cubic centimetres of gastric juice + 6 cubic centimetres $\frac{N}{100}$ HCl, representing 0.00219 gr. HCl = 21 cubic centimetres; (c) 10 cubic centimetres of cane sugar + 5 cubic centimetres of gastric juice + crystal of sodium acetate + 6 cubic centimetres H_2O ; (d) 10 cubic centimetres of cane sugar + 8 cubic centimetres $\frac{N}{100}$ HCl, representing 0.00292 gr. HCl, + 3 cubic centimetres H_2O ; and (e) 10 cubic centimetres of gastric juice + 11 cubic centimetres H_2O and a small quantity of $\frac{N}{100}$ HCl added (this latter flask was used in order to correct for maltose if necessary). In flask (a) the amount of free HCl as calculated by the formula is 0.00259 gr.; this amount represents the quantity in five cubic centimetres of gastric juice (the amount used in the experiment); therefore, one cubic centimetre of gastric juice will contain 0.000518 gr. HCl, the percentage being 0.0518. In flask (b) the amount of HCl was found to be 0.004655 gr.; this consists of the HCl in gastric juice, plus a known quantity which had been added—viz, 0.00219 gr. Therefore, the amount of acid in the five cubic centimetres of gastric juice is equivalent to 0.004655 - 0.00219 = 0.002465 gr. Therefore, one cubic centimetre of gastric juice contains 0.000493 gr. of HCl, giving a percentage of 0.0493 as against 0.0518, making a difference of 0.0025 per cent. of HCl in the vomit in the two flasks. In a second experiment the results are even better. In flask (a) the amount of HCl in one cubic centimetre of gastric juice was calculated to be 0.00055 gr., while in flask (b), which contained as before a known quantity of HCl as well as the unknown quantity in the gastric juice, the amount of HCl present in one cubic centimetre of gastric juice was 0.00054 gr., the difference being 0.001 per cent. in the two estimations. A third control was done with liquor pepticus (Benger). The percentage of HCl in this was found to be 0.2282. In flask (b) it was calculated to be 0.212, giving a difference of 0.016 per cent. in the two cases.

The percentage of free HCl in the gastric contents two hours after a mixed diet we have found to be, on an average, about 0.06. The following table gives the results of some determinations by the method detailed above:—

C. E. H.	J. J. R. M.
0.066	0.059
0.086	0.055
0.058	0.048
0.049	0.060

It will be seen that the percentage is a remarkably constant one, at least in the two cases investigated.

In conclusion we may state that the method is a comparatively simple one and that it can easily be carried out with one of the simple polariscopes used for the estimation of sugar in urine.

Clinical Notes:

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

LARGE PIECE OF GLASS IMBEDDED IN THE ORBIT FOR 20 YEARS WITHOUT CAUSING SYMPTOMS; REMOVAL.

BY J. HOGGAN EWART, M.D. EDIN.

ON July 4th, 1903, a married woman consulted me about a small sinus situated about two centimetres above the inner canthus of her left eye. She stated that 20 years ago a clock fell on her head the glass of which broke and made a deep cut across, and to the outer side of, her left eyebrow. This was sewn up and with the exception of a slight pricking about eight years ago which quickly passed off and a puckering of the skin over the inner side of the upper eyelid there were no symptoms until about three weeks ago when the skin broke and there was a slight watery discharge. On examining this small opening (only half a centimetre in diameter) with a probe I found that a large triangular piece

of glass was deeply imbedded transversely above the eye, the apex, lying on the nasal bones, being easily felt under the skin on the right side of the nose, and the base on the left orbital plate and tarsus. I removed it the next day.

It is remarkable that this large, thick piece of glass—the measurements of which were: length, 3 centimetres; breadth, 1 centimetre; thickness, 1.75 millimetres—should have remained in this position for 20 years without causing symptoms or damaging the eyeball, upon which it might easily have encroached, the edges being quite sharp. It was much cracked. I was therefore glad that after a trial with a pair of forceps I removed it digitally or it would most certainly have splintered and caused great trouble. My thanks are due to Mr. M. G. Yunge-Bateman who kindly administered the anæsthetic.

Folkestone.

FRACTURED CLAVICLE WITH OSSIFIC UNION IN UTERO.

BY E. SYDNEY HAWTHORNE, F.R.C.S., L.R.C.P. IREL.

IN THE LANCET of May 9th last, p. 1310, you published under the heading "Looking Back" a case of the above extracted from one of your former issues dated May, 1825. As it may prove of interest to your readers I ask the courtesy of your pages to publish a case which has recently come under my observation.

On April 1st the patient, a married woman, was delivered of a full-term child without any trouble and on examining the infant I observed a small tumour of the size of a walnut situated at the centre of the right clavicle. This proved to be hard, dense, and immovable and gave apparently no pain on pressure. No crepitus was felt on moving the arm and shoulder blade and there was no limitation of movement. The structures surrounding it were freely moveable and the skin over it was perfectly normal in appearance. I diagnosed a fractured clavicle united with callus surrounding the broken ends of the bone. I have frequently examined the infant during the past three months. The tumour has become less in size owing to absorption of the excessive callus and it is now represented by a small hillock on the upper surface with a corresponding depression beneath due to the ends of the bones being tilted upwards and in almost perfect apposition—a condition usually found in greenstick fractures of the young. There was no history of injury to the mother during her period of pregnancy.

Mudgee, New South Wales.

NOTE ON A CASE OF BERI-BERI.

BY DR. JULIO M. ESCOBAR,

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THE patient was a man, aged 32 years, who had been in Chiriqui Gaol since Sept. 14th and was admitted into Santo Tomas Hospital on Oct. 29th, 1902. There was no family history of importance. His general health had always been good except for several attacks of ague that had left an enlarged spleen. There was no history of syphilis, lead poisoning, or arsenical poisoning. He took but little alcohol. The urine was acid and free from sugar and albumin. The patient said that the trouble began on Sept. 28th with shortness of breath on exertion and a general sense of feebleness which was more accentuated in the legs. A week later he could not stand or walk and had lost tactile sensibility in the soles of the feet. He had full control of his rectum and bladder; his appetite was poor; and his pulse was 90, regular, and compressible. The heart sounds were energetic and accompanied with a soft diastolic murmur which was to be heard in the right second intercostal space and was audible also in the neck. The temperature ranged between 36.8° and 37.2° C. Thermic and tactile sensibility was lost from the tips of the toes up to the knees and the plantar and patellar reflexes were abolished but not the cremasteric. Having no suitable apparatus at hand the neuro-muscular reactions to electricity were not explored. Hypodermic injections of sulphate of strychnia daily were ordered, starting with two milligrammes and adding two milligrammes every day to the previous dose until 16 milligrammes were reached on Nov. 6th. The patient became