It would thus appear at first sight that retinitis may occur in a primary acute nephritis. Sir Wilmot Herringham says with regard to this point: "Retinitis albuminurica has been said to occur in acute cases but the reports are unconvincing. As a practical rule its existence is a proof that the disease is of long standing." Moreover, I have had the opportunity of examining a considerable number of cases of acute nephritis during the last three years, but in no case has retinitis been present. If now the present cases are considered with regard to this point, it will be seen that a very large majority have run the course of an acute nephritis, ending in temporary recovery without the development of retinitis. On the other hand, the course of the disease in some cases has been more progressive, and instead of improvement towards recovery occurring, the oedema and urinary signs have persisted, the blood pressure has increased, and uræmic symptoms have appeared. The acute disease has merged gradually into a condition of chronic nephritis, and it is in this group of cases that retinitis has occurred.

It should be stated that some cases have run a more mild chronic course without developing retinitis, thus two men have been watched for 20 and 21 weeks respectively, and although symptoms persist the fundi are normal. It would seem then that strength is lent to the view, that retinitis does not occur in primary acute nephritis, but that when this gradually and directly merges into a condition of chronic nephritis, retinitis may coincidentally develop. In this latter case the signs of retinitis may be seen as early as within seven weeks (Case 1) or nine weeks (Case 5) of the onset of symptoms of the acute disease.

Lipæmia.—In four cases, in three of which retinitis was present, the blood serum was opalescent, and in two of them it was especially dense. This opacity was found by Mr. Mackenzie Wallis to be due to the presence of lecithin globulin. The fundi in these cases did not show the very characteristic picture of "lipæmia retinalis," and they lend support to a view I have expressed elsewhere,² that it is probably only in diabetes, that lipæmia attains a sufficiently high degree to give rise to the appearances of lipæmia retinalis.

² THE LANCET, Feb. 20th, 1915, p. 366.

THE Irish Medical Committee, satisfied with the spirit in which their representations on the medical certification question have been met by the Irish Insurance Commissioners, are recommending the medical profession to accept the agreement recently distributed in Ireland by the Commissioners.

PRECAUTIONS AGAINST FIRE AT CHRISTMAS ENTERTAINMENTS.—The British Fire Prevention Committee have issued a timely warning with regard to the prevention of fire in buildings used for the entertainment of soldiers and sailors. On a sheet of foolscap size, which can be obtained at 8, Waterloo-place, Pall Mall, S.W., ten useful maxims are printed which, if put into practice, should greatly minimise the risk of fire.

NATIONAL CLEAN MILK SOCIETY.—This society, whose object is to raise the hygienic standard of milk and milk products and to educate the public to the importance of a clean and wholesome milk-supply, has issued a two-page leaflet explaining how it is proposed to carry out these objects. The assistance of the Board of Agriculture and other authorities will be sought in helping farmers and dairy owners to free their herds from tuberculosis, the assistance of railway companies and of the public will be evoked, and efforts made to promote legislation. Particulars and information can be obtained from the honorary secretary, 2, Soho-square, London, W.

Clinical Notes :

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

BULLET WOUND OF THE ŒSOPHAGUS.

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Bullet wounds of the œsophagus are so rarely met with as to merit being recorded. I have only seen this one case amongst some 8000 wounded treated in a casualty clearing station in six months. From its close anatomical relationship to the air passages, carotid and jugular vessels, and pneumogastric nerve it is probable that the injury to the œsophagus is overshadowed by the more serious, if not immediately fatal, effects produced by wounds of one or more of these important structures. In the present instance perforation of the œsophagus coexisted with a wound of the internal jugular vein; the formation of a prevertebral abscess, which ruptured into the pleural cavity, directly led to a fatal end.

A lance-corporal was shot through the neck on June 6th, 1915. He was received into our clearing station on the 7th, about 24 hours later, in a condition of grave collapse, with urgent dyspnoea. He stated that he could not swallow, and that he had coughed up a little blood shortly after being wounded. He reacted fairly well to stimulation and was relieved by a small injection of morphia. On the 8th and 9th he was rather better, though very weak. Some discomfort in swallowing was complained of on the 8th, but soon passed off. He drew attention to a "funny feeling of numbness and weakness" of the right arm, but no paralysis or anæsthesia was found to be present; the right hand, however, was cold and clammy as compared with the left. The pupils were equal and active, the heart's action rapid, regular, and feeble, and dyspnoea continued to be urgent throughout. During the night of the 9th–10th very sudden and severe (pleuritic) pain in the right side occurred; in the morning the absence of breath-sounds and signs of a pleural effusion were noted. Air-hunger increased, the heart rapidly failed, and he died at 7.30 P.M. on June 10th.

At the post-mortem examination it was found that the entry wound was situated in the middle of the left sterno-mastoid, the track of the bullet passing across the neck backwards and downwards to the right, the uninjured Mauser bullet lying on the spine of the right scapula. It had passed between the œsophagus and the cervical spine, perforating the posterior wall of the gullet, behind the common carotid artery, wounded the right internal jugular vein on its posterior surface, crossed in front of the cervical nerve-trunks, to come to rest on the scapula. The perforation of the œsophagus had caused, by leakage and infection, a prevertebral abscess into which projected a small button of blood-clot from a hole in the internal jugular vein. A second (larger) prevertebral abscess, below the former, had burst through the dome of the pleura on its inner aspect into the pleural cavity. The right pleura contained masses of blood clot and about a pint of sanguineo-purulent fluid. The lung was completely collapsed and retracted. The vagus nerve appeared to be intact. The cervical sympathetic could not be traced in the neck, the tissues being suffused with blood and matted together by inflammatory changes.