

loid milium, and by Besnier as "colloid degeneration of the skin." Duhring says "the disease is characterised by numerous disseminated, small, pin-head sized, discrete, rounded, flat or slightly raised lesions, of a pale or bright lemon colour. They are shining and translucent, and have the appearance of being yellowish vesicles. Their appearance, however, is deceptive, for they are of firm or solid consistence. When pricked with a needle, or opened sufficiently deep to cause bleeding, a whitish, or yellowish, transparent gelatinous substance may be expressed." He also says that it resembles xanthoma, but the lesions differ in being bright and translucent. With this latter remark, I entirely agree. In each of the three cases that I have seen, the first glance led me to believe that I had before me a case of xanthoma, and suggested to me the name colloid xanthoma. A careful examination, however, satisfied me that the disease was not xanthoma, or at all events, that, if the little growths were originally xanthomatous, they had undergone, and were undergoing, remarkable changes from their original condition, and quite unlike those usually seen in xanthoma.

The first case I met with was in a young woman; of this case, I lost sight. The second was in a man; the disease attacked his face and neck, and ran its course in about a year; he at last quite recovered. The third instance was in a girl of about 16, in whom the face, neck, and arms were attacked. The following brief description, taken from my notes of one of the cases, will apply pretty nearly to the other two. The little growths are scattered about the face, neck, and upper arms, and many of them are undergoing metamorphosis; there are, however, one or two very perfect ones on the back of the neck. They consist of small, slightly raised, yellowish tumours, varying in size from a large pin's head to a split-pea, somewhat flat, of solid or semi-solid structure, but from being translucent, they look as if they contained fluid; minute vessels are seen round the margin of some of the larger ones; the appearance of these reminds one of rodent ulcer in its earliest stage, though the resemblance is in appearance only. These little tumours undergo change by the formation of a central depression, so that many are umbilicated, the depression gradually becoming a shallow crater-like excavation; and, lastly, they inflame, scab, and dry up, leaving a mark, but not a defined scar. The changes which they undergo remind one of those seen in molluscum contagiosum, but the general appearance is not very like that disease, and could not be mistaken for it.

It would be interesting to determine the two following points with regard to this disease: (1) where, and under what circumstances, the disease originates, whether from previously healthy skin; or (2) whether the degeneration may not occur in more than one disease of the skin, such as, for example, milium, xanthoma, and molluscum contagiosum.

#### A MODIFICATION OF FEHLING'S SOLUTION FOR TESTING FOR, AND ESTIMATING SUGAR IN URINE.

By F. CRESSWELL, L.R.C.P.LOND., M.R.C.S.,  
Late House-Physician, St. Bartholomew's Hospital.

I HAVE always found that the chief inconvenience in using Fehling's solution for estimating sugar, was that it would not keep for above a few weeks, at the outside, and in hot weather it frequently became untrustworthy in a much shorter time. This trouble is owing to the readiness with which the sodium and potassium tartrate undergoes decomposition. I have therefore tried to dispense with the use of this salt, and I think have succeeded thoroughly in the following manner. After trying several organic substances which were not prone to decomposition in an alkaline solution, I have found that glycerine answers best. It completely prevents the precipitation of copper sulphate by caustic potash or soda, and the solution will keep for an indefinite time in an open vessel, in fact, until the caustic alkali becomes converted into carbonate, and in a stoppered bottle seems quite permanent.

I find that grape-sugar reduces somewhat less copper from the glycerine solution than from the tartrate solution, and that uric acid will scarcely attack it, whereas it was one of the chief causes of fallacy in Fehling's test.

The best method of preparing the solution is as follows. Take about 35 grammes of copper sulphate, and dissolve it in 200 cubic centimetres of glycerine and 100 cubic centimetres of water; then add 80 grammes of sodium-hydrate dissolved in 400 cubic centimetres of water, and boil the whole for fifteen minutes. This is necessary, as all the specimens of glycerine which I have met with contain a small

quantity of some substance capable, at a boiling heat, of reducing an alkaline solution of copper. After boiling, the solution is made up to 1 litre with distilled water, and allowed to stand until it is clear. It must be standardised by a solution of grape-sugar of known strength for accurate determinations, and is sure, if made as above, to require diluting. If it be only required for rough clinical purposes, the above quantities may be diluted to 1250 cubic centimetres; 10 cubic centimetres will then be approximately equal to 5 centigrammes of sugar.

The process is carried on in exactly the same way as the well known method of Fehling; 10 cubic centimetres of the copper solution are mixed with 50 cubic centimetres of water, and boiled in a small flask, and the solution of glucose (which should not contain more than one per cent.) is slowly added from a burette, the contents of the flask being kept steadily boiling until the original blue colour of the solution has entirely disappeared; the quantity of solution used must then have contained 5 centigrammes of sugar. Diabetic urine usually requires diluting to one-fifth or one-tenth, in order to reduce the sugar below one per cent. For example, 10 cubic centimetres of a diabetic urine were diluted to 100 cubic centimetres, and transferred to a burette; 10 cubic centimetres of the copper solution require for complete decolorisation 26 cubic centimetres of this diluted urine; 2.6 cubic centimetres of the original urine, therefore, contain 5 centigrammes of sugar, or 100 cubic centimetres would contain 1.92 grammes, or 1 ounce (437.5 grains) would contain 8.4 grains of sugar. In the quantitative examination of urine for sugar, a few drops of the copper solution are mixed with about 5 cubic centimetres of water and boiled, about ten drops of urine are added, when, if sugar be present, on again boiling for a few seconds, the characteristic brick-red hydrated suboxide of copper will fall.

I hope the above will prove especially useful to country practitioners, who seldom require to test for or estimate sugar, and who, when they do, by using the above solution, will escape the annoyance of finding their testing solution decomposed and useless. I have had some of the above solution in an ill-stoppered bottle for between four and five years, without any signs of decomposition.

#### OBSTETRIC MEMORANDA.

##### THE ADVANTAGE OF STRAIGHTENING THE UTERUS IN CASES OF HÆMORRHAGE.

Mrs. G., aged 39, had adherent placenta in her three previous confinements, necessitating peeling off from the uterine surface, but made excellent recoveries, with no pyrexia, or undue subsequent hæmorrhage. This last time, however, the placenta was, after some delay and difficulty, removed by expression and traction combined, and she made a good recovery, excepting that there was slight persistent hæmorrhage, which, at the end of six weeks, and after she had begun to move about, became so copious that she was obliged to resume the recumbent posture, and an examination became necessary. The uterus was found large, flabby, and anteflexed, with the os patulous and the fundus tender, and through the anterior wall something was felt hard and nodular; but, as it was just a month since she had ceased to suckle the baby, it was thought that perhaps this fresh accession of hæmorrhage might be due to the return of the catamenia; and, beyond freely manipulating the uterus, and pressing the fundus well up, with injunctions to remain lying on the back as much as possible, nothing further was done. The same evening, however, the nurse brought me a substance she had passed about an hour or so after my departure, which would seem to have been one of the cotyledons of the placenta, that had been retained, and which, although loosened, had been unable to escape, owing to the anteflexion. The placenta was examined when removed, and seemed entire; but it may have been one of the irregular and lobulated sort, in which it is often difficult to be sure that there may not have been a lobule left. The hæmorrhage immediately ceased on the expulsion of the substance, and the patient was soon all right again, the catamenia subsequently being quite regular and natural.

It ought to be mentioned that this patient had, eighteen months previously, and after suppression of the menses for several periods, a severe flooding, which may have been due to an abortion, although the medical gentleman in attendance failed to find any ovum extruded. At any rate, there was very obstinate and prolonged menorrhagia, especially during the menstrual periods, which was only subdued after long confinement to bed, with the rectification of an anteflexion by a pessary, cold irrigation, sitz-baths, etc., together with iron, ergot, and strychnine. Is it possible that the substance above referred to may have been the remains of this abortion that had maintained its