

diluted sample. Thus, 18 divisions would indicate 9 gr. per fl. oz. If the urine has a specific gravity of 1035 or more it should be at once diluted 5 or 10 times before commencing an analysis.

The percentage weight of sugar to the volume of urine may be ascertained by dividing the number of grains per fl. oz. by 4·8
Savile-row, W.

FRACTURE OF THE NECK OF THE FEMUR IN THE EIGHTY-EIGHTH YEAR OF AGE; RECOVERY, WITH BONY UNION.

By W. PUGIN THORNTON, M.R.C.S. ENG.

FOR anybody in the eighty-eighth year, after fracture of the neck of a thigh bone, to recover sufficiently to be able to walk with the aid of crutches warrants, I think, the publication of the case. A retired colonel, aged eighty-seven years on his last birthday, in vigorous health and accustomed to daily unassisted outdoor walking exercise, had driven on the afternoon of April 2nd, 1894, a one-horse four-wheeled carriage two miles in the country. He was standing before the horse, altering the bit, when it suddenly bolted and knocked him over. He was found shortly after the accident sensible but helpless on the ground. After some delay he was brought into the town in a carriage. I saw the patient two hours after the accident, and helped to carry him into his house. He complained of excruciating pain about the right hip on any movements of the leg, which he did not feel when the limb was at rest. This leg was helpless, slightly everted, and apparently without shortening. When moving him from the carriage to his bed he could, when supported, bear weight on the left leg. On sending a message to Messrs. Preston and Prentice, surgeons in this town, these gentlemen arrived in about an hour's time, very acceptably bringing chloroform, splints, &c. We then put the patient under chloroform and, having first emptied the bladder, the urine being clear, examined the right leg. I immediately found crepitus at the neck of the femur. Mr. Preston then examined and then Mr. Prentice, but neither produced the evidence of fracture. We put up the leg in a splint extending from the axilla to some inches beyond the foot. On the following day, at 12 A.M., the patient's temperature was $101\frac{1}{2}^{\circ}$ F. It reached this height once again in April. Three times between April 3rd and June 3rd it was $100\frac{1}{2}^{\circ}$, otherwise ranging from 100° to 97° . The pulse during these two months usually kept from 80 to 90, and the respiration from 20 to 24, but at times the patient had severe attacks of sighing, which occasionally ended with breathlessness, and hardly an appreciable pulse. These attacks were relieved by brandy and permanently stopped by citrate of caffeine. As he was delirious for the first few nights after the accident it was necessary to have four nurses. Besides being powerful, he was a heavy man, so that two nurses at night time and two during the day for the first three weeks, until he could help somewhat in being turned on to his side, were a necessity. For the first month he was kept on a water-bed, and after that time on an American wire-braided mattress. When on the water-bed a small sore came on his back, but through the assiduous care of his nurses it only lasted a few days. On the fifth day after the accident pain was felt in the left leg, and a bruise was noticed close above the knee to half-way up the thigh, running inwards, and corresponding to the breadth of the tire of a carriage wheel. From that time this leg, especially at the back of the knee, gave the patient more pain than the right; and when he first attempted to walk it was the most painful of the two. On May 14th the long splint was taken off and sandbags were used for a fortnight. He was measured by Mr. Hawskley for a Durham's steel screw splint, so that I might get him sooner out of bed than I could otherwise have done. His right leg at that time was almost entirely free from swelling and could be flexed without pain. He could also, with a little assistance, turn himself in bed and could sit up with the aid of a bed-rest for some hours; but between the time of measuring and fitting on the splint the patient one day, in the absence of the nurse, assisted by a relative, so exercised his leg that the same evening there was

a rise of temperature, a restless night, and soon a thick swelling under the whole length of the ilio-tibial band of the fascia lata. This swelling remained the same for more than a month. It could be broken up by pressure into portions of any size. At the same time the pain at the hip returned, and the leg and foot were as œdematous as they had been after the accident. Accordingly I had to give up all idea of using Durham's splint, and could only continue keeping the patient in bed. At this time the right leg measured in length half an inch less than the left. On Aug. 16th I had him up for the first time, he having been four and a half months in bed. He went out in a bath-chair in the garden on the 29th, and for a three hours' drive in the country on the 31st. At the present time the patient is very well in health, and daily goes into the garden in a bath-chair and sometimes for a carriage drive. He is only able to walk a short distance with the aid of his crutches. I do not expect that he will improve in this respect on account of his age.

Canterbury.

CHLOROBROM IN SEA-SICKNESS.

By WALTER FREDERICK DALE, M.R.C.S. ENG.,
L.R.C.P. LOND.

ON my outward voyage to the Falkland Islands seven years ago, to take medical charge of the employés upon a tract of country there, I had a very bad experience of sea-sickness. I tried in succession a number of drugs which had been mentioned as useful, and found them all equally useless. In course of time the actual outbreak of sickness passed away, but during the whole voyage I was never really well. I was never able to smoke. In THE LANCET¹ I noticed an article on the effects of chlorobrom in sea-sickness by Professor Charteris of Glasgow, and when I left the colony in May last year I took with me a supply of this solution. As recommended, I took a dose of it a couple of nights before going to bed. We left in the early morning, and when we got out into the sea-way a fairly good sea was running, but I was able to stay on deck all day. At night I had some more chlorobrom and was not sick. At most I felt only an occasional slight nausea. The ship was very full, and the captain very kindly gave up to my wife and myself his cabin, which was fitted with two berths—one parallel, and the other at right angles to the long axis of the steamer. I had thus an opportunity by changing berths of converting pitching into rolling by taking the cross berth. On the third night I was just going to sleep in the parallel berth when I was suddenly aroused by a sensation of sea-sickness. The steamer began to pitch most fearfully, and I scuttled out of my berth to a cross sofa, and there I had a "few mighty mean moments." When the steamer gave an unusually deep dip of her stern I experienced a sensation in my abdomen as though all the intestines were drawn forcibly down about the spinal column, and I believe that by gravitation such was the case. My wife then woke up, and, seeing what a sorry case I was in, gave me the cross berth, and at my request handed me the bottle containing chlorobrom, of which I took about a dessert-spoonful. In about half an hour I repeated that dose. The result was that, although we had an awful night, I not only was not sick, but slept for a fair time during the storm. The next morning the wind had gone down, but the sea was still rather heavy. It was suggested to me that champagne was a very good thing at sea. I exhibited it internally and promptly re-exhibited it, and this was the only time that I was sick during the voyage. Moreover, I was able to smoke during the greater part of the time.

Now there are two possible sources of error in judging of the value of chlorobrom in this case. Firstly, while in the Falkland Islands I had a good deal of cutter work in visiting my patients, which might have made me a better sailor. But I doubt that, for I was never able to stop in the cutter's cabin in heavy weather. Secondly, the cross berth might have had something to do with my comparative immunity; but I am disposed to put down a good deal of my comfort to chlorobrom. The steamer that I came home in carried a German medical man, so that I could not give chlorobrom freely to my fellow-passengers; but I gave some to a lady who was ill and to a man who was having a very bad time of

¹ THE LANCET, April 21st, 1894.

it, and in each case it did good. If ever I go to sea again I shall certainly lay in a stock of chlorobrom. I quite believe, too, in the liver being acted upon before going on board and in cases where the cooking is likely to be bad. I am sure a stock of "comforts," which can be had nowadays in many attractive forms, is a wise investment. Further, I should say where a cross berth does not exist, one might be improvised with a bed-stand chair or a hammock, for I am sure it is the pitching that does the mischief. In support of this it just occurs to me that when I was on board a whaling ship the year before last in the Falkland Islands I asked the captain about the crow's-nest, and he said that when he was up there he did not mind the rolling; but as soon as the ship began to pitch he got sick and had to come down.

There are different views about the causation of sea-sickness; but, in my opinion, it begins in the brain. I noticed a rather curious thing when I was at the Falkland Islands that might, I thought at the time, have some slight bearing upon the view that sea-sickness was due to movement of the cerebro-spinal fluid. The great bulk of my journeys was done on horseback, and in consequence of the roughness of the ground the horse's paces were so irregular that "posting" in the saddle was impossible. We therefore rode military fashion—i.e., sat down and allowed the horse to pitch us up and down in the saddle by his movements. Horses were "rough" or "easy," according to the height of their lift, and there was a vast difference in the fatigue of riding them. But I have noticed repeatedly after riding a long journey (say, thirty miles) on a rough horse (when I had been sitting in my chair for about half an hour) a curious sensation as though somebody had put a hand against the back of my head and suddenly pushed it forwards, and it was always accompanied by a sickening sensation. It only lasted about a second or so, and I might get it twice in the course of the first half hour after getting off horseback, and then no more till after the next long journey on a rough horse. I believe—though, of course, I cannot prove it—that it was caused by cerebro-spinal fluid, which had been drawn down in excess of the normal into the spinal canal by the succussions in the saddle, suddenly escaping back into the fourth ventricle. I think the fact of chlorobrom influencing sea-sickness is a pretty good proof that the latter starts in the brain.

Welling, Kent.

Clinical Notes :

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

ANURIA IN THE COURSE OF MALIGNANT UTERINE DISEASE.

BY J. J. STACK, L.R.C.P. EDIN., L.R.C.S. IREL.

A WOMAN aged sixty-eight years, a widow, consulted me in November, 1893, complaining of uterine hæmorrhage, a sense of weight and "bearing down" feeling, together with being generally "out of sorts." She had previously been under the treatment of a medical man in her neighbourhood, and had also been operated upon for cataract by Mr. Nettleship. On examination per vaginam there was found to be some slight tenderness and bleeding; the cervix was quite hard, and the womb immovable. There was some erosion round the os uteri. There was no perceptible abdominal swelling, but I thought I felt some abnormal hardness and enlargement of the ovaries. My diagnosis was that of carcinoma, but to what extent the tissues were involved I was unable to say positively; the patient being very nervous and irritable, I was restrained from pursuing my examination to the extent that I should wish. Her past history was that of a dyspeptic, and her chief complaint was constipation and piles. She suffered a good deal during her child-bearing days, and was worried also by financial mishaps. I could get no history of cancer in any of her family. Considering all the circumstances, I advised palliative treatment, believing that surgical interference was out of the question. The bleeding ceased after a hypodermic injection of $\frac{1}{10}$ gr. of ergotinine. I ordered vaginal injections of a warm solution of boric acid with a little cherry-laurel water. These were

continued to the last; and under the circumstances she seemed to get on comparatively well, suffering no pain whatever but an occasional bearing down, which nearly always ceased when some slight hæmorrhage took place. She went to the country on a visit in the early part of September, 1894, and returned on the following month. During her visit she suffered from constipation, and an attack of jaundice supervened, which she attributed to the rich food of which she had been partaking. I again saw her on her return to town. She was then jaundiced and seemed to be very weak. She complained of passing very little water, and owing to her anxiety on that point I gave her two powders of symphorol, in conjunction with other diuretics, without any appreciable effect. Very little water, about a dessert-spoonful, passed for two days; then the kidneys refused to act altogether from Nov. 21st to 29th. I introduced male and female catheters frequently without any result, and am confident that the bladder was quite empty. She took powders containing compound powder of jalap and compound powder of elaterium, and also had half a grain of pilocarpine by the mouth. The latter produced violent diaphoresis, and the combination, I believe, averted uræmia, and distinct improvement followed their administration, though she felt very weak and depressed. I had a medical man's assistance on the 27th, who prognosed immediate death. She was taking champagne and brandy as stimulants. On Nov. 29th copious urination took place—a very cataclysm—and with it the patient's condition was completely changed from a semi-comatose state to that of great excitement, irritability, and want of sleep. She remained quite conscious for a few days, after which she lingered on till Dec. 7th. The jaundice, I believe, marked the incidence of metastasis. Her liver was much enlarged when she returned from the country. But what was the cause of the suppression of urine? Was it due to the presence of bile in the blood? The kidneys seemed to be quite normal, being free from sugar and albumen. There was no post-mortem examination. I cannot recall a similar case, either from observation or from medical authorities.

New-cross, S.E.

TWO CASES OF PHENACETIN RASH.

BY R. MILBOURNE WEST, L.R.C.P. LOND.

As there still seems some uncertainty about the existence of a "phenacetin rash," the following two cases may help to clear up the doubt.

Case 1.—A man aged twenty-eight years was taken with slight rigor, violent headache of a neuralgic character, and a feeling of nausea. As the headache formed the most prominent and painful symptom two five-grain phenacetin tabloids were administered. Three hours later I again saw the patient, who expressed himself as feeling better; his face, chest, and arms were, however, covered by a dense scarlatiniform rash, slightly raised from the skin surface, and causing a tingling, smarting sensation, as though, to use the patient's own words, he had "been exposed to a violent storm of sleet." Two hours after the onset of the rash it had disappeared, and next morning he was well. On several subsequent occasions I have administered phenacetin to him in doses varying from five to fifteen grains, and on each occasion the same rash, more or less pronounced, according to the dose, has made its appearance.

Case 2.—A young woman, subject to attacks of facial neuralgia, was in the habit of taking phenacetin for their relief in doses varying from five to fifteen grains. On each occasion, from between one to two hours after administration of the drug, an urticarial rash, presenting raised wheals, chiefly on the face and neck, and accompanied by a sensation of heat and tingling, appeared, lasting usually a couple of hours. In neither of the above cases were any other unpleasant symptoms caused by the drug.

Ealing.

AT the inaugural meeting of the Inverness Medical Society held in December, 1894, Dr. Mackay read a paper on a case of Myxœdema treated with Extract of Thyroid Gland and practically cured. Dr. Wilson Black contributed notes of two cases of Psoriasis in which the same remedy was administered; in one case it was successful, and in the other a temporary improvement resulted. We congratulate our brethren in Inverness on the foundation of a new medical society.