that in the case of men invalided from India who have been a very long time on mercury, and have accumulated a very large quantity in the tissues, the course benefits by assisting them to excrete the drug.

Patients suffering from severe rashes, purpura and other ulcers, bone affections, gumma, destructive lesions of the nose and syphilitic rheumatic pains in the limbs and joints appear to benefit much by this treatment, but affections of the mucous membranes do not appear to yield to this treatment. In many cases the patients lose weight during the course, and gain considerably during the six weeks following.

The course is, in spite of the great discomforts attending it, very popular amongst the men, who have the greatest belief in it and frequently ask to be put down for a second course within a few weeks of concluding the first.

The difficulty up to the present has been to maintain a ward at the high temperature and ventilate it sufficiently, but this will shortly be overcome by the installation of a special hot air apparatus and boiler.

COMPRESSION OF THE BRACHIAL PLEXUS DUE TO MAL-UNITED FRACTURE OF THE CLAVICLE.

By Captain G. J. STONEY-ARCHER.
Royal Army Medical Corps.

PRIVATE J., 2nd Royal Sussex Regiment, aged 20, service one year, was admitted to the Military Hospital, Belfast, last September, complaining of great weakness in the left arm and severe pain in the left clavicular region, in consequence of which he was unable to carry his rifle in his left hand, or even to bear the weight of his suspender over the left clavicle.

The history of the case was as follows: Last April when stationed in England he fractured his left clavicle playing football. It was put up by Sayer’s method and was evidently uniting satisfactorily, when just a month from the date of the first accident he got drunk and fractured it again in the same place. It was again put up by Sayer’s method, but from this time on up to the date of admission here he stated that he had suffered from pain in and around the seat of the fracture, and also from shooting pains and tingling sensations in the left arm.

On examination, sensation to pin prick and to heat and cold was found to be lost over the anterior, outer and posterior three-fourths of the arm, from the top of the shoulder to the tips of the fingers. Sensation was present over an ill-defined area running down the inner side of the arm and also over the little finger, half the ring finger, the inner side of the thumb and the outer side of the first finger, that is, the area supplied by the inner cord of the brachial plexus, the intercosto-humeral and a small portion of the median. He could only give a very feeble hand grasp and
all the muscles of the left arm and forearm were wasted, flabby and weak, and movement of the arm was limited in an upward direction on account of pain. The reaction of degeneration was not present, but the muscles only reacted sluggishly to the interrupted current.

On examining the seat of the fracture the inner extremity of the outer fragment was found to be lying very deeply, behind and below the outer extremity of the inner fragment, which latter could be felt ending abruptly about 2\,\text{inches} from the sternum. It seemed probable, therefore, that the symptoms were due to pressure of the inner end of the outer fragment on the posterior and outer cords of the brachial plexus above the level where the circumflex nerve comes off the posterior cord.

As palliative treatment proved quite useless, on October 23rd, 1901, I exposed the clavicle by a curved incision passing an inch below the level of the bone, and then dissecting up a flap of skin and fasciae. The inner portion of the outer fragment which was lying behind and below the inner fragment was removed with chisel and bone forceps, and the cut end of the former bone being drawn forwards and upwards to the level of the outer free end of the inner fragment, this latter having been freshened with the saw, the two portions of bone were approximated with a strong loop of silver wire. An ivory peg about 2\,\text{inches} long was inserted longitudinally through the centre of the divided ends with the object of preventing the outer one from again falling backwards and downwards. The periosteum was then drawn together with chromised catgut, and the wound closed without drainage.

Two days after the operation he told me with evident satisfaction that the skin on the back of his hand was itchy, and that he could feel himself scratching it; on the third day he could feel pin pricks all over the back of his hand, and he said that tingling sensations were running up and down the outer part of his arm and forearm; on the fourth day he could feel pin pricks as high as 2\,\text{inches} above the wrist and said that his hand felt "as light as a feather," before the operation he had often complained.
that his hand felt as heavy as lead; on the fifth day he could feel all over the arm to the top of the shoulder, in fact, everywhere where previously insensibility was lost; on this date it was also noticed that his hand was damp with perspiration, instead of as formerly, dry and the skin inclined to be red and shiny. From this time on his recovery was uneventful and in every way perfectly satisfactory, sensation was completely restored, the muscles of the arm and forearm regained their tone and strength, and movement at the shoulder-joint became perfectly free in every direction. The only post-operative treatment was carefully graduated massage and passive and active movements. He was discharged hospital to furlough on December 18th, 1908. The radiograph shows the bone united in perfect position, and the rough sketch shows diagrammatically the position of the fragments to one another and their supposed relation to the cords of the brachial plexus before the operation.

The case is of interest, I think, chiefly for two reasons; first, because it is extremely rare to find injury to the brachial plexus associated with fractures of the clavicle; and secondly, because it bears out the latest teaching, that where mixed nerves are injured the sensory affection is more marked than the motor lesion, whereas till very recently it was thought that the motor fibres were more affected than the sensory.

I have to thank Captain E. P. Sewell who ably assisted me at the operation, and Lieutenant Phillips, R.A.M.C., who gave the anaesthetic.

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A CASE OF ALBUMINURIA IN PREGNANCY WITH PRE-ECLAMPTIC SYMPTOMS.

By Captain Tobin.
Royal Army Medical Corps.

Drs. Tweedy and Wrench speaking of the significance of warning signs and symptoms say: If a patient complains to you in the later months of pregnancy of symptoms of toxæmia such as headache, vertigo, functional disturbances of vision, insomnia, drowsiness, puffiness under the eyes, &c., make an examination of her urine for albumin, and if it is found treat her for albuminuria. You may thus ward off eclampsia, a disease that has a mortality of between 20 and 30 per cent. The significance of warning signs and symptoms and the importance of their early recognition could scarcely be greater. Albuminuria and eclampsia must be considered together, because although eclampsia may very exceptionally occur without albuminuria they are almost invariably associated. This association is indeed so marked that the conclusion cannot be avoided that they are due to one and the same cause, viz., a form of toxæmia. Well-marked albuminuria in pregnancy is fairly uncommon as the rate of its frequency does not exceed 3 per cent. in pregnant