Clinical Notes:

MEDICAL, SURGICAL, OBSTETRICAL AND THERAPEUTICAL.

ON THE ESTIMATION OF SUGAR IN URINE BY THE PICRIC ACID METHOD.

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I AM anxious to explain to the profession my reasons for making a slight modification of the standard colour solution which for some years I have used in estimating the amount of sugar in urine. I have recently discovered that the manufacturer of my micro-saccharometer has been in the habit of graduating the tube by *external* linear measurement and not by its *internal* capacity. The tubes employed not being of uniform calibre throughout their length, the result has been inaccurate graduation. The standard colour was arrived at by imitating the tint given by a four-grain to the ounce solution of pure glucose, boiled with picric acid and potash, according to the method described by me in my two lectures on Albumen and Sugar-testing¹ and in the chapter on Sugar-testing in my "Medical Lectures and Essays,"² and subsequently diluting four times in the graduated tube. Now, as the upper divisions of the tube were more capacious than the lower, the result was a slight degree of over-dilution and a somewhat paler colour than would have been produced in an accurately graduated tube. Inasmuch as the same tube and the same method of procedure were adopted in analysing urines, the results obtained by me have been practically correct. In order to avoid any error in future I have corrected the standard colour solution by imitating the tint produced by diluting a solution of pure glucose in an accurately graduated tube made for me by Mr. C. E. Müller, who will guarantee the accuracy of all graduated tubes supplied by him for my micro-saccharometer. The corrected formula for the ferric acetate standard is as follows: One drachm of liquor ferri perchloridi fort. (P.B., sp. gr. 1.42), four drachms of acidum aceticum glaciale (P.B., sp. gr. 1.058), two drachms of liquor ammoniæ (P.B., sp. gr. 0.959); distilled water to four ounces. The only change in this formula consists in the addition of twenty minims of liquor ammoniæ in the four fluid ounces. Since this method of analysis gives extremely accurate results, it has appeared desirable to indicate even so slight a source of error as that which I have here described.

Savile-row, W.

DEATH OF A CRETIN AGED TWENTY YEARS.

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THIS case was one of five reported in THE LANCET of Aug. 23rd and 30th, 1884, where an engraving of it is also shown (case of G. B—). The patient was then twelve years of age and was only three feet in height. As he did not grow in the interval and became even more swollen, he presented at last an extraordinary illustration of myxœdema. The trunk was quite globular, the supra-clavicular eminences were enormous and the skin over most of the surface as flabby as that of the eyelids in an ordinary case of the affection. I looked up the case, which I had not seen for several years, about a month ago, with the view of giving the patient the benefit of thyroid juice. I found, unfortunately, that he had been ailing for several weeks, having lost appetite and become much duller than usual. His pulse was 100 and the temperature 99°, which for him indicated a febrile condition. I suspected some pulmonary affection, but the respiratory sounds were so feeble that nothing could be elicited by auscultation, and there seemed to be no dulness on percussion. I administered some slightly fried cow's thyroid for two days, but as there was no improvement and the parents did not seem anxious to go on with it I desisted. He became gradually worse, and in a few days more I found him nearly comatose, breathing stertorously, with the

Cheyne-Stokes type of respiration. His mother said his breathing had always been of this character during sleep for the last twelve months. She added that he had often said of late that he would be "choked," although it had never seemed to me at any of my visits that there was much dyspnoea. It was perhaps to be regretted that the treatment was not pushed, as this was just one of the symptoms which ought to have been soon relieved by thyroid feeding. In two cases of myxœdema in adults at present under this treatment (one of which was published in THE LANCET of June 16th, 1888, as a "Case of Tetanic Spasms during Lactation in a Cretinoid Woman") I found the trouble arising from the constant necessity of swallowing mucus wonderfully relieved in two days. Briefly, it may be said that this cretin died of gradual suffocation, brought about by the great submucous œdema of the glottis and air passages. At the recent discussion in Edinburgh Dr. Affleck remarked that in one of his cases he had found serious impediment to breathing from œdema of the fauces.

Partick, N.B.

ON EXCISION OF THE TONSILS.

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THIS operation is so commonly performed and so constantly needed that it seems not only impossible but unnecessary to add another line to what has already been written on the subject; but it may be that what I wish to say is not familiar to all practitioners. In removing the tonsils I have adhered to the clinical teaching of James Syme, using only a probe-pointed curved bistoury and a vulsellum with three prongs to one blade and two to the other, with or without a self-retaining tongue depressor. With regard to the guillotine, if that instrument is employed, it will be found that, whilst some tonsils are too large to enter the fenestra of an ordinary instrument, some mouths are too narrow for a large instrument, and therefore three sizes are made by instrument makers, thereby adding considerably to the surgical instrument bill of the surgeon who prefers that method. In using the simple tools that I have named I have made it a practice to remove the left tonsil with the right hand and the right tonsil with the left, holding the vulsellum in the reversed order. A little convenience I have adopted in place of putting a bit of strapping on that part of the bistoury which is not wanted is a piece of rubber tubing slipped over the blade of the knife so as to leave an inch bare at the probed end. This manœuvre is a great help, and it is more than probable that other surgeons have adopted a similar course although I have never seen it mentioned anywhere. It is not often that it is necessary to remove the tonsils of grown-up persons, but I have had occasion to remove a tonsil for oft-repeated abscesses in the substance with as good results as have followed removal for simple enlargement. As to an anæsthetic, many of my cases have been operated on under chloroform and as many without anything, the surgeon being usually influenced by the age of the patient and the wishes of the parent or guardian. Once I met with primary hæmorrhage lasting some hours and requiring a styptic application. Once only have I met with secondary hæmorrhage; it occurred on the fifth day and caused some alarm as the blood was swallowed and then brought up from the stomach. On March 8th, 1888, I read a few notes on excision of the tonsils before the Carlisle Medical Society, a society then flourishing but now in abeyance, and exhibited a number of tonsils which had been removed for chronic enlargement causing obstruction either to breathing, deglutition or speech; but in no instance have I ever operated when acute disease of the tonsil existed.

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DISLOCATION OF THE HIP OCCURRING IN ACUTE RHEUMATISM.

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THE following case appears to be an instance of dislocation of the femur on to the dorsum ilii occurring without trauma in a child suffering from acute rheumatism.

A female child aged seven years was brought to me o

¹ Smith, Elder and Co., London.

² J. & A. Churchill, London.