relations with her then fiance. The main feature was insomnia. ' Distaval ' 100 mgs. at night gave relief.

Case 6. F.W.B. age 60. Hypertension and anxiety state: the latter following a severe gunshot injury to his left arm in the first World War. He was treated with ' Distaval ' 25 mgs. t.i.d. since when he had been less anxious and sleep has greatly improved.

Case 7. M.A.G.L. age 32. An acute depression following the sudden death of her second child age 8 years. Insomnia was a marked feature and she was treated with ' Distaval ' 200 mgs. at night with satisfactory results.

Case 8. E.J.C. age 52. An anxiety state dating from the sudden death of a son whilst on active service with the Royal Air Force. Treated with ' Distaval ' 100 mgs. at night for her insomnia which was thereby relieved.

Case 9. A.E.S. age 52. A case of menopausal depression. Treated with ' Distaval ' 25 mgs. t.i.d. with relief of symptoms.

Case 10. E.A.S. age 61. A case of recurrent depression which had previously been treated in a mental hospital. She suffered from insomnia and was treated with ' Distaval ' 100 mgs. t.i.d. Her condition was not relieved with the new drug and she was re-admitted to hospital.

Case 11. A.M.B. age 57. A mild schizophrenia with tendencies to delusions of persecutory type. Sleep had always been difficult. She was given ' Distaval ' 200 mgs. at night for a month but was not relieved.

It was not anticipated that the drug would be of marked benefit in cases 10 and 11 for the German papers indicate that it has not proved useful in psychoses but in the special circumstances of the two patients it was thought worth a trial.

No side effects of any kind were observed and all the patients tolerated the drug without trouble. Several other patients are on similar treatments and so far their progress is similar to that of the cases detailed. All these together certainly encourage further investigation, and at this early stage it appears that broadly speaking the results are in advance of those obtained with phenobarbitone and other barbiturates.

I am indebted to The Distillers Company (Biochemicals) Limited for a supply of the drug.

LITERATURE

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FATAL HYPOTHERMIA IN IDENTICAL TWINS

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Fourteen cases of neonatal cold injury which had occurred in the previous winter were described by Mann and Elliott in 1957. There were eight deaths. The cause of the condition is usually attributed to birth injury, prematurity or exposure to excessive cold. Lack of subcutaneous fat and infection are also considered to be of

importance. The following case occurred recently.

Case history. The mother, aged 26, was a hospital sister with considerable training. It was her second pregnancy. The first baby—a male now aged 2½ years had a normal birth and is a healthy youngster. The antenatal period was without incident and the birth of the twins was uneventful. The elder was a vertex and the younger a breech presentation. Both babies weighed 5¾ lbs. at birth and arrived 12 days before the E.D.D. on 5th March, 1958. The mother noticed that their hands and feet were cold. They were well wrapped up and never fully exposed for washing or changing. The room was well heated and contained everything necessary.

The babies appeared to progress normally until 7th March, 1958, when they refused their food and appeared very cold. Additional precautions were taken by nurse and mother, but 60 hours after birth the younger died. When I arrived I found the elder twin almost moribund. Breathing and circulation returned after resusitation with coramine and a hot bath. The child's hands and feet were swollen and his lips were slightly oedematous. Physical examination revealed nothing else abnormal. The main feature was the cold feel of the baby.

After two hours in the warm bath he was quite vigorous and was transferred to hospital in a heated cot. His temperature was 88.4 and the prognosis appeared favourable, but he collapsed and died after 9 hours.

The post-mortem examination of the younger baby who first died revealed a normal child with terminal broncho-pneumonia and some haemorrhage into the adrenals. There was a slight tear of the tentorium cerebellum.

Post-mortem examination of the second baby revealed a slight tear of the tentorium cerebellum on the right side. The lungs showed a tracheo-bronchitis with some petechial haemorrhages in the pleura. Both lungs were fully expanded and consolidation was present. Culture gave a growth of Friedlander's bacilli and pneumococci.

Discussion

Both children appeared normal at birth. There was no sign of any birth injury. The mother noticed the hands and feet were cold from the start. The weather was not unduly cold (see table) and every facility for proper normal nursing was used. The room in which the babies were kept was adequately heated. The children were full term and they were not exposed to any infection. The significant feature is that, having lived for 60 hours, they would both have died within 30 minutes of each other if resuscitation on the elder had not been instituted.

TABLE

Outside temperatures

March	*Max.*	*Min.*
5—6	56°F.	34°F.
6—7	45°F.	30°F.
7—8	42°F.	32°F.

This would appear to indicate that there was something lacking in the metabolic potentialities of the babies and that metabolism

ceased when they had used up whatever supplies they had obtained from the maternal blood. Their weight and body capacity being equal and the concentration in the blood being equal the supply may have given out at the same time.

Summary

Fatal hypothermia affecting identical twins occurring within 60 hours of birth is described. In the absence of cold in the environment it is suggested that a metabolic deficiency may be one of the causes of this condition.

I thank Dr E. M. Ward and Dr G. R. Osborne for permission to publish their post-mortem findings.

Epidemic Observation Unit

The regular notification of the presence or absence of particular diseases, on which various doctors are carrying out research, is continuing to prove valuable. Dr J. C. Graves has now collected data about a sufficient number of patients with scabies, so in the meantime notifications about this disease are no longer required. Dr F. H. Staines of Callington, Cornwall, is recorder of an enquiry into the syndrome of Farmers' Lung and all doctors in the College are asked to complete the notification form in respect of this disease quarter by quarter, until further notice.

The information, which Dr W. O. Williams was able to collect about Bornholm disease from members of the College during 1956 and 1957 and which Dr E. Scott collected about the incidence of pernicious anaemia through the College and with the help of executive councils, formed the basis on which maps were prepared for the College stand in the Scientific Exhibition of the British Medical Association at Birmingham this year. These two maps flanked the central item on the College stand, which was an electrically illuminated map showing the distribution and spread of acute bronchiolitis of infants (PB/58) during last winter and spring, again based on information supplied by members of the Unit. The Stand Committee of the Midland Faculty (chairman, Dr A. J. Laidlaw) are to be congratulated on the award of an " Honourable Mention " by the B.M.A. judges to the College stand for the scientific content of the exhibit.

Please also refer to the Notification Form at the end of the Journal.