

that he had no note about urobilin, but the urine was high-coloured, with a specific gravity of 1023 and contained no albumin. He had used lactobacillin for about two years, and it was the first preparation of the kind which had come under his notice. He had employed it for fermentative dyspepsia with very good results. A comparative investigation on the various so-called lactic acid ferments was in progress at the Sussex County Hospital. Some of them appeared to be quite inert. The methods of preservation were probably not perfect, and in some samples of lactobacillin the bacillus had died out.

Congenital Heart Disease with Extreme Secondary Poly- cythæmia and Orthostatic Albuminuria.

By F. PARKES WEBER, M.D.

A MAN, A. T. E., aged 22, is under-sized and does not look more than 15 or 16 years. Height 5 ft. 5½ in. Weight 6 st. 6 lb. There is great cyanosis of the lips, tongue, nose, ears, hands, and feet. His tongue and lips are bluish black in colour. There is great clubbing of fingers and toes. Imperfect capillary circulation in the hands is shown by the long persistence of the white marks on the skin left by pressure. The gums bleed easily, partly owing to the presence of decayed teeth. By ordinary examination the heart appears to be of natural size, and auscultation reveals nothing abnormal except the presence of a slight systolic murmur, best heard in the middle line over the sternum, at the level of the second intercostal spaces. Röntgen ray examination (kindly undertaken by Dr. Hugh Walsham) shows that the heart is unusually transverse in position, and that there is some widening of the aortic shadow to the left. Pulse about 88 after examination, regular. Systolic brachial blood-pressure 100 mm. Hg. The lungs, liver, and spleen seem to be normal. Repeated examination of the urine shows the presence of well-marked cyclic (postural, orthostatic) albuminuria. The urine passed at about 11 a.m. contains a considerable amount of albumin, but is free from tube-casts. The early morning urine passed immediately on rising from bed is practically free from albumin. Blood-examination (capillary blood from finger) on October 18, 1908: The blood is very dark in colour; hæmoglobin (by Haldane's method) 160 per cent.; red cells 10,300,000 per cubic millimetre; white cells 7,000. A differential count of 500 white cells (kindly made by Dr. A. E. Boycott) gives lymphocytes 17·2 per cent., intermediates 5·4 per cent., large hyalines

2·2 per cent., polymorphonuclear neutrophiles 72·2 per cent., eosinophiles 2·0 per cent., mast-cells 1·0 per cent. The red cells appear quite normal, though the colour index is low. Dr. Walsham's skiagrams of the hands do not show anything abnormal except that the epiphyses are not yet united to the diaphyses in the metacarpal and phalangeal bones. They give no indication either of hypertrophic osteo-arthritis or of deficiency in lime salts. The congenital malformation in the present case seems to be patency of the interventricular septum, doubtless associated with some abnormality in the arterial trunks. Though the patient easily gets out of breath, he is able to walk a mile or two slowly. He is able to help in the work of a post office in the country. The cyanosis was present at birth. During the first years of his life he often had attacks of fainting accompanied by exacerbation of the cyanosis, which seemed sometimes to be induced by a slight knock or by annoyance of any kind. He could not walk till he was 4 years old, but apparently learned to speak as early as other children. He has always been more or less subject to nocturnal and diurnal enuresis. The mother and father are both living and healthy, and there is no history of congenital heart disease or any congenital abnormality in the family. The patient has a twin brother who is well developed and strong.

Polycythæmia.

By C. H. MILLER, M.D.

THE patient, a man aged 44, a total abstainer, began in April, 1906, to suffer from shortness of breath, palpitation, giddiness, and later from severe headaches and epistaxis. These symptoms are aggravated by cold. In August, 1907, the weight was 10 st. 4½ lb., and in January, 1908, 10 st. to 9½ st. There is no history of syphilis. There is general cyanosis, with great clubbing of fingers and toes. The temperature is usually subnormal. The heart's apex beat is in the fifth space 3½ in. from the mid-sternal line; the impulse is powerful; the first and second sounds are heard over the whole cardiac area; there is a systolic murmur, constant in the pulmonary area, inconstant at the apex. Red blood-count 12,010,000, white 10,000, hæmoglobin 140 per cent., blood-volume 10¾ litres, oxygen capacity 3,375 c.c. (taken by Dr. A. E. Boycott); coagulation time two minutes at 97·6° F.; specific gravity 1062; viscosity, blood : water :: 10·43 : 1. The spleen and liver are not palpably