improved After a week's attendance I allowed three weeks to elapse before again visiting him. Then I found that he was complaining of greater weakness, loss of appetite and marked loss of flesh. The consolidation was of greater extent and involved the whole of the apex. From that time the area of consolidation increased till Feb. 20th, when the whole of the upper right lobe appeared solid. Then, and not before, his respiration increased to 30 and then to 35 a minute and his temperature that morning was 103.5° F. Now he presented the appearance of a typical acute pneumonia, though his sputum was not "rusty" but copious, and his cough was troublesome. The expectoration consisted partly of bronchitic froth and partly of shreds of dirty-white material, as of broken-up casts; it was not offensive in odour. The dyspnoea continued and the temperature kept up till the 24th, then the temperature fell to normal or a little below; but his respirations numbered between 20 and 25 a minute. The boy continued getting weaker and thinner and was unable to leave his bed. On March 6th ascites reappeared. The expectoration was still copious and of the same character. After the febrile attack he never expectorated any whole casts. The left lung and lower lobes of the right remained free from complication till March 11th, two days

before his death, when signs of œdema and congestion of the lungs became general. His pulse was now very quick and irregular and his urine scanty, being loaded with urates and presenting a cloud of albumen when tested. On March 13th, at half-past one in the morning, he passed quietly away. No post-mortem examination, unfortunately, could be obtained.

Remarks.—The expectoration of bronchial casts is so rare a condition that I consider this case worthy of record. I was much interested to read in an article by Dr. R. W. Richards in THE LANCET of May 20th of this year of the occurrence of bronchial casts of a different character and under other circumstances. As he says, the text-books contain very little on the subject; Bristowe figures two casts (natural size), but not so large as some expectorated by my patient. My case is singular in the little local trouble experienced and in the absence of constitutional effects till towards the end, when the exudation apparently filled up the bronchi of the whole upper right lobe. Then the casts seemed to adhere to the tubes and only came away in shreds and not whole. I am at a loss to rightly estimate the connexion between the cardiac trouble and the bronchial casts. Were the latter simply formed by excess of blood-pressure in the lobules squeezing out the fibrinous material in a mechanical manner into the bronchi? The casts would seem not to be due to any inflammatory process, for the boy was expectorating them from Aug. 4th till Feb. 20th without any dyspnoea or rise of temperature. The absence of the former symptom, I consider, was due to the small area of lung involved at any one time. I am fortunately able to publish a drawing of one of the largest casts. It is the natural size and well depicted by my friend, Mr. Harry Evans. The casts were exhibited and the history of the case related to the Bournemouth Medical Society on Feb. 17th, 1893.

Bournemouth.

Clinical Notes: MEDICAL, SURGICAL, OBSTETRICAL AND THERAPEUTICAL.

NATURAL OBSTETRICS.

By F. ENSOR, M.R.C.S. &c.

JOHN STUART MILL writes: "In the clumsy provision which she has made for that perpetual renewal of animal life rendered necessary by the prompt termination she puts to it in every individual instance no human being ever comes into the world but another human being is literally stretched on the rack for hours or days."¹ In order to show that to this rule there are some happy exceptions I think it may interest the readers of THE LANCET to peruse the following. Some time ago I was in attendance on a young woman of gentle birth and of as fine a physique as one would see in a day's march. It was her first child, and although quite normal the labour was tedious. In the intervals of the "clumsy" process to which J. S. Mill alludes I (as I dare say many of your readers have done) retired to the smoking-room and passed the time in friendly chat with the young husband, a fine, intelligent young colonist, who had lived in Zululand, knew the natives well and could speak the language fluently. I inquired of him how the Kaffir women managed under similar circumstances. He replied that "a young woman will remain with the elders at her first childbirth in the hut, but in subsequent labours she always goes away into the bush alone and manages her trouble." A short time previously he was riding home, with gun on shoulder, when a Kaffir man stepped out of the bush and, saluting him with the grace and good manners innate in the uncivilised kaross-bearing native, said, "Inkosi, give me some gunpowder." "What do you want it for?" the husband of my patient asked. "Zala umtwana," was the answer, which being interpreted means, "My wife has laid a child." He gave him a charge of powder from a cartridge, three and a half drachms, and rode on to the homestead. In about two hours the woman made her appearance with a fine male child; she had walked seven miles to his house and was seen by her master subsequently, being quite well and hearty. The woman was about thirty years of age and it was her second child. She must have been taken in labour whilst on a journey, and the delay in the afterbirth was the cause of the request for the gunpowder. I think the natives must have learned this remedy to induce uterine contraction from a Dutch midwife, but I cannot say. I suppose the nitre is the essential ingredient. Another case was that of a Kaffir woman aged about forty, who was at least a mile from home and carried on her head a bundle of firewood big enough for a donkey-load to the house. Passing the kitchen she said to her daughter, "I feel pains, I must go to the bush, I will leave the sticks here." She was away for about three hours; having taken the new arrival to her hut, she returned to the kitchen and carried off the firewood. I am quite sure that the illustrious logician when he penned the lines I have quoted never officiated at a Kaffir accouchement. Kaffir men and women in their natural state are a very fine race indeed; it is only when they settle in towns that they degenerate and die prematurely. Drink, phthisis and syphilis do their deadly work. The black coat is a tunic of Nessus to them and they perish in its unnatural folds. The bushmen, the real Hottentots, the bastard yellow people, are fast disappearing; but the thoroughbred Kaffir, under the protecting reign of British law, is increasing rapidly and it will need all the wisdom of the Colonial Office to turn the tide of native expansion into the paths of peace or the time will come when the whites in South Africa will either be pushed off the land or be absorbed into the more enduring native race.

Port Elizabeth, South Africa.

VARICOSE VEINS IN BOTH ARMS.

By A. S. DUTTON, M.R.C.S. ENG., L.R.C.P. LOND.

AN interesting case of varicose veins in both arms has recently come under my notice, and as I have never seen a similar case before and do not remember to have seen such

¹ Essays on Religion, sec Nature, p. 30.