surgeons, to whom, however, he merely stated the symptoms from which he suffered without informing them of the paraffin bougie episode; by them he was treated medicinally, but his condition did not improve, and on the recommendation of the surgeon first consulted, about one year from the time when he introduced the paraffin, he came under my care. He then suffered from frequency of micturition, during both night and day, slight pain at the point of the penis and sudden stoppage of the stream. The urine was slightly acid and contained some pus cells and oxalate of lime. On Oct. 9th, 1892, I injected eight ounces of boric lotion and examined the bladder cystoscopically. The bladder wall was not rugose or inflamed. There was seen lying on the floor an elliptical body, in size and shape resembling a walnut, slightly tuberculated on the surface and of a white-grey colour—probably a phosphatic stone. On attempting to touch it with the cystoscope it moved very readily and no click was elicited. It was obviously of low specific gravity. Indeed, using the cystoscope as a sound, I could not be sure that any foreign body was present, and had therefore to rely entirely on the cystoscopic appearances and history to guide me to the diagnosis of stone. Litholapaxy was performed in the usual way, but at the outset there was great difficulty in grasping the stone. After one or two unavailing trials I, after separating the blades and allowing the female blade to rest for nearly a minute at the lowest part of the bladder—until all motion in the fluid had ceased and the calculus had time to fall down,—slowly pushed the male blade down so that as little motion in the fluid as possible was produced. In this way I succeeded in grasping the calculus. When caught and the blades further approximated the stone broke with a slight crackle, due apparently to a thin phosphatic shell giving way. The paraffin nucleus was squeezed between the blades, part of it breaking off. On attempting again to separate the blades they were more or less fixed and required a little force to separate them. No masses were caught after repeated trials on the same principle as above described. I therefore withdrew the lithotrite, to the blades of which a mass of paraffin more or less drawn out was adherent. With the evacuator a quantity of phosphatic debris was removed and several small portions of paraffin. To judge from the portions of the phosphatic shell removed it was about one-sixteenth of an inch in thickness. Two days later I again examined the bladder with the cystoscope, and detected a small portion of paraffin the size of a horse bean, which, after much trouble, I caught with a small lithotrite and removed. The patient suffered no bad effects from the above procedures and is now, six months after litholapaxy, in good health with no urinary trouble.

I deem the case an interesting one (1) inasmuch as sounding failed to discover a calculus which was afterwards easily detected by cystoscopy and (2) because of the especial difficulty in crushing due to the low specific gravity of the foreign body. At all times the procedure above described is the best by which to grasp a stone with the lithotrite, or by lithotomy forceps when the bladder is opened by the perineal route, but in the above instance a longer interval than usual had to elapse between the separation of the blades and their closure.

Northumberland-street, Edinburgh.

GUY'S HOSPITAL CLUB'S UNION.—On the 3rd inst., at the invitation of the president and treasurer of the Guy's Hospital Club's Union and Mrs. Durham and Mrs. Brailey a distinguished company numbering some 800 persons assembled at Honor Oak Park to celebrate the opening of the Club's Union Ground and Pavilion. Cricket and tennis matches were played between past and present students, in the former of which the seniors were defeated, whilst in the tennis they proved victorious. The play in both games, however, was good and proved interesting to the spectators. The band of the Scots Guards performed a selection of music. During the afternoon Mrs. Durham unfurled the official flag of the Union and Mr. Durham in a brief speech declared the ground and pavilion open amidst general cheering. The visitors expressed great satisfaction with the picturesque situation of the field, which certainly appeared to be much more in the country than the ten minutes' ride in the train from London Bridge would have suggested. Those who inspected the dressing-rooms, shower baths and lavatories in the Pavilion congratulated Mr. Woodd, the architect, on the completeness of the arrangements.

Clinical Notes : MEDICAL, SURGICAL, OBSTETRICAL AND THERAPEUTICAL.

CASE OF PERNICIOUS ANÆMIA TREATED BY TRANSFUSION; RECOVERY.

BY W. G. EVANS, L.R.C.P. EDIN., L.R.C.S. IREL.

As the treatment of pernicious anæmia is so often unsuccessful, I think a few notes of the following case may interest some of your readers. The result of transfusion, although delayed until the patient was on the verge of dissolution, was so remarkable as to encourage the hope that when performed earlier, before the vital powers are much impaired, this operation may give most satisfactory results.

A married man aged twenty-eight, a carpenter and builder, consulted me on August 3rd, 1892, complaining of weakness, excited action of the heart and shortness of breath on exertion. He had been extremely pale for several months before. A soft mitral systolic murmur was the only abnormal sign detected in the chest. The temperature was 98.4°, the pulse 96 and respiration 27. The urine was normal. Quinine and nux vomica were prescribed without success. On the 14th he was much weaker, the pulse being 120 and anæmia very marked. Vomiting was troublesome and he was unable to leave his bed. Seven and a half minims of Fowler's solution were given and gradually increased to twenty-two minims daily. After three weeks he was able to walk out a little; he went to the seaside for change of air and returned to work early in October. On Nov. 12th he again consulted me for a recurrence of the same symptoms. The skin was very pale. The temperature was 98.4°, the pulse 120 and respiration 27. There were loud systolic murmurs at the base and apex of the heart. Weakness was excessive and he was quite unable to work. Bland's pills were prescribed, but discontinued after a few days as he was unable to swallow them, and he was again put on Fowler's solution, the dose being very gradually increased to thirty-four minims daily. These large doses were continued for two or three weeks and then gradually lessened. They were discontinued on Jan. 8th, 1893, when a severe diarrhoea set in, which resisted all treatment for several days and gave considerable trouble until the end of the month. There was a slight improvement whilst he was taking the large doses of arsenic, and he was able to sit up for a few hours every day; but after the onset of the diarrhoea, as the arsenic had to be discontinued, he rapidly lost strength. On Feb. 14th the temperature was 103°, the pulse 130, and respiration 36. There were intermittent action of the heart and enlargement of the spleen. Vomiting became so frequent that little food could be retained, and muscular twitching was so bad that he could not feed himself. His sleep was disturbed from the same cause. There was blood constantly in the mouth, and his speech was altered and muffled. It was now apparent that he could not live many days unless something further was done for him. On Feb. 20th, Mr. Willcox, of Warminster, kindly assisting me, we performed transfusion, injecting five and a half ounces of defibrinated blood with three ounces of a 2 per cent. solution of phosphate of soda, and using Lane's saline injection apparatus. Severe vomiting occurred whilst the fluid was being injected. Six hours afterwards blood appeared in the urine, but disappeared next day. On the 21st the temperature was 100°, the pulse 120, and respiration 20. There had been no vomiting since the operation, and there was no bleeding from the gums. On the 22nd his condition was the same, and he had an incessant dry cough. There were no bronchial râles. On the 24th the temperature was 99°, the pulse 108, and respiration 22. The mucous membrane of the mouth was improved in colour and the cough better. There was no vomiting and no hæmorrhage. I now gave him one-twenty-fourth of a grain of arsenious acid hypodermically every morning and ten grains of citrate of iron and quinine twice daily, with some pancreatic emulsion, as he was unable to take cod-liver oil. His diet consisted chiefly of beef-tea and milk and sandwiches of raw meat. On this treatment he gradually increased in strength and weight, gaining on an

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.