the results lay in zones six to eight. This suggests that zones six to eight form a region in which it is highly probable that figures from cases of exudative disease will lie. If a pleural effusion was aspirated while the viscosity was in zone seven the effusion re-formed at once.

In cases of rheumatic disease more than 750 tests were performed. In every case in which the plasma viscosity was raised to an abnormal level (above 1·950) an underlying organic cause was found. In rheumatic fever the viscosity increased as the disease progressed and decreased during recovery. In rheumatoid arthritis the increase in viscosity was roughly in proportion to the severity of the pathological processes and to the systemic reaction. In cases of non-articular rheumatism with no systemic reaction, the viscosity values remained within normal limits.

The plasma viscosity test is non-specific. It appears to be of value in following the course of various rheumatic diseases as well as of pulmonary tuberculosis. Values depend almost entirely on changes in the plasma protein, particularly the fibrinogen and globulin fractions, since ultrafiltration experiments have shown that the viscosity of the ultrafiltrate is practically constant. R. B. Lucas.


Plasma obtained from the venous blood of patients with acute disseminated lupus erythematosus was incubated with bone marrow from patients with other diseases. Typical L.E. cells (Hargraves and others, Proc. Mayo Clin., 1948, 23, 25), and also nucleolysis and agglutination, were observed in concentrated preparations. It is maintained that these observations support the hypothesis that Libman-Sacks disease (acute disseminated lupus erythematosus) is a result of hypersensitivity. The L.E.-cell phenomenon is evidently immunological in nature and further investigation is required to elucidate the mechanism involved.

R. J. Ludford.

OBITUARY

LESLIE SCOTT LATHAM

Dr. L. S. Latham, President of the Royal Australasian College of Physicians, died on January 21, 1950, at the age of 71.

Dr. Latham deserved well of rheumatology, since it was under his presidency (and largely at his personal instigation) that a committee was appointed by his college to consider the inauguration of an Australian Rheumatism Council. This body was formed last year with Dr. S. A. Smith, an ex-president of the Royal College, as chairman. Their first act was to seek affiliation with the Empire Rheumatism Council, in England, and H.R.H. the Duke of Gloucester consented to accept the position of Patron of the Australian Rheumatism Council in addition to that of the Empire Rheumatism Council. Dr. Latham was consulting physician to St Vincent's Hospital, Melbourne, and Examiner in Medicine to the University of Melbourne, of which he was deputy Chancellor from 1947 to 1949.