energies to the elucidation of this problem. Moreover, as the mentality of the native precludes the possibility of accumulating the necessary material at a permanent base, the team would be essentially a roving body, well equipped in every way and furnished with a really efficient travelling laboratory; whilst its activities, including periodical examination of treated cases and the collection of statistics, would extend over a period of about three years.

The personnel would include probably two clinicians and two or three trained protozoologists, assisted by an adequate staff of assistants, and also one or more veterinary surgeons—since it is obvious that, if the method we have put forward fulfils our anticipations, it opens up the possibility that the treatment of the future will resolve itself into the simultaneous intravenous administration of arsenical compounds and the intrathecal injection of salvarsanized serum derived from the horse, ox, or other large animal already experimentally infected and treated.

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GLYCOSURIA OF MALARIAL ORIGIN.

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MALARIA may simulate very many internal diseases, but we are not aware of cases of malarial glycosuria and malarial diabetes having been placed on record; the following two cases may therefore be of some interest.

CASE I.

J. F. S., a demobilized soldier aged 32, was admitted to the Tropical Section of Orpington Hospital on April 13th, 1921, as a case of malaria. He had his first attack in August, 1916, when malignant tertian parasites were found; since then he had had numerous relapses. On admission the temperature was 98.8°, and the pulse 120; the patient was pale and tremulous; he stated that he had lost flesh and complained of great weakness. Physical examination of the chest revealed nothing worthy of note. The spleen was not palpable. No malarial parasites were present in the blood. Differential count: Polymorphonuclears 63, large mononuclears 9, lymphocytes 33, eosinophiles 1. In the faeces no cysts were found. The chemical analysis, kindly carried out by Dr. Lynch at the Central Chemical Laboratory, Ministry of Pensions, Chelsea, gave the following results:

Total solids, 22.1 per cent.			
Fat	...	...	8.6 per cent.
Fatty acid	...	...	2.8 "
Soaps (as fatty acid)	...	...	2.8 "
Total	...	...	14.2 per cent.

The urine, specific gravity 1031, was slightly acid, the amount passed during twenty-four hours was only very slightly increased. It contained sugar 8.5 grams per litre, but no albumin. Acetone and diacetic acid were absent.

On April 14th the patient was placed on a fairly intensive quinine treatment (10 grains three times daily). The sugar present in the urine decreased rapidly after twelve days' treatment, but there was still a quantity sufficient to reduce Fehling's solution and to give phenyl-glucosazone crystals, though not enough to estimate. The patient was then given, in addition, a course of six injections of quinine hydrochloride intramuscularly of 15 grains each. On May 10th the quinine hydrochloride injections were discontinued, and quinidine was given in their place (30 grains daily).

The urine was examined again on May 13th, 16th, 17th, and 18th, and did not give any reduction of Fehling's solution, nor did it give phenyl-glucosazone crystals.

At no time was the patient put on antidiabetic diet, and there was no restriction of his carbohydrate intake. There can be little doubt, therefore, that the disappearance of the sugar was due to the administration of quinine.

When the patient was admitted to hospital he was feeling very weak, and complained of having lost a great deal of flesh. There was, however, no polyuria, no boulimia, no thirst. On

May 20th, 1921, the general appearance of the patient had much improved, and he expressed himself as feeling better than he had done for years.

CASE II.

Mr. E. N., aged 44, married, with no family history of diabetes, consulted one of us in March this year. During the war he served in one of the allied armies, and in 1916 he contracted, while in the Balkans, a severe malarial infection; he had several relapses, the last being on December 19th, 1920. In January, 1921, he noticed that he was feeling more hungry and thirsty than usual, was passing much more urine than normal, and was losing flesh. He consulted a medical man, who found a fairly large amount of glucose in the urine (2 per cent.), and placed him on a very strict diet, which induced only a slight decrease in the amount of sugar present in the urine. When the patient consulted one of us in February the urine contained 1.5 per cent. of glucose; it was acid, specific gravity 1032, no albumin, and acetone and diacetic acid were absent. The amount of urine passed during the twenty-four hours averaged 6 pints.

The patient looked rather emaciated and very anaemic; the skin was of a pale, earthy colour, with patches of hyperpigmentation resembling chloasma, so often seen in cases of chronic malaria. His spleen was very slightly palpable and very hard. The examination of the blood did not show any malarial parasites, but there could not be any doubt clinically that he had chronic malaria, and the diagnosis was made of "diabetes in a malarial subject." He was advised to continue the strict diet he had been having for the glycosuria, and in addition to take 10 grains of quinine three times daily for his malaria. He came back three weeks later feeling much better; the enlargement of the spleen had disappeared, and—a most interesting feature—the amount of sugar had decreased enormously, being less than 0.1 per cent. We came to the conclusion that it might be a diabetes syndrome of malarial origin, and suggested to the patient that he should go back to ordinary diet but continue the quinine. He came to see us regularly once a week and the sugar did not increase; only a trace was present. During March the patient went to the South of Europe on business, and during all the time he was away (four weeks) did not take any quinine. He came back to this country in April, and three days after arrival, after playing golf in the rain, had a shivering fit, followed by very high fever, which ended in profuse sweating. The spleen again became palpable and hard, and examination of the blood showed the presence of a few rings of malignant tertian. The urine was examined after the temperature had come down to normal; it contained 1.2 per cent. of sugar. The patient was placed on an intensive quinine treatment by the mouth and intramuscular injections for six weeks without any dieting; not only did the symptoms of the chronic malarial infection disappear, but the urine became completely free from glucose, when examined by the usual methods of analysis (Fehling's, Nylander, phenyl-hydrazine, fermentation test).

CONCLUSION.

Our observations tend to show that there is a form of glycosuria of malarial origin, and that this condition may at times (Case No. 2) become so severe as to simulate true diabetes, the patient losing flesh, becoming very weak, complaining of thirst and hunger, and passing a large amount of saccharine urine. The glycosuria in our two cases was cured by the administration of quinine in full doses without any dietetic treatment.

SLOUGHING OF THE LOWER UTERINE
SEGMENT FOLLOWING PLACENTA PRAEVIA:
LAPAROTOMY: RECOVERY.

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A MARRIED woman, aged 27, was admitted to Addenbrooke's Hospital on January 22nd, 1921. She had been delivered, on January 1st, of her second living child, but not without complications. Twenty-four hours previous to delivery she had a sudden severe haemorrhage and had called in her doctor, who, although he was unable definitely to diagnose placenta praevia, had strongly suspected it. He immediately ordered her to bed with instructions to remain there. She failed to carry out these orders, but remained up and did her work for the twenty-four hours previous to the birth of the child, suffering from no further haemorrhage. The delivery of the child was uncomplicated and occurred rapidly after two or three pains and before the arrival of her doctor. The placenta however was retained, and was removed digitally and without anaesthesia one hour later. It was found to be very adherent to the uterine wall.