

with no untoward result. Many a patient undertook a long journey on the fourteenth to seventeenth day.

Dosages Recorded in Two Typical Primiparae (Cases 16 and 17).—Labour occurred simultaneously in these cases. Pains commenced six hours before first injection. Os in each case 2/5ths; pains regular, five minutes' intervals.

Injection.		CASE 16.	CASE 17.
		Time of Injection.	
1.	1/3 gr. morph., 1/150 gr. scop.	5 A.M.	5.30 A.M.
2.	" "	6.10 "	6.15 "
3.	" "	8.55 "	8.40 "
4.	1/4 gr. morph. 1/450 "	11.55 "	11.15 "
5.	" "	12.25 P.M.	12.20 P.M.
6.	" "	1.35 "	1.30 "
7.	" "	2.45 "	2.40 "
Birth ..		3.30 "	3.35 "
Morph. = Morphine.		Scop. = Scopolamine.	

Dosages Recorded in a Typical Multipara (Case 56).—Labour commenced 3½ hours before first injection. Os 1/5th, pains regular, seven minutes' intervals.

Injection.		Time of Injection.
1.	1/3 gr. morph., 1/150 gr. scop. ..	3.30 A.M.
2.	1/4 gr. " " " "	4.15 "
3.	" " scop.* ..	7 "
4.	" " " "	10 "
5.	" " " "	12.55 P.M.
Birth ..		2.40 "

* +1 c.cm. pituitary extract.

Special Case of Induction of Labour under Twilight Sleep.—Primipara, aged 33, urine 100 per cent. albumin; general œdema, labiæ especially so swollen as to suggest danger of obstruction.

Injection.	Time of Injection.	Methods of Induction.
1. 1/3 gr. morph., 1/150 gr. scop.	9.5 P.M.	—
2. " "	10 "	—
3.	12 "	Whiff of chloroform, vagina packed with gauze. T binder put on.
4.	8.45 A.M.	Chloroform, os dilated with fingers until 2/5ths.
5. } 0.5 c.cm. pituitary ext. ..	{ 10.30 "	Whiff of chloroform and de Ribes bag inserted.
6. }	{ 10.40 "	
7.	12.5 P.M.	Bag re-inserted owing to leakage. Os now 4/5ths.
8. 0.5 c.cm. pituitary ext. ..	12.30 P.M.	Manual dilatation.
9. 1/450 gr. scop.	1.30 "	—
	2 "	Forceps applied. Female child delivered, 6 lb. 7 oz., stillborn.

Patient made good recovery, œdema subsiding and urine clear again three weeks following delivery.

Statistics of 75 Cases Delivered under Twilight Sleep.

	Primiparae.	Multiparae.
Number of cases	48	27
Maternal mortality	Nil	Nil
Infant mortality	2	1
Average duration of labour ..	20½ hours	13 hours
Average duration of twilight sleep ..	11½ "	7½ "
Average period of labour before first injection	9½ "	5½ "
Average number of injections ..	6	4.2
Maximum " " ..	12	10
Minimum " " ..	2	2
Complete amnesia	45	18
Incomplete amnesia	3	8
Amnesia unobtainable	—	1
Instrumental delivery	28	2

THE Royal Northern Hospital, Holloway, has received £64 10s. 7d. from Mr. Peter Farquharson, total receipts of a concert given by the Highgate Village Orchestra, £25 from Mr. O. Braden, of Highgate, and £12, proceeds of concert arranged by the students of St. John's College, Highbury.

Clinical Notes :

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

A FEMORAL HERNIA OF UNUSUAL SIZE.

BY GEOFFREY KEYNES, F.R.C.S. ENG.,

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THE first of the accompanying figures illustrates in profile a femoral hernia which has attained a size seldom seen at the present time. The patient, a somewhat decrepit woman, aged 66, had never worn a truss, but had consistently neglected her rupture for more than 16 years. She recently presented herself for treatment at the City of London Truss Society, Finsbury-square, and it was then found that



the sac of a large left femoral hernia contained a great part of her intestines. Extensive adhesions had formed between the sac and its contents, and the hernia was irreducible. The patient's general decrepitude made an operation inadvisable. She was accordingly supplied with a truss as illustrated in the second figure. This was constructed much on the same principle as the "hollow-pad truss" used at this institution for many years past for treating small irreducible femoral herniæ when operation is refused. The size of the rim was greatly enlarged to fit the dimensions of the hernia, and the sac was supported by a closely-fitting moleskin bag. The steel spring of the truss then served to give the patient relief from the discomfort which she felt owing to the weight of the hernia.

A CASE OF ABDOMINAL PREGNANCY.

BY W. GIFFORD NASH, F.R.C.S. ENG.,

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THE following case is of sufficient interest to merit record.

Mrs. A., aged 42, wife of a soldier, married 14 years, had never had a full-time child, but had had four miscarriages, three between 1907 and 1909 and one in 1918.

History.—She thought she became pregnant between August 28th and Sept. 2nd, 1919, when her husband was home on leave. She missed her period in September. The

husband had five days' leave about Sept. 20th and again about Oct. 18th. On Oct. 28th she had severe abdominal pain lasting 12 hours. There was no bleeding. The abdomen was tender for 14 days. She remained fairly well until Dec. 20th when she had severe abdominal pain lasting all night and vomited once. On Jan. 7th, 1920, she again had pain and vomiting and fainted. After this she thought she felt movements. This was four and a half months after August 28th.

Examination.—She was first seen by Dr. G. T. Birks on March 18th for pains which had been going on for a few days. There was a slight show. On vaginal examination the cervix was soft and the lower uterine segment enlarged. A placental bruit was heard above the pubes; a hard projection resembling a foetus was felt in the middle line of lower abdomen; there was milk in the breasts.

The pains continued until the middle of April. On May 10th she passed two big clots, which the midwife described as being like membrane. After this she felt no distinct movements. On the 23rd she had an attack of diarrhoea and vomiting. The abdominal swelling went on increasing until ten days before admission to hospital, when it began to decrease. Labour should have occurred about June 1st. As it did not come on she was admitted to the Bedford County Hospital on June 8th.

Condition on Admission.—She presented an abdominal swelling corresponding in size and appearance to that of a full-time pregnancy, but on palpation the swelling was firmer in consistence than that of a pregnant uterus. There were no movements, and no foetal parts could be made out. On June 10th I examined her under chloroform. In part of the swelling above the pubes a small hard mass could be felt which in shape and position suggested a slightly enlarged uterus. On vaginal examination Douglas's pouch was filled up by a large soft boggy mass which displaced the cervix forwards and upwards. A sound passed 3 in. No foetal heart sounds or uterine souffle could be heard.

Diagnosis.—A diagnosis of abdominal pregnancy with a dead foetus was made.

Operation.—On June 17th a median incision was made from the umbilicus to the pubes. The peritoneum was very adherent to the wall of the sac. The sac was opened and a small amount of fluid escaped. The dead foetus was extracted. The umbilical cord passed through a small opening about an inch in diameter at the bottom of the sac. This was dilated and the placenta, which lay in the pelvis behind the uterus, was removed. There was very little hæmorrhage. The uterus, which was about twice the normal size, lay in front of the sac. The sac extended upwards to the left above the umbilicus. As much as possible of the sac was cut away and two drainage-tubes were inserted, one into the bottom of the sac and the other upwards. The wound was stitched up except where the drainage-tubes emerged.

Result.—The discharge gradually diminished and the wound was completely healed except for a small sinus at the site of the lower drainage-tube, when the patient left the hospital on August 7th; this sinus closed about five weeks later. The patient has remained in good health.

CÆSAREAN SECTION IN THE FALKLAND ISLANDS.

BY F. G. W. DEANE, F.R.C.S. EDIN.,
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I SHOULD like to record what I understand is the first case of Cæsarean section in this southernmost British colony. The mother, a primipara, aged 20, was admitted into the maternity ward at the King Edward VII. Memorial Hospital, Stanley, F.I., on August 12th, 1921. The bony pelvis was deformed and delivery in the usual manner was at once seen to be impossible; I therefore advised an operation to which the patient and relatives readily consented. Cæsarean section was performed by me in the usual manner and a fine boy weighing 7 lb. was extracted. Mother and child left the hospital on Oct. 12th, strong and healthy; the infant was christened Cæsar.

The climate here is most favourable to the successful issue of surgical operations, the usual aseptic precautions are taken, but virulent organisms so frequently met with elsewhere do not appear to exist here, or if they do, the climatic conditions do not allow them to flourish.

Medical Societies.

ROYAL SOCIETY OF MEDICINE.

SECTION OF THERAPEUTICS AND PHARMACOLOGY.

A MEETING of this section of the Royal Society of Medicine was held on Feb. 14th, with Dr. LANGDON BROWN, the President, in the chair.

In the absence of Dr. H. H. Dale, Dr. J. H. BURN read a paper by Dr. DALE and Major C. F. WHITE on *Experimental and Clinical Comparison of Different Preparations of Neosalvarsan*,

of which the substance was as follows:—

Attention was concentrated during the war on ensuring that the preparation of salvarsan and neosalvarsan supplied for use in this country were not unduly toxic. Salvarsan presented a relatively simple problem, but the true composition of neosalvarsan is a matter of some uncertainty, and the patent specifications do not give full working details of its preparation. The test imposed for toxicity being a fairly rigid one, the efforts of manufacturers were naturally directed to the discovery of minor modifications of process which would lower the toxicity of the product. As a result the toxicity of British neosalvarsans became much lower than that of the German preparation. Suspicion was later aroused as to their therapeutic efficacy. A test for therapeutic potency was worked out, using mice infected with *Trypanosoma equiperdum*. On this basis the British neosalvarsans were found defective, and the manufacturers were advised to alter their processes, with the result that they successfully produced preparations which were not more toxic than German neosalvarsan, and at least as potent in their curative action on the infected mice. Samples of deficient and of satisfactory efficacy were then selected, and clinical tests on these were made at Rochester Row Military Hospital by Major White and Mr. Mills. The criterion of activity was the rate of disappearance of spirochætes, from active syphilitic lesions, after a single dose of 0.45 g. The result was to place the preparations in the same order, as regards potency, as that deduced from the mouse test. This test is accordingly regarded as a satisfactory indication of efficacy, and its application is expected to result in the maintenance of British neosalvarsans at their present satisfactory level of efficacy.

Dr. R. L. MACKENZIE WALLIS read a paper on *Tests for Hepatic Insufficiency after Arsenobenzol Treatment*.

He said he had been working for some time upon the tests of hepatic efficiency applied to the changes observed in eclampsia and the toxæmias of pregnancy, and had used the same tests for determining the effects of salvarsan compounds upon the liver. As the result of the trial of many tests he had adopted three as the most effective: (1) lævulose tolerance test; (2) blood lipase test (Whipple and others); (3) cholesterol content of blood (Myers and others).

1. *Lævulose Tolerance Test.*—The blood-sugar content having been ascertained, and the normal urinary sugar determined, 25 g. of lævulose were given to the patient. Fifteen minutes later the blood-sugar was again determined, and the process repeated at the half hour, hour, and hour and a half intervals. At the end of one and two hours the amount and nature of the urinary sugar was estimated. The results of the blood-sugar determinations were plotted in curves and compared with the normal controls.

2. *Blood Lipase Test.*—The lipolytic activity of blood serum was determined by estimating the amount of free acid produced by the saponification of ethyl butyrate by means of the lipase present in the serum. This test was valuable qualitatively rather than quantitatively, since when positive the lipolytic activity was ten times that regarded as normal.