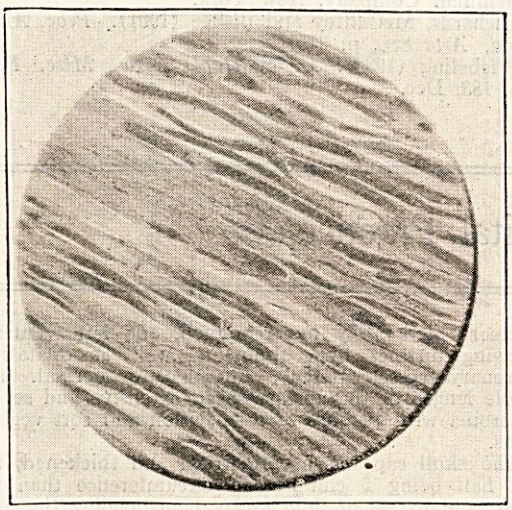
persisted as a well-defined muscle but it was of dull white colour. All the muscles of the forearm were completely atrophied, but the intrinsic muscles of the hand were well preserved.

The atrophy was less marked on the right side. Some muscles showed healthy fibres alternating with degenerated fibres and all the muscles were well defined. The trapezius, lavator scapulæ, and serratus anterior had undergone complete degeneration while the latissimus dorsi, rhomboids, supraspinatus and infraspinatus showed partial degeneration. The teres major and minor were healthy and the subscapularis were completely degenerated. The coracobrachialis and triceps showed complete degeneration; the deltoid, biceps and brachialis anterior showed partial degeneration. In the forearm, pronator teres and quadratus, flexor carpi radialis, palmaris longus, brachioradialis, and anconeus had undergone complete degeneration, and the other muscles were normal. In the palm, flexor pollicis brevis, adductor pollicis and short flexor and extensor of the little finger had degenerated, the other short muscles were healthy.



Photomicrograph showing fragmentation of muscle bundles and cellular invasion of sarcolemma.

Histological examination of the muscles showed pale, homogeneous, stained fibres alternating with very large, deeply-stained bundles. The fibrous sheath was prominent and there was a distinct multiplication of nuclei as well as mononuclear and giant-cell infiltration. The more degenerated muscles showed fibrous tissue replacement but fatty vacuolation was not prominent.

Creatine estimation was carried out; the control healthy muscle showed a creatine percentage of 150 mgm. per cent, and the muscles from this case failed to show more than a trace of creatine.

Direct staining for creatine was done by immersing pieces of normal, neuropathic muscles and portions of muscles from the present case, in solution of picric acid in 10 per cent sodium hydroxide. The normal muscle took on a deep mahogony colour, the neuropathic muscle showed a few healthy muscle bundles which took on a deep colour while the muscle from the present case remained pale yellow.

Thanks are due to Dr. Patwardhan, Professor of Biochemistry, G. S. Medical College, for undertaking the creatine estimation, and to Prof. V. R. Khanolkar, Professor of Pathology and Bacteriology, G. S. Medical College, for supplying histological specimens of biopsy material from myopathic patients.

MULTIPLE STONES IN THE BLADDER

By D. K. FAIRBAIRN KHUSRO, M.R.C.S., L.R.C.P., M.B., CH.M., L.M.

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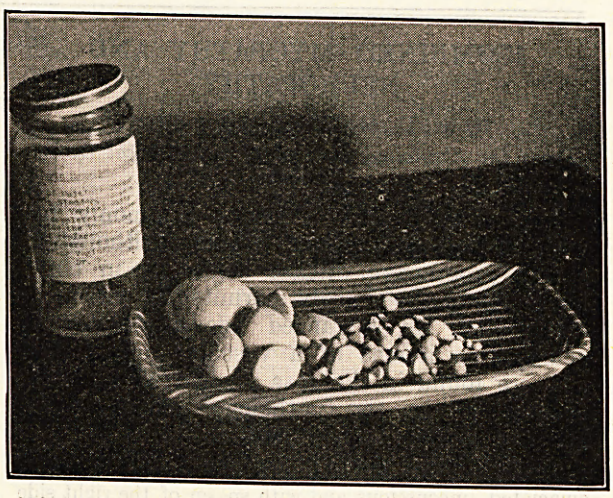
A WOMAN, 65 years old, came to the Dufferin Hospital, Aligarh, from her village, 40 miles off, complaining of difficulty in micturition of a year's duration, and 'falling of the uterus', which she first noticed 5 years previously.

On examination there was found complete prolapse of the uterus with inversion of the vaginal walls. The external os was seen at the tip of the prolapse and a small atrophied uterine body was felt above and behind it. On palpation of the inverted anterior vaginal wall a number of stones of different sizes were felt in the bladder; some appeared to be very large. A sound could not be passed into the bladder further than half an inch, as it seemed to be full of stones, while the prolapsed uterus could not be replaced owing to obstruction by the stones. There was more or less continuous dribbling of foul-smelling urine, which contained albumin and pus.

The patient was aged, feeble and emaciated. Preliminary treatment with urinary antiseptics was carried out. The suprapubic route was found impassable, so an incision was made in the prolapsed anterior vaginal wall into the bladder. A number of stones, seventy-six in all, were removed; they varied in size from a pea to that of a hen's egg, and were phosphatic in character. The largest weighed 1½ ounces and all of them together, 4 ounces.



The uterus was replaced and the wound sewn up in layers. Operation for prolapse could not be done owing to the feeble condition of the patient and the septic state of the bladder. She made a good recovery and decided to return to me for the prolapse operation in the cold weather. In the meantime a ring pessary was inserted to keep the uterus up and the patient allowed to go home.

CARBUNCLE COMPLICATED WITH ERYSIPELAS

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R. R., male, aged 60 years, came with a large carbuncle, about six inches in diameter, on the back, on the 10th August, 1936. The carbuncle was covered