CONCLUSIONS.

(1) There is no relation between age, medical category or arm of the Service to the occurrence of heat stroke in this group of cases.

(2) The axillary temperature, although useful as a routine method of diagnosis, is inferior to the rectal temperature in assessing progress in severe cases.

(3) Morphia and hyoscine are valuable in controlling restlessness and convulsions.

(4) Ice cold enemata are of great value in lowering temperature and at the same time clearing the bowel.

(5) Venesection would probably have benefited the one immediately fatal case if he had survived a little longer. Post mortem there was gross pulmonary œdema.

(6) In severe cases the urine should be examined and should show no abnormality before patient is discharged from hospital.

(7) In a hospital situated where heat stroke is likely to occur it is of great importance to have a special " centre " prepared. If one case occurs there will probably be many and these need *immediate* and *energetic* treatment.

My thanks are due to Colonel W. Russell, *M.C.*, for permission to forward this paper, and to Lieutenant-Colonel J. C. Hawksley, R.A.M.C., for much help and guidance in the treatment of these cases.

DISTENSION DYSURIA.

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DYSURIA is a well-recognized symptom in organic disease of the genito-urinary tract. It is reported here as the sole symptom of a functional condition for which I have been consulted by numerous soldiers during the past four years and for which the descriptive term " distension dysuria " is suggested.

Distension dysuria occurs in despatch riders and drivers or in any personnel whose duties deny them normal opportunities for micturition. Such persons develop over-distension of the bladder from time to time in the course of their duties and subsequently experience dysuria on the first occasion they void urine from their over-distended bladder. No dysuria occurs if the patient has the opportunity to void when the first impulse to do so is experienced. Thorough examination of these cases has revealed no organic disease of the genito-urinary tract and no further dysuria has occurred after the cause has been explained to the patient and he has avoided over-distension of the bladder by responding to the first call to urinate.

Most medical officers have probably experienced distension dysuria themselves on some occasion when circumstances necessitated the postponement of urination for some considerable time after the normal impulse to empty the bladder has arisen. It is obvious that despatch riders and drivers of vehicles, especially on convoy and on exercises in this country, will often find themselves in such circumstances, and it is in these men that distension dysuria should be kept in mind when they report sick with this symptom. A careful case history is all important and the diagnosis should only be considered if the dysuria is confined to the FIRST urination following distension of the bladder. If the urine is normal on chemical examination the patient should be advised to avoid over-distension and should be seen again in two week's time. Distension dysuria may be diagnosed with confidence if he has remained symptomless during this period. All cases of dysuria which do not satisfy the above criteria should receive further investigation.

This note is published as no reference to this condition has been found in the various textbooks of urology which I have consulted and, if it is recognized, many negative cystoscopic and pyelographic studies will be saved.