lost a stone or so in weight and were weak. Very few had any diarrhoea, and in those in which it did occur bismuth carbonate in teaspoonful doses was most useful. In this there was a marked contrast to the cases of amoebic dysentery in 1915, where a chronic or relapsing diarrhoea was a common feature. I found lactic acid fermented milk acted very well in these cases of post-dysenteric diarrhoea without any specific pathogenic organisms in the stools. *Amoeba histolytica* disappeared from the stools of the three cases of amoebic dysentery after ten days' administration of bismuth and emetine iodide. Each dose was preceded, half an hour before, by ten drops of chlorodyne. This was found to prevent nausea and vomiting.

Most men complained of constant pain in the back and bones of the legs, in some for a time so severe as to prevent sleep. This pain was unaccompanied by abnormal physical signs. There were no cases of arthritis in these cases from France.

Quite half the men had some tachycardia, with a rate of from 80 to 110. It gradually subsided with rest in bed. Digitalis slowed the rate to normal in many of these in a most marked way.

One man had incontinence of urine, with *Streptococcus faecalis* and *B. coli* in the urine. This cleared up on administration of hexamine.

The above evidence suggests the following conclusions There are a large number of men serving in France—possibly a third of the number—who are unprotected against paratyphoid A and B, either by inoculation having taken place previous to 1916 or owing to disappearance of agglutinins for these diseases. These men are liable to become infected. It is advisable that inoculation or reinoculation with A and B be done once a year.

The importance of a pure water supply, where this is possible is emphasized by the occurrence of dysentery, both amoebic and bacillary, in France. Such cases are likely to increase in numbers during the coming summer.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

THE TREATMENT OF PUERPERAL SEPSIS BY THE CARREL-DAKIN METHOD.

DURING my period of service in France I was much impressed by the success attained in the treatment of large septic wounds by the Carrel-Dakin method, and it occurred to me that a similar kind of treatment would probably be useful in many cases of puerperal sepsis. A tube or tubes of suitable length could be introduced into the uterine cavity, and once they were in position it would only be necessary for the nurse to undo the clips, and inject an appropriate quantity of Dakin's solution every hour or two hours. The only disturbance of the patient would be that required for the introduction of the tubes. The subsequent treatment could then proceed with the minimum of discomfort to the patient and without any manipulation of the uterus.

I am convinced that in this method we have the possibility of a great advance in the treatment of a condition which has hitherto baffled medical and surgical resources.

JOHN CAMPBELL, M.D., F.R.C.S.Eng.,
Surgeon to the Samaritan Hospital for Women, Belfast; late Surgeon to No. 5 British Red Cross Hospital, B.E.F., France.

TREATMENT OF INFANTILE CEREBRAL DIPLEGIA.

THE fundamental fact of the symptomatology of this disease is the spasticity of the muscle. From this condition it follows that any attempt of the person to perform an act results in excessive muscular contraction. Normally the act of attention is followed by mild contractions of the muscles of the face; in this disease it is followed by excessive contractions that produce the familiar staring mask-like appearance. In walking, moving the arms, or in speaking every muscle is thrown into violent contraction. To control these excessive contractions and keep them from being utterly irregular certain muscles must be trained to counteract each of the overacting ones—that is, the co-ordinating centres of the nervous system (taxic centres) are to be trained to counteract the irregular effects of spasticity. If by "hypertonia" we indicate the spasticity itself, then "anatonia" may be used to designate the efforts of the nervous system to control the spasticity. Up to the present time all the methods designed to teach these people to walk and control their arms have consisted in exercises in which they are taught to try hard to control the jerkiness of the movements.

This disease may be conveniently studied in its effects on speech. Inscriptions of speech made by a recording apparatus show that all the sounds are over-enunciated, that the tone from the larynx is almost absolutely monotonous, that the breath is held under great pressure, etc. The work on speech has suggested a method of treatment that has proved highly successful. In this disease any effort of will of normal strength is followed by muscular contractions of abnormal force; therefore it follows that milder muscular contractions may be obtained by weaker acts of will. The patient should be trained to speak and act gently, as if he did not care to make any effort at all. The result is a weaker muscular action. In a very short time he learns to restrain his impulses, as if he meant to speak in a "don't care" manner. The result becomes normal speech. The same method is extended to walking and the use of the arms. "Try not to try" is the instruction. In every act the patient carefully refrains from any mental effort, and the spastic muscles are aroused only by weak impulses. Special co-ordinating exercises are unnecessary; are, in fact, injurious. The patient learns to walk and speak by special training in graceful, easy, and relaxed movements under skilful care. The results by this method are quick and permanent.

London, W. E. W. SCRIPTURE, M.D.

SCIRRHOUS CANCER OF THE OVARY AT THE AGE OF 15.

ON January 2nd, 1917, in consultation with Dr. Percy Elliott, of Walthamstow, I saw a young lady with a solid abdominal tumour. She was 15 years of age, was menstruating regularly and as usual. Six days before I saw her she had complained of rather severe pain in the lower abdomen and back, but more especially in the back, and pain with a more or less constant feeling of sickness, and occasional attacks of sickness, had been troublesome symptoms ever since. When Dr. Elliott saw her he detected an abdominal swelling in the hypogastrium, and to eliminate the question of a distended bladder he very advisedly passed a catheter. When I saw her the tumour, which extended from the pelvis to within an inch of the umbilicus, was pushing the anterior abdominal wall slightly forward. It was central in position, fairly regular in outline, and everywhere hard. Both flanks were resonant. On rectal examination a portion of the swelling was felt in the right pelvis.

The patient herself—being a mere child—was unable to throw any light upon the question as to how long the growth had probably existed as an abdominal swelling.

The growth, when removed by me four days after I first saw her, was a solid tumour of the left ovary. It was of the size of an average male adult head. The pedicle was extra thick and extra vascular. The right ovary appeared quite healthy, and was consequently not disturbed.

Dr. Trevor Davies, who examined the tumour microscopically, pronounced it scirrhus.

London, W. JAMES OLIVER, M.D., F.R.S.Edin.

CASE OF QUINTUPLETS.

MRS. C., aged 39, when I first saw her on January 4th, 1917, was complaining of shortness of breath, persistent vomiting, a lump rising and falling in her throat which was choking her, and pain of a dull gnawing character in her side.

History.—She was eight months pregnant, had suffered a good deal the whole time with vomiting, was very nervous, and slept badly. She had no piles, but complained of her feet being swollen more than usual. She had seven children, all living; no miscarriages. Her previous confinements had been all quite normal, of an average duration of five to six hours. No previous twins or triplets.

Family History.—She was one of a family of eight; one sister had had twins once, no other multiple pregnancies. Her husband was one of a family of six, no multiple pregnancies.

On examination the abdomen was very large, distended, and quite hard all over. I could detect nothing on palpation. Tachycardia was present, and a slight systolic murmur. She was unable to lie flat on her back due to the dyspnoea, and had to sleep in a semi-recumbent position, propped up with pillows. There was oedema of the legs and feet. She was treated with gastric sedatives and potassium bromide.

Labour began on February 1st about 8 or 9 p.m. I was summoned about 2 a.m. I found the os three parts dilated and a bag of waters presenting. I ruptured, and at 2.30 a.m. the first child was born—a male (presentation left occipito-anterior). After a pause of about five minutes the uterine contractions started again, and a second bag of waters was found presenting; on rupturing it a second cephalic presentation was found (left occipito-anterior) again. The second child was delivered at 2.40. This delivery was followed by quiescence for about twenty minutes; uterine contractions then started again, a third bag of waters was found presenting, and on rupture a podalic presentation was found. Delivery took place in about twenty minutes at 3.20 a.m. After an interval of only a few minutes uterine contractions again started, another bag of waters presented, and on rupturing it a left occipito-anterior presentation was found; the delivery took place in a few minutes, the birth occurring at 3.30 a.m. After another few minutes' interval uterine contractions again started, another bag of waters presented very high up in the pelvis; on rupturing, a cephalic lie was made out. Delivery took place very rapidly, the child being born at 3.48.

After an interval of about a quarter of an hour slight uterine contractions were again felt, when the placenta was expressed without any difficulty; it was found to be one large placental mass with five separate sacs.

The sex of the first four children was male; the last was a female; they were all alive at birth, and lived for varying periods from one and a half hours up to twenty-eight hours. The children were fully developed, about 8 to 12 in. in length. I unfortunately had no opportunity of weighing them.

The amount of liquor amnii was enormous, over three quarters of a bucketful.

The mother had quite a normal puerperium; there was no tendency to excessive haemorrhage.

Horden. W. MARTIN, L.S.A.

Reports
ON
MEDICAL AND SURGICAL PRACTICE IN HOSPITALS AND ASYLUMS.

BRISTOL ROYAL INFIRMARY.

A CASE OF ALKAPTONURIA.

(By F. K. HAYMAN, M.B., B.S.)

THE patient, a girl about 8 years old, was admitted to the infirmary on account of tuberculous glands in the neck about January 25th. She was weakly looking, and the mother said that she had always been delicate, though she had had no serious illnesses except the usual childish ailments.

The urine when passed was clear, and normal in colour, of specific gravity 1012, slightly acid, reduced Fehling's solution, and immediately turned dark brown on adding caustic soda or strong nitric acid. It gave no reaction for blood or albumin, and no sugar was found by other tests. On keeping, the specimen turned dark brown in a few hours, and became progressively darker for two or three days. It did not in this time undergo any putrefactive changes, but remained almost odourless.

The child's mother states that she had noticed the change of colour in the urine, but she says that it is not constantly present. She has had it from birth, for about one or two weeks at a time, at intervals of about two or three months. She states that there is no trace of the condition in the other children, but that her mother and one of her sisters had it. There is no consanguinity in the parents, or, as far as I can find out, in the family at all. There is no sign of any discoloration of any of the ligamentous or cartilaginous structures in the body.

Reports of Societies.

DIAGNOSIS IN DYSPEPSIA.

AT a meeting of the Harveian Society, when Dr. AMAND ROUTH was in the chair, Dr. ROBERT HUTCHISON read a paper on diagnosis in dyspepsia, which he defined as a disturbance of digestion caused by organic disease or functional disorder of the stomach. Owing to the widespread nervous connexions of the stomach and its close relations to other organs in the abdomen, dyspepsia was apt to be simulated by disease elsewhere than in the stomach itself. Among such conditions in which vomiting was chiefly the deceptive symptom were pregnancy, uraemia, pulmonary tuberculosis, obstruction in the urinary passages (uro-kinetic dyspepsia) or colon, cerebral tumour, gastric crises of tabes, migraine, movable kidney, nervous or hysterical vomiting, and, possibly, vicarious menstruation. Gastric pain might be simulated by gall stones, angina pectoris, and angina abdominalis, mucous colitis, and chronic appendicitis. Extra-abdominal causes had also to be thought of—for example, pleurisy, spinal caries, myalgia, and herniae. Finally, air swallowing (eructatio nervosa) was often mistaken for the flatulence of dyspepsia.

Having eliminated the possibility of simulation it had next to be determined whether the symptoms were due to organic disease in the stomach or to perversion of its functions. If the patient complained of severe pain, or if there were much wasting, or if vomiting were a prominent symptom, the presumption was in favour of organic disease and of the necessity for surgical treatment.

The organic diseases which had to be differentiated were (1) ulcer, characterized especially by pain coming on at a definite interval after food; (2) carcinoma, in which pain was more constant, and wasting and loss of appetite prominent features; (3) stenosis of the pylorus and hour-glass stomach, in both of which vomiting was pronounced; and (4) gastritis. The differential diagnosis of these by symptoms, physical signs, and the use of special methods such as test meals and *x* rays, was considered; and Dr. Hutchison then pointed out that midway between the organic diseases and functional disorders of the stomach were two conditions which partook to some extent of the character of both: (1) The painful dyspepsia of young women, variously known as gastralgia, acute ulcer, gastric erosions, haemorrhagic gastralgia, and gastrotaxis; and (2) gastroptosis. The diagnostic features of these were described, and it was pointed out that they were not cases for surgical treatment. If cases of simulation and of organic disease were eliminated it might be concluded that the case was one of functional dyspepsia. Further differentiation depended upon classification.

Various classifications of functional dyspepsia had been suggested. On an etiological basis the cases might be divided according to their supposed cause—for example: (1) Those due to physical causes, such as fatigue, unsuitable diet, defective chewing, and so on; (2) mental causes, such as overwork; and (3) moral causes, such as worry and depressing emotions. This classification, though unsatisfactory, was of some use in radical treatment; or a purely symptomatic division might be adopted into "flatulent," "acid," and other types. Such a basis, though often used, was apt to lead to unsatisfactory and rule-of-thumb therapeutics. The most scientific plan was to divide cases according to the nature of the disorder of function present. The physiological functions of the stomach were three—(1) secretory, (2) motor, (3) sensory, and any of these might theoretically be disordered in the direction either of excess or defect. Secretory disorders were hyperchlorhydria and achylia, motor disorders atony and hypertony, and sensory affections (theoretical) hyperaesthesia and anaesthesia. These disorders might also occur in various combinations with one another or along with organic disease. The differential diagnosis of these functional affections was then considered in detail.

to get a penny out of a money-box—namely, by rocking the box to and fro and by using a bent wire.

If rolling the man about failed to bring the shot to the orifice of entry Master Gale advised that he should be left alone, on the grounds that "there is great perill in long searching" and that "the aire doth alter the inwarde partes." He further gives this experience:

I my selfe serving at Muttrell, under the mightie and puissant Prince, Henrie the eight, about the yeare of Christ's incarnation 1544 had the experience of eleaven sundrie souldiours shot into the bodie, without pearcing of anie inward member, and I could not get out the shotte without greate difficultie and making incision, and therefore I letting the shotte remaine within the bodie, did perfectlie cure the patients and they lived long after without anie griefe.

According to the custom of the time, if any bowel protruded it was washed with red wine mixed with various septic substances before it was returned.

In the place of Dakin's solution Gale employed a mundificative or cleansing agent composed of oil of roses, turpentine, rosemary, "the herbe called horsetaile," wormwood, the lesser centaury, St. John's wort, plantain, and earth worms washed with wine.

Happy was the wounded "souldiour" who escaped the perils of the casualty clearing station in the days of Thomas Gale.—I am, etc.,

Richmond Park, March 11th. FREDERICK TREVES.

THE PROPHYLAXIS OF VENEREAL DISEASES.

SIR,—As my name has been mentioned by two of your correspondents in connexion with the discussion on Dr. C. J. Macalister's address at the Royal Institute of Public Health on January 31st, may I be allowed to reiterate the argument I used on that occasion?

That the connexion between immorality and venereal disease is not one of cause and effect is shown by the existence in other times and places of communities in which sexual vice was rampant and venereal disease non-existent. What applied to these communities applies also to individuals in our own community; apart altogether from the numerous cases of "innocent" infection, there is no close relation between an individual's standard of conduct and his (or her) freedom from venereal disease. As is well known, many ignorant and (comparatively) innocent youths contract disease the first and only time they "go wrong," whereas the libertine will often pursue his path with complete immunity to infection. This fact, that an act of immorality is not inevitably followed by disease, seems to me sufficient to refute the idea still so commonly encountered (implicitly if not explicitly), that these diseases play an ordained part in the punishment of wrongdoing.

But, it may be argued, granted that we abandon this conception of disease as a Divine vengeance, does there not remain the point that the fear of these diseases is a useful deterrent, and that their prevention would tend to encourage immorality? In reply to this, I should say, first, that I share the doubt, expressed by others, as to whether the fear of venereal disease is really sufficient to influence the conduct of many men and women. Since the outbreak of war I have given lectures to over 100,000 soldiers on this subject, and in attempting to encourage continence, I rely much more on other points than on the mere description of these diseases. Perhaps the chief value of such a description is that the hearers are less likely to neglect or conceal venereal disease, should they happen to contract it.

But even if the deterrent effect of the fear of disease be really great, is a "morality" thus dependent on a fear of physical consequences the type of morality aimed at by religious and ethical teachers? Surely not; the true sex-morality should be one based upon a proper conception of sex-relation and the spiritual (or ethical) advantages of self-control.

It is for these reasons that I advocate the prophylaxis of venereal disease as a legitimate branch of preventive medicine, to be pursued quite independently of possible effects on sex-conduct.

But, having said this, I am far from imagining that the spread of prophylactic knowledge throughout the civilian population would prove a decisive victory in the campaign against venereal disease. I should regard it as a useful advance, but equal or greater advances may be reasonably expected from the educational campaign now in progress, and especially from further diminution of alcoholic intemperance, easily the most powerful ally of these diseases. The struggle against venereal disease is an arduous one, and surely it behoves us to neglect no weapon likely to help in securing victory.—I am, etc.,

London, N.W., March 12th. OTTO MAY.

ROTATION OF THE LIVER ON ITS VERTICAL AXIS.

SIR,—Mr. John Howell's valuable contribution to the clinical history of "mobile liver" is of almost equal interest to the physician and to the surgeon. Owing to its unyielding attachment to the diaphragm and to the heart by means of the inferior vena cava, the liver cannot wander far; it can only swing from that central suspension, so far as its ligaments will stretch, either forwards and slightly to the left or in rare instances backwards and to the right. We are informed by Professor Arthur Keith that the considerable rotation witnessed in this case is peculiar to the female sex (is this perhaps partly due to the greater relative horizontal measurement of the female liver?), and that it may be regarded as the result of an extreme prolapse. Mr. Howell's lucid description does not specify any descent either of the anterior edge or of the posterior border (below which the lower half of the kidney could be felt). This suggests for the production of this form of displacement a mechanism *à deux temps*: a preliminary prolapse, to be followed by a steady drive upwards and to the right. But we are left without an explanation for the remarkable failure of all efforts to bring back the liver into its normal situation. It might have been caused by adhesions at the back. If not, was it perhaps simply due to the supine posture keeping the thick end of the liver tightly wedged in its dorsal position?

I venture this suggestion for what it may be worth. Possibly in this and in similar conditions the left lateral decubitus might sufficiently ease the right costal arch to enable the bulky right lobe to be raised into its axillary site.—I am, etc.,

London, W., March 3rd. WILLIAM EWART.

THE OLDEST AGE OF PARTURITION.

SIR,—The following case may interest Dr. Fred. J. Smith (March 10th, p. 349). Mrs. C. was born on May 17th, 1865, married at 18, first child born when she was 19; she has had eleven children. I have attended her in all but the first, the last child was born on December 16th, 1915, the mother being 50 years and 7 months old. The baby is alive and well.—I am, etc.,

Hitchin, March 12th. JAMES H. GILBERTSON.

Universities and Colleges.

UNIVERSITY OF OXFORD.

LESLIE PEARCE GOULD, M.A., M.Ch., of Christ Church, Oxford (son of Sir Alfred Pearce Gould), has been elected Radcliffe Travelling Fellow for the years 1917-20.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

AN ordinary Council was held on March 8th, when Sir Watson Cheyne, President, was in the chair.

Licence in Dental Surgery.

Diplomas were granted to eleven candidates found qualified at the recent examination.

Central Midwives Board.

The Council recorded their high appreciation of Mr. Golding-Bird's services as the representative of the College on the above Board during the past eight years. (Mr. Golding-Bird's successor is not yet appointed.)

General Medical Council.

A vote of thanks was recorded by the Council to Sir Henry Morris for his services during thirteen years as a Representative of the College on the General Medical Council. Mr. H. J. Waring was appointed in Sir Henry Morris's stead for the next five years.

Medical News.

COUNT GIAN GIACOMO DELLA SOMAGLIA, President of the Italian Red Cross, has been created a Senator of the Kingdom of Italy.

DR. A. L. J. MILLARD, physician to the Beaujon Hospital, Paris, who died recently, bequeathed nearly £30,000 for charitable and philanthropic purposes, mostly concerning the welfare of children.

IN view of the value of the rabbit as food, the Vice-Chancellor of the University of London has given instructions that it shall not be used in practical examinations in zoology for science students or in general biology for medical students during the period of the war.

CAPTAIN S. R. DOUGLAS, I.M.S. (retired), contributed to the last meeting of the Zoological Society of London an account of the results of an experimental investigation of the migration of woodcock breeding in the west of Ireland, showing that there had been an increase in the number so breeding.

THE report of Mr. J. W. Ogilvey, honorary secretary of the microscopical section of the Young Men's Christian Association, shows that the work in military camps and hospitals has been developed during the last quarter of 1916; seventy-three exhibitions were held and twenty-two lectures given. The subjects treated covered a very wide field, and included demonstrations of bacteria and spirochaetes.

THE first general meeting of the Medical Women's Federation is to be held at the house of the Medical Society of London, 11, Chandos Street, W., on Friday next, March 23rd, at 3 p.m. After a statement as to the history, aims, and objects for which the federation has been made, a resolution will be submitted expressing approval of the project; officers will be elected, and suggestions as to an annual medical meeting discussed.

AT the meeting of the Section of Balneology and Climatology of the Royal Society of Medicine on March 8th Dr. Fortescue Fox showed a number of mensuration instruments used at the Red Cross Clinic for the clinical treatment of disabled officers. They included protractors and arthrometers from the Grand Palais Hospital in Paris, as well as Professor Amar's arthrodynamometer and his cheirograph for measuring feeble pressure of paralysed hands. The exhibit also included goniometers and a torsion-meter designed at the clinic for measuring pronation and supination. Dr. Sonntag, medical officer to the clinic, exhibited an ergograph designed for estimating and recording the strength of muscular movements. Manipulation baths, which for the whole body can be used at about blood heat, or for single limbs at a much higher temperature (112° to 118° F.), were also described as useful in increasing the mobility of muscles and joints and improving their nutrition.

Letters, Notes, and Answers.

THE telegraphic addresses of the BRITISH MEDICAL ASSOCIATION and JOURNAL are: (1) EDITOR of the BRITISH MEDICAL JOURNAL, *Aitiology, Westrand, London;* telephone, 2631, Gerrard. (2) FINANCIAL SECRETARY AND BUSINESS MANAGER (Advertisements, etc.), *Articulate, Westrand, London;* telephone, 2630, Gerrard. (3) MEDICAL SECRETARY, *Medisecra, Westrand, London;* telephone, 2634, Gerrard. The address of the Irish Office of the British Medical Association is 16, South Frederick Street, Dublin.

LETTERS, NOTES, ETC.

THE PROPHYLAXIS OF VENEREAL DISEASES.

DR. JOHN R. GILLESPIE (Belfast) writes: Mr. Hugh Elliot, in his latest letter (BRITISH MEDICAL JOURNAL, February 24th, p. 280), appears to indicate his belief that the doctrine of punishment of the impenitent in a future life has been recently "exploded." That the doctrine was exploded almost 3,000 years ago is evident from Psalm xiv, 1: "The fool hath said in his heart, there is no God."

GAS GANGRENE.

DR. W. G. STEVENS (Renfrew) writes: Surgeon-General Sir G. H. Makins, K.C.M.G., C.B., in his Hunterian Oration reported in the BRITISH MEDICAL JOURNAL of February 17th, says that the "hospital gangrene" seen in the wars of the early part of last century did not in any way resemble the "gas gangrene" of to-day. In this connexion a few sentences from a report of a case in civil life, copied from *The Quarterly Periscope of Practical Medicine*, published October, 1827, seem interesting at the present time:

"Joseph Sparks, aged 15, was admitted April 16th, 1827, to St. George's Hospital, under the care of Mr. Brodie, for compound fracture of both bones of the left leg, occasioned by jumping over a ditch; the bones were broken at about the middle. . . . The limb was put up in junks and union of the external wound attempted. . . . On the 18th complained of severe pain. . . . On the 20th mortification had appeared, extending downwards to the foot and upwards to the knee. . . . Before proceeding to amputate, it was remarked that there was an emphysematous crepitation in the thigh. . . . At 4 p.m. the limb was removed a little below the trochanters. . . . He bore the operation well, and on its completion the anxiety of the countenance subsided remarkably. On waking at 8 o'clock in the morning of the 21st the jaw was seen to be locked, the tetanus became fully marked, and at 10 p.m. the poor boy died."

SUBCUTANEOUS EMPHYSEMA DURING LABOUR.

MAJOR J. PHILLIPS, R.A.M.C. (Bradford) writes: From time to time cases of subcutaneous emphysema during labour are recorded, and as in that described by Dr. Milne (BRITISH MEDICAL JOURNAL, February 24th, p. 262) it is invariably assumed that the rupture is thoracic. When I was house-surgeon at Leicester Infirmary in 1899 I saw two or three cases of surgical emphysema due to injury in the neighbourhood of the lacrymal sac. The rapidity with which in these cases surgical emphysema spread all over the face and neck when the patient used a handkerchief was very striking. In every case of emphysema occurring during labour in which the mode of onset is described the eyelids (usually one eyelid) is first affected, as in Dr. Milne's case. Surely it is easier to account for the condition by presuming that the thin mucous lining of the lacrymal sac has "gone pop" and permitted air to be forced into the subcutaneous tissues by forceful expulsive efforts from the nasopharynx than that the air has found its way up from the thorax to make itself evident first in the eyelids.

DR. L. J. H. OLDMEADOWS (Dartford) writes: When up country in Tasmania about twenty-three years ago I was called to a shepherd's wife in labour (primipara). She was aged about 20, apparently sound in every respect, and exceptionally well developed; she was much exhausted, had been in labour quite twenty-four hours; the head was presenting and well down through the brim of pelvis; pains were regular and strong. I had waited for about two hours when, after a strong pain, she cried out she could not see, and I found the whole of her neck and face, extending on to her chest, on the right side, was puffed up with a crackling emphysematous swelling; both the eyes, as the emphysema soon spread, were completely closed, and her features became unrecognizable; the emphysema spread down to the abdomen. I had no instruments with me, and I punctured the head of the child with scissors, when it was quickly expelled. The child was exceptionally large and well developed, weighing, I should say, quite 10 lb. I bandaged as well as I could the emphysematous parts of the chest for support, and left the woman pretty comfortable. I saw her next day. The emphysema had greatly decreased, and her general condition was good. I left the district the following day, and did not see the woman again. Having come to England I wrote about ten years afterwards, and found out the woman made a perfect recovery, had had four children since, no recurrence of the emphysema, and was in perfect health. She had no previous history of tubercle of the lung. I cannot account for the occurrence of this emphysema, which appeared to be due to a rupture of a bronchial tube or portion of the lung itself into the mediastinum.

HOLIDAYS ON HOME SERVICE.

BATTALION M.O. writes with reference to one of the points raised by "Bristol" in a letter published March 3rd, p. 313: Leave, while on home service, consists of five days a year, very grudgingly given. At the age of 49, if sick, I should not be allowed to go as convalescent for a single day to my own home. The relief for a sick medical officer is the sanitary officer, who is naturally not enthusiastic at piling your work on to his own. The morning work is a push against time, while the afternoon is very light—inoculations perhaps, at all events, no strain. If you are so much as two minutes late for morning sick, a message may come from the C.O.: "I must request you to be punctual on your parade." You are cut off from your family as completely as though in Salonica. I had seven months in Malta, and the sensation of being right away from them is no greater there than here.