mercury and iodides was resumed with success, and all went well until the end of fifteen months, when periostitis of the left tibia began, and a small gumma was found in the right testicle. By increasing the dose of iodides both these complications were got rid of. Now with regard to the wife: As far as one could find out—and I may say that I examined her myself once and her husband many times—no sore was ever discovered, but directly after the abortion she broke out in a pustular eruption exactly similar to that which her husband had had. A few weeks later mucous patches on the under surface of the tongue and an ulcerated throat were noticed and treated. She then became suspicious of her husband and left him. This series of disasters almost unhinged my patient's mind for a time, and at one period it appeared inevitable that the man would lose his reason. Eventually, however, he recovered, and then gave himself up to a somewhat fast life, presumably with the idea of forgetting the past. Remonstrance was in vain, and although he continued with treatment under me, he totally disregarded my advice as to his mode of living. The most extraordinary part of the whole affair was still to come. He went back to his former mistress and cohabited with her, and two months ago he presented himself at my rooms and exhibited a typical Hunterian chancre on the glans penis.

Here, then, was a man actually under treatment with mercury and iodides, suffering from undoubted syphilis, and reinfected in a period under two years with the same disease. I temporarily suspended all treatment in order to see what would happen. The chancre became very hard, and the surrounding tissues extremely indurated, and then the patient went through all the programme of the previous infection. He developed roseolar, papular, and pustular eruptions; he began to lose his hair, and ulcers of an undoubtedly specific nature formed in his mouth and throat. I then started treatment energetically with mercurial inunctions and internal medication, and he is now rapidly improving.

In conclusion, I might say that up to the time of the first infection the patient had enjoyed perfect health, and had never had occasion to obtain medical advice. He was an Englishman of good position, 40 years of age, and had been circumcised as a child.

A NOTE ON VERY HIGH SPECIFIC GRAVITY OF THE URINE IN HEALTHY WOMEN.

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ON FORENSIC MEDICINE.

THOUGH the following note refers to a subject which is by no means new, there seems to be too little stress laid upon certain normal differences which are apt to be observed between the urines of women upon the one hand and of men upon the other. When one is confronted in a case of examination for life insurance with a urine the specific gravity of which is 1040, one is at first inclined to think that the person who passed that urine must be abnormal, and not unnaturally one tests that urine with extreme care for sugar. The fact that specific gravities of 1035 or even 1040 may occur without there being anything the matter with the person at all is difficult to convince oneself of, until one has seen a number of cases. Such cases, however, do not seem to be very uncommon amongst women. The following instances occurred in the course of examining 150 apparently healthy nurses. In no case was any sugar to be detected in the urine, either by Fehling's or by the phenyl-hydrazine test.

One obvious suggestion is that a high specific gravity of this kind must indicate that the person is drinking far too little fluid, and is therefore passing a very concentrated urine. This is doubtless true to some extent, but it is not entirely true that if a woman drinks a normal amount of fluid per diem she will necessarily have a urinary specific gravity of 1025 or less; for whenever a nurse has been found to have a specific gravity at first examination of over 1030, she has been urged to drink fluids to the extent of at least three pints per diem, and the fluid taken daily has been observed by the sisters in the Nurses' Home. Sometimes the specific gravity of the urine has fallen at once, but by no means always has it become as low as one might have expected. That there was really no disease in these cases has been confirmed by their subsequent course, the nurses in question having remained perfectly well.

Urinary specific gravities of this kind do not occur to any similar extent, I think, amongst men; but, particularly from the point of view of life insurance, it is worthy of note that a specific gravity even up to 1040 is by no means necessarily an evidence of ill health in a woman. It might be added that in the earlier cases it was thought that there must be some error in the recording instruments; but this source of fallacy was excluded by the use of several different urinometers, each of which was tested separately; all recorded similar results for the same urine.

The following cases indicate that it is by no means in hot summer weather only that the high specific gravities occurred:

NURSE LO.			
Date of Observation.	Sp. Gr. of Urine.	Date of Observation.	Sp. Gr. of Urine.
September 6th	... 1040	February 22nd	... 1040
September 20th	... 1040	May 12th	... 1036
September 30th	... 1036	May 25th	... 1030
October 14th	... 1034	July 28th	... 1044
October 29th	... 1040	October 7th	... 1030
November 1st	... 1040	October 29th	... 1034
November 19th	... 1034	December 10th	... 1032
December 3rd	... 1036	February 4th	... 1034
January 20th	... 1028		

NURSE HW			
September 10th	... 1038	May 11th	... 1030
September 15th	... 1036	May 25th	... 1035
September 30th	... 1036	June 17th	... 1028
October 14th	... 1030	June 26th	... 1030
October 29th	... 1030	July 28th	... 1034
November 1st	... 1030	August 16th	... 1020
November 19th	... 1024	October 7th	... 1035
December 3rd	... 1025	October 29th	... 1030
January 31st	... 1030	December 10th	... 1034
February	... 1030	February 5th	... 1031
March	... 1032		

NURSE MY.			
November 1st	... 1040	May 11th	... 1025
November 19th	... 1015	May 25th	... 1030
December 3rd	... 1030	July 28th	... 1028
January 31st	... 1015	October 7th	... 1018
February 14th	... 1028	October 29th	... 1020
February 21st	... 1024		

NURSE SP.			
November 21st	... 1034	February 14th	... 1020
December 3rd	... 1038	February 21st	... 1020
January 31st	... 1034	May 11th	... 1024

NURSE CA.			
November 20th	... 1030	May 11th	... 1020
December 3rd	... 1030	May 25th	... 1028
January 31st	... 1025	June 12th	... 1034
February 14th	... 1020	June 26th	... 1025
February 21st	... 1020	August 12th	... 1020
June 17th	... 1040	October 30th	... 1020
July 28th	... 1026	February 5th	... 1024

NURSE RE.			
November 20th	... 1032	May 26th	... 1010
December 3rd	... 1028	June 26th	... 1020
February 7th	... 1030	August 12th	... 1034
February 24th	... 1030	February 5th	... 1033
May 12th	... 1012		

NURSE LA.			
December 6th	... 1040	June 12th	... 1035
February 21st	... 1010	June 30th	... 1034
March 19th	... 1030	July 28th	... 1035
April 17th	... 1038	August 16th	... 1035
May 12th	... 1035	October 30th	... 1025
May 26th	... 1038	March 30th	... 1025

NURSE PR.			
January 17th	... 1034	August 16th	... 1032
February 27th	... 1035	February 3rd	... 1024
May 26th	... 1035	March 30th	... 1028
July 28th	... 1035		

NURSE MU.

Date of Observation.	Sp. Gr. of Urine.	Date of Observation.	Sp. Gr. of Urine.
April 24th ...	1040	August 12th ...	1032
May 12th ...	1032	October 7th ...	1035
June 12th ...	1036	December 10th ...	1028
June 28th ...	1030	February 5th ...	1024
July 28th ...	1035	March 30th ...	1027

NURSE IL.

October 15th ...	1033	February 5th ...	1034
October 30th ...	1020	March 30th ...	1033
December 10th ...	1035		

NURSE MA.

June 12th ...	1035	October 7th ...	1020
July 28th ...	1035	October 30th ...	1024
August 12th ...	1035	December 10th ...	1020

NURSE WA.

June 12th ...	1036	August 12th ...	1035
July 28th ...	1040		

NURSE NE.

June 12th ...	1035	October 7th ...	1024
June 28th ...	1040	October 29th ...	1020
July 28th ...	1034	February 5th ...	1024
August 12th ...	1035		

PARTIAL GASTRECTOMY FOR GASTRIC CARCINOMA: RECOVERY.

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ATTENTION may be drawn to the features presented by the growth in the following case, and by the treatment adopted.

1. The growth was very limited, and the glandular involvement slight. This allowed of removal of both with a fairly wide margin. The tendency of a growth is to spread particularly towards the cardiac orifice, thus it is important to have a wide margin on this side. The section of the stomach corresponded pretty well with the incision used by Mikulicz—that is, from just to the right of the cardiac orifice almost vertically downwards to the great curvature. The glands were quite soft, and did not suggest involvement. The lymph stream from the glands at the great curve passes to glands about the head of the pancreas, and there no enlargement could be detected.

2. An end-to-end junction after Billroth's method was used, as the cut edges could be easily brought into apposition. No after-trouble was experienced from leakage, the occurrence of which has led to the advocacy of other methods.

3. The character of the growth was a colloid carcinoma, and the probably lessened degree of malignancy leads one to hope for a permanent cure.

The patient, a bricklayer's labourer, aged 60, was admitted into hospital under the care of my colleague, Dr. Sharkey, on June 18th, 1908, complaining of pains in the abdomen, sickness, and loss of weight during the preceding twelve months.

He had a fresh complexion and looked healthy; his general nutrition was good with no marked evidence of wasting. There was no history of syphilis, and he was a moderate drinker and smoker; of late, however, smoking seemed to increase his symptoms.

History.

Twelve months before he began to complain of a slight gnawing pain in the upper part of the abdomen, but it was not until four months later that it gave him any serious inconvenience. Then he had pain at different times of the day, which might last from a quarter to two hours at a time, and was relieved on taking food, even if its amount was very small. For the last two months or a little more he had vomited, generally in the evening after his meal; he had brought up a lot of clear, watery fluid at times, which was often followed by vomiting. During the same period he had been very constipated. His appetite had become very poor, and he thought that recently he must have lost about a stone in weight.

Condition on Admission.

Examination gave no evidence of any disease. The abdomen moved well with respiration; there was no distension nor was

there any tumour to be felt. There was some tenderness on deep pressure behind the upper part of the right rectus and a little increased resistance here. His tongue was clean and his urine was normal. The stomach was not dilated, showing absence of pyloric obstruction, and a test meal given on two occasions showed no free hydrochloric and no lactic acid to be present.

Operation.

He was transferred to my ward, and on July 8th I operated. An incision was made to the left of the mid line dividing the rectus sheath and reflecting the muscle. There were no adhesions about the stomach and adjacent structures; the stomach was withdrawn through the wound, and on palpation a lump was felt in the posterior wall. Clamps were placed on the stomach just to the right of the cardiac orifice and on the first part of the duodenum, and this area was packed off with gauze from the rest of the abdomen. An incision in the length of the stomach was made through the anterior wall over the lump, and the posterior wall was extruded through this hole. The lump was a circular flattened growth with hard edges, about the size of a four-shilling piece, and was placed nearer the lesser curvature in the middle of the right third of the stomach; the mucous membrane over it was reddened, but there was no ulceration. There was an enlarged gland felt at the lesser curve about $1\frac{1}{2}$ in. from the pylorus, and another at the same spot at the greater curve; both, however, felt quite soft. No other enlarged glands could be detected. After dividing the gastro-hepatic and gastro-colic omenta wide of the glands and tying off the vessels, the portion of stomach and pyloric region between the clamps was removed. An axial anastomosis was made, the duodenum being joined to the upper part of the stomach wound by a continuous catgut and interrupted silk Lembert stitches; the lower part of the stomach was closed in the same way. There was a little trouble from hæmorrhage into the gastro-colic omentum from a ligature slipping, but otherwise there was no difficulty. The abdominal wall was closed in layers. There was some shock at the end of the operation, but not sufficient to demand infusion; he was given 10 oz. of normal saline with $\frac{1}{2}$ oz. of brandy by rectum, and this was repeated every four hours during the first night.

After-history.

The after-history was quite uneventful, and may be said to have given no anxiety. The next morning he was put on a teaspoonful of water by mouth at intervals and ordered a nutrient enema of dextrose and sanatogen, each 20 grams, in 15 oz. of saline, to be given alternately with the same quantity of saline every six hours. On the 10th the quantity of water by mouth was increased, and on the 11th he was allowed two teaspoonfuls of Brand's essence thrice in the day. Sanatogen in water was added on the 13th, and on the 15th he had whey; on the 17th egg-flip was given. On the 18th all rectal feeding was stopped, and junket, Benger's food, bread-and-milk were allowed, but no feed was to exceed 5 oz. Soft, thin bread-and-butter was added on the 19th, and on the 22nd he was on minced fish. Food now gave him no discomfort. His abdominal wound healed by first intention.

The growth proved to be a colloid carcinoma of the spheroidal-celled type.

The man has been frequently seen by me since the operation, and he has put on weight and remains free from symptoms.

A CASE OF VIPER OR ADDER BITE (VIPERA BERUS).

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BASLOW, DERBYSHIRE.

On Thursday, August 5th, at 5 p.m., I was called to see Dr. H. Peck, Medical Officer of Health of the Chesterfield District of Derbyshire, who, I was informed, had been bitten by an adder near the reservoir on the Duke of Rutland's moor at Ramsley, on the high ground north of Baslow. He had been testing water for peaty acids, and seeing a snake in the grass he picked it up, thinking it was a common grass snake. The snake immediately struck him. I found when I reached Ramsley Lodge at 5.30 p.m. that the bites had been inflicted about 2.30 p.m. The doctor described his experiences as follows:

"I picked up the snake, and he struck me first in the right thumb and hand and then on the left hand. I immediately killed the snake and sucked one of the wounds, probably that of the left thumb first. Almost immediately I began to feel a tightness of the brow, as though a knotted handkerchief had been tied firmly round the head. I removed my hat, but the sensation continued. I became faint, and very soon vomited. The feeling of faintness continued to increase, the lips and tongue and fauces began to swell, and I had great difficulty in getting my breath. I made my way as well as I could, with frequent rests, towards the keeper's lodge, and was finally assisted there by the keeper and his wife."