lapped, so that in any one pancreas, there were islets in more than one stage.

1. *Stage of budding islets:* In the third and fourth gestational month, islets consisting of a central cluster of B cells surrounded by ungranulated cells and occasional L cells, budded off from the ducts. The B cells predominated.

2. *Bipolar Stage:* From the fifth to eighth month, bipolar islets were seen, with the B cells at the tip and the L cells at the base (nearest the duct).

3. '*Mantle-islet*' *Stage:* The proliferating L cells grew round the B cells to form 'mantle-islets' with a kernel of B cells and a shell of L cells. The L cells now greatly outnumbered the B cells. 'Mantle-islets' dominated the picture from the sixth month onward.

4. *Stage of Mature Islets:* From the eighth month, a few islets were seen with the haphazard distribution of L and B cells characteristic of the mature adult islet.

A point of particular interest in these observations was the presence of differentiated L and B cells in the islets of the smallest (34 g.) foetus.

DOUGLAS BAIN (Edinburgh). Mast cells were obtained from the tissue culture of a tumour from a newborn infant. The tumour was multifocal and undifferentiated.

G. S. ANDERSON and T. BIRD (Newcastle). 'Congenital Iodopyrine (Felsol) Goitre.' Evidence recently presented by Morgans and Trotter (1959) strongly suggests that Felsol, a drug commonly taken by asthmatics, may be goitrogenic due to the iodopyrine it contains. Two infants (binovular twins) with congenital goitres, born of a mother with asthma and a goitre considered to be due to Felsol, were presented. One infant died at 10 hours with a thyroid of 11 g. showing large irregular vesicles filled with colloid but with signs of epithelial activity. The other twin died at 38 days with a thyroid weighing 7 g. showing small vesicles, poorly filled with colloid and a flat epithelium. It was suggested that the iodides liberated from iodopyrine in the maternal gut crossed the placenta to block the iodine-binding power of the foetal thyroids. Since Felsol was withdrawn nine days before delivery the histology was considered to support the view that iodides caused a colloid type of goitre, but that epithelial activity soon occurred when iodides were stopped. Neither death was attributable to the goitres.

REFERENCE

Morgans, M. E. and Trotter, W. R. (1959). Iodopyrine as a cause of goitre. *Lancet*, **2**, 374.

K. M. LAWRENCE (Cardiff). 'Sarcoma of Pelvis.' A large pelvic tumour that had invaded the bladder and grown along the inferior vena cava; it was thought to be an embryonic sarcoma, possibly a rhabdomyosarcoma originating from the prostate.

H. B. MARSDEN (Manchester). 'Metachromatin Leucodystrophy.' A male child with a normal sibling began to have attacks of pyrexia at the age of 16 months. He eventually lost the use of his arms and legs, developed opisthotonos and died after repeated fits at the age of 2 years 10 months. The E.C.G. showed generalized dyspolicythuria and the C.S.F. had a protein level of 100 mg. %.

At necropsy the brain appeared relatively normal to the naked eye, but showed extensive gliosis of the white matter. Sudanophilic material was minimal and present only as small perivascular collections.

On staining with toluidine blue abundant metachromatic material was present in the brain, peripheral and spinal nerves, kidneys and to a lesser degree, in the liver, pancreas and adrenal medulla. Clinical analysis of the brain (Professor J. N. Cunningham) revealed loss of phospholipid and cholesterol with increase of hexosamine in the white matter. Numerous needle-shaped crystals were found in the adrenal cortex.

J. L. EMERY (Sheffield). 'Congenital Hypothyroidism —presenting clinically as intestinal obstruction.' A child was described having a minute aberrant lingual thyroid only who presented clinically as intestinal obstruction ? congenital megacolon. Other instances of congenital thyroid deficiency presented in this way were referred to.

W. W. PAYNE (London). 'Apparatus and Method of Ultra Micro Chemical Techniques.' Description and demonstration.

Erratum

It is regretted that in the paper 'Observations on the Clinical Course and Treatment of One Hundred Cases of Still's Disease by B. E. Schlesinger, C. C. Forsyth, R. H. R. White, J. M. Smellie and C. E. Stroud, which appeared in this journal (Volume 36, pages 65-76) Figs. 9a and 9b were transposed.