average 4 lb. weekly, was able to go out in a Bath chair on March 20th, could walk a mile without resting on April 1st, and has now gone to the seaside.

Beckington, Bath.

LABOUR COMPLICATED BY PLEURITIC EFFUSION.

By F. W. GUNN, M.B., B.S., L.S.Sc.DUR., M.R.C.S.ENG. &C.,
LATE HOUSE ACCOUCHEUR, KING'S COLLEGE HOSPITAL, LONDON.

FIVE WEEKS ago I was summoned at 3 A.M. by a midwife who, growing alarmed at her patient's increasing weakness and non-delivery, thought fit to call a medical man. I found the patient totally collapsed, having been in labour some hours. The pains were described as short and very painful. My first object was to deliver the patient, which, after energetic stimulation with ether and brandy, I easily effected with long forceps. After completion of labour I gave more stimulants and some ergot, leaving the patient about 6 A.M. seemingly all right. The next day I was sent for urgently, owing to her being in great pain, with weakness and fainting. I found her as described; the pain was said to be in the left side (hypochondriac region), and she had also flushing of face, shortness of breath, slight cough, and a temperature of 103°. On examination of the chest I found signs of left pleurisy with effusion to the level of the third rib. I was then told that she had been short of breath and had had some cough and pain in the side for a few days. In spite of the dyspnoea and slight cyanosis I thought fit to postpone aspiration till the patient's strength was improved; so I applied a turpentine stupe, gave a stimulating mixture and ordered hot fomentations well sprinkled with belladonna and opium. On the third day there were dyspnoea and great weakness, but the patient was free from pain, her temperature being 103°. The following day the temperature was 103.5°. I again postponed aspiration in the hope that the patient's strength would rally. The next day the temperature was 104° and the patient being stronger, I aspirated with full antiseptic precautions and removed 25 oz. of sero-purulent fluid, which relieved her at once. The same night the temperature fell to 99° and the breathing became easy, the heart having regained strength. Since then the lung has expanded well, no reaccumulation of fluid taking place, but signs of thickened pleura remaining. The child died when four weeks old from erysipelas of body and head, gangrene of one toe and symptoms of meningitis. The lochia were very scanty all along, but inoffensive. I ascribe the inability of natural delivery to the pleuritic fluid (doubtless present at the onset of labour, though undiscovered at the time owing to my desire to deliver rapidly) preventing uterine contractions or rendering their propulsive efforts useless.

Widdrington, Northumberland.

GLYCOSURIA AND AMMONIACAL FERMENTATION.

By JAMES BAYS, M.D. LOND.

IN THE LANCET of Feb. 25th a paper was published on a case of Lactic Fermentation in the Bladder, by Sir William Roberts, in which, after discussing the non-appearance of cystitis in a diabetic patient who had used a catheter for five years, and the action of the germs of the various ferments in an organic liquid, he states that "in a non-saccharine urine the issue of the conflict is always in favour of the ammoniacal ferment, but if the urine be saccharine the issue is *always* in favour of the acid fermentation. This point was proved experimentally in the laboratory." That the issue is not always in favour of the acid fermentation and that the results of laboratory experiments are not always verified in the human body the following case will, I think, prove.

A gentleman of over eighty years of age has been under my care for the last eight months suffering from diabetes and having all the symptoms of the disease: great thirst and passing a large quantity of urine of a specific gravity varying from 1030 to 1040, with an acid reaction and giving a copious precipitate of copper suboxide with Pavy's test pellets. The patient's condition varied but little, though he became somewhat weaker, and the condition of the urine remained practically the same till the first week in April, when without any obvious reason the urine became turbid and on examination was found to have a highly offensive ammoniacal odour, was

strongly alkaline to blue litmus paper and full of a thick ropy pus; at the same time there was a ready and copious deposit of copper suboxide with the test pellets. On April 7th I stopped the twenty grains of citrate of potash which the patient was taking twice a day, as I thought it might have had a slight though almost inappreciable effect in rendering the urine alkaline, and twenty grains of boracic acid were given three times a day. On the 8th the condition of the urine was no better, and on the 9th I went prepared to wash out the bladder, but found the urine had become clear and acid again without the slightest trace of pus. On the 15th the urine was in the same condition. Arsenic and hydrochloric acid were given as the patient's appetite was not good, and the boracic acid was stopped, but on the 19th the urine was again alkaline, full of pus corpuscles and crystals of the triple phosphate, highly offensive, and at the same time answering to the sugar tests, though not so quickly or with so great a deposit as when the urine was acid. Boracic acid was again given and on April 22nd the urine was again acid and free from pus, but contained large quantities of sugar. On the 25th there was no pus, much sugar, and a specific gravity of 1030.

From this case it will be evident that glycosuria does not always protect from ammoniacal decomposition in the urine, as the patient whose case I have related had two distinct attacks of cystitis with urine so alkaline as to be very ammoniacal when voided, and yet on both occasions the urine at the time was loaded with sugar.

Finchley-road, South Hampstead, N.W.

A RARE FORM OF STRANGULATED HERNIA.

By JOHN MEREDITH, M.D. EDIN.

A WOMAN aged fifty-nine, the wife of a labourer, was seen by me on April 11th late in the afternoon on account of severe pain in the abdomen, chiefly about the umbilical region. She was out at work on the previous day. I found no outward indications of hernia anywhere and no febrile condition, but the pulse was excited. On the following day her condition was reported to be better, so that I did not visit her on that day. On the 13th she was worse, the pain being more severe, and there had been no action of the bowels since the 10th, nor had any flatus been passed. Vomiting set in and it soon became undoubtedly faecal. Warm water enemata, with gentle kneading of the abdomen, gave some relief from the pain and a few scybala were voided. There was no abnormality of temperature and the pulse was quick and irregular. Exhaustion followed and the patient died early on the 14th. The fundus uteri, when the enemata were being administered, was found to be acutely retroflexed and firmly held down by something against the rectum.

Necropsy.—On the fifth day after death Mr. R. Walter made a post-mortem examination for me. We found the omentum adherent in places to the walls of the abdomen and firm bands of fibrous adhesions existed in many directions. Mr. Walter, after dividing many of these bands, reached the end of the ileum and, following it upwards, came upon a firm band, at a distance of about ten inches, extending from the uterus to the sacral portion and constricting a loop of the intestine tightly. The piece of bowel when released from this showed that it had suffered. It was of a dark purple colour but not gangrenous, nor had it entirely lost its gloss. The small intestines were engorged and the large empty. About twenty years ago the patient suffered from a severe and prolonged attack of peritonitis after her confinement. The fundus uteri was found to be held down in its retroflexed position by a fibrous band.

Wellington, Somerset.

VOLUNTEER AMBULANCE SCHOOL OF INSTRUCTION.—A prize competition was held at the "Artists" headquarters on the 4th inst., when for the Lord Mayor's prize four candidates were selected from a squad of the 24th Middlesex, who, out of a possible 240, gained 227 marks. For the second prize, given by the School and Colonels Bruce and Lucas, a mixed squad competed, four of whom gained 221 marks out of a possible 240. For individual prizes, given by the School and Mr. T. Dixon, two competitors distinguished themselves, who gained 59 marks each out of a possible 60.