recommended allowances of calories, protein, calcium, iron, vitamins A, B, C, D, riboflavin, and nicotinic acid of the Food and Nutrition Board of the National Research Council has been added. Though it was recognized that these were probably generous, it was also recognized that in clinical medicine a liberal factor of safety is desirable. A most valuable summary of the vitamins and the laboratory diagnosis of deficiency diseases is given at the end of the book. Section 1 gives a tabular summary of the vitamins A, B, nicotinic acid, riboflavin, C, D and calcium, E and K, their nature, function, dietary source, pathology, clinical expression, diagnosis, treatment, and common units of measure. Section 2 gives the principal dietary sources of the essential food factors (including the vitamins, calcium, iron, iodine, and protein). Section 3 deals fully and practically with the diagnosis of deficiency diseases by laboratory methods. The book is well printed and strongly bound.

SPANISH MEDICAL MONOGRAPHS

Diagnóstico y Tratamiento de la Epilepsia Genuina. By J. J. López Ibor. Colección Española de Monografías Médicas. Barcelona. 1943.

Enfermedades no Ulcerosas del Duodeno. By F. Gallart Monés and E. Vidal Colomer. Colección Española de Monografías Médicas. Barcelona. 1944.

These two publications are Nos. 31 and 32-3 in a series of monographs on special medical subjects under the general editorship of Dr. J. Puig Sureda. The first, by Prof. López Ibor of the Cajal Institute, is a short survey of present knowledge of true epilepsy and its various manifestations. The author refers with a certain reserve to the diagnostic value of electroencephalography. Methods of treatment are briefly summarized in the last chapter. Although the author has evidently read widely in his subject and cites many other writers, no references to sources are given, and this detracts from the value of an otherwise useful and concise work. The second monograph, on non-ulcerative diseases of the duodenum, opens with discussions of anatomical and physiological considerations, radiological technique, and the normal duodenum. The following conditions are then considered: duodenitis, duodenal stenosis, chronic duodenal stasis without stenosis, periduodenitis, duodenal diverticulosis. There follow chapters on pathological anatomy, atypical placement, deformities of extrinsic origin, tumours, syphilis, and tuberculosis.

A novel feature of this series of monographs is that each one contains an appendix of signed "Practical Notes on Diagnosis and Treatment." The reviewer surmises that the main object of these is to lead the eye of the reader to the interleaved advertisements, which do not appear in the monograph itself.

ASPECTS OF INDUSTRIAL MEDICINE

Industrial Medicine. The Practitioner Handbooks series. (Pp. 202. 16s.) London: Eyre and Spottiswoode. 1944.

General practitioners should visit factories so as to be able to understand more clearly the working conditions of their patients, and it is for such that this book has been published. But the title is misleading: it is not a comprehensive survey of the field of industrial medicine but rather a series of essays skirmishing lightly with certain aspects of the problem, for which the price is rather on the high side. In an introduction Sir David Munro rightly stresses the need for collaboration between practitioners and factory doctors; and the succeeding chapters, each written by a separate author, give the practitioner some insight into the work of the industrial medical officer.