

through the lower wound into the pelvis. Two days later the edges of the lower wound became red and swollen. The stitches were taken out and fomentations were applied and the inflammatory trouble soon disappeared. The patient was fed with nutrient enemata, beef-tea, and milk alternately for seven days, and then she was given in addition one drachm of meat juice by the mouth every two hours; two days later milk was given in gradually increasing quantities, until by the eleventh day she was taking three pints of milk in the 24 hours and one drachm of meat juice every two hours. On the fifteenth day she was taking fish. She left the hospital for the convalescent home five weeks from the date of admission.

I saw her four months later when she expressed herself as being quite well. There was no abdominal tenderness or pain after food and she could take any kind of food; she said that she was more comfortable than she had been for the last three years. I saw her several times subsequently as she complained of pain in the region of the inguinal scar, and here a ventral hernia was developing. Pressure with a pad was tried but gave no relief. As the hernia not only gave rise to much discomfort but was also a source of great anxiety and was rapidly increasing in size I recommended an operation for its radical cure. On Nov. 15th, 1902, the scar and hernial sac were excised and the various layers of the abdominal wall were sutured separately. The coils of small intestine which presented in the wound during the operation were smooth, shiny, quite free from adhesions, and bore no trace of the process through which they passed eight months before. On Feb. 6th, 1903, I found that there was no bulging in the site of the old ventral hernia.

Queen Anne-street, W.

A CASE OF EMPHYSEMA IN VIOLENT LABOUR.

BY JOHN BRAITHWAITE, M.D. DURH.,

PHYSICIAN TO THE DEVONSHIRE HOSPITAL AND BUXTON BATH CHARITY.

THE patient, who was a primipara aged 24 years and of small stature, began to have labour pains about 3 P.M. on Feb. 14th, 1903. From the first the pains were frequent and violent. The membranes ruptured about 11 P.M. About midnight her mother noticed that her face and neck had begun to swell. I saw her about 4 A.M. on the 15th when pains with very violent expulsive efforts were occurring about every three minutes. The pulse-rate was 120. The foetal head was in the first position and half an inch from the perineum. On placing my hand over the abdomen I found that the uterus was not always contracting when the patient was "bearing down." There was well-marked emphysema over the base of the nose, both sides of the face, the front and both sides of the neck up to the mastoid processes, and over the whole of the front of the chest as far as the nipples. She complained of her neck being painful on movement and said that the skin crackled like brown paper. There was also hæmorrhage into the inner half of both conjunctivæ. A little chloroform stopped the expulsive efforts and lengthened the intervals between the proper pains. Labour ended about 6.30 A.M. without any further trouble. Convalescence was uninterrupted. On the 16th the emphysema had disappeared from the base of the nose. On the 17th it had almost left the cheeks, but whilst straining at stool she could feel the sides of her neck being puffed out. On the 19th the face and upper half of the neck were quite clear and on the 23rd I could only find a few isolated patches on the chest. By the 28th the emphysema was all gone.

Buxton.

A CASE OF FLOATING KIDNEY IN AN INFANT.

BY REES PHILLIPS, M.B. LOND.,

HOUSE SURGEON TO THE HOSPITAL FOR WOMEN, BRIGHTON.

FLOATING kidney and moveable kidney appear from the literature of the subject to be very rare in infancy. Morris states that a floating kidney with a mesonephron is "excessively rare." I have therefore thought that the following case might be worth recording in this connexion.

The patient was a male child, born on Feb. 4th, 1903, whom I was called to see a few days after birth on account of an attack of greenish vomiting attended by collapse. When

seen by me the child had recovered from the attack and looked apparently healthy and well developed. Examination of the abdomen revealed a very lax and atonic condition of the walls and there appeared to be a small oval tumour causing a prominence of the abdominal wall just below the ribs on the left side. Palpation showed that this tumour was the left kidney "floating" forwards. It glided about readily within the abdomen and could be displaced forwards so as to come in contact with the abdominal wall just to the left of the umbilicus. The right kidney was also "moveable," but not "floating." Its movement was chiefly in a vertical direction and the anterior and posterior walls of the abdomen could be compressed together above its upper extremity and the kidney thus held down. Since then the patient has had about half a dozen similar attacks of green vomiting and the mother states that he has had three attacks of "convulsions" with foaming at the mouth. The child is very constipated. Whether the symptoms are dependent on the abnormal mobility of the kidneys or are merely coincident I cannot say. The symptoms do not appear to be influenced by the position of the child. As the floating kidney has existed from birth this must be a case in which a mesonephron exists.

Brighton.

Medical Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

A Case of Multiple Myeloma with Bence-Jones Proteid in the Urine.

A MEETING of this society was held on March 10th, Mr. ALFRED WILLETT, the President, being in the chair.

Dr. F. PARKES WEBER read an account of a case of Multiple Myeloma with Bence-Jones Proteid in the Urine. He said that the patient, a rather fat man, aged 50 years, complained of rheumatoid symptoms commencing about the end of the year 1899. About February, 1900, he began to suffer from pains in the loins and stiffness in the small joints of his hands. Soon afterwards the upper part of his back began to bend so that he always had a stooping attitude. Previously to this illness the patient had been strong, but as a young man had had gonorrhœa and a chancre on the penis. One of his sisters suffered from diabetes mellitus. The urine of the patient was found to contain the Bence-Jones proteid. The daily amount of the urine was about 2000 cubic centimetres and it contained about seven per mille of the proteid as measured by Esbach's albuminimeter. By a more exact method (precipitation with alcohol, drying, and weighing) Dr. R. Hutchison found that about 15 grammes of the proteid were excreted daily. The reactions of the proteid were the typical ones described by Dr. Bence-Jones, Dr. Kühne, and Dr. T. R. Bradshaw. For some time the patient's condition remained fairly stationary and at first by the use of local hot baths, massage, &c., the power of bending his fingers was improved. Afterwards, however, the general weakness, cachexia, and anæmia greatly progressed and gummatous disease of the tongue and on one rib made its appearance. Examination of the patient's blood showed slight leucocytosis. In January, 1901, it was found to contain about 23 per cent. of the normal hæmoglobin. In the cubic millimetre there were 2,980,000 red cells and 11,000 white cells (25.6 per cent. lymphocytes, 3 per cent. large mononuclear, 70.3 per cent. polymorphonuclear, and 1 per cent. eosinophile). No myelocytes or atypical cells were detected amongst the leucocytes. On Jan. 25th, 1902, the patient died after copious hæmorrhage from the intestines, which post-mortem examination showed to be due to chronic ulceration of the duodenum. The Bence-Jones albumosuria persisted to the last. At the necropsy the bone marrow of all the bones examined was found to be more or less affected by a diffuse sarcoma-like growth of rounded or polyhedral mononuclear cells, a form of "multiple myeloma" or "myelomatosis." A report on the microscopic characters of the new growth by Professor R. Muir was quoted. The presence in the tumour of cells containing granules and globules of various sizes constituted a striking histological feature in the present case. The new growth was confined to the bones and formed no localised tumours projecting from the bones, such as had been noted in some cases of multiple myeloma. In fact, neither by direct