of traditional remedies, he was no better after a further two weeks.

About this time, when gazing rather hopelessly at his still enormous prolapse, a superficial resemblance between this condition and a paraphimosis presented itself. In each case a structure normally inside emerges through a narrow opening and, becoming congested, cannot return, with resulting changes both in the structure itself and in the constricting agent. On this rather far-fetched analogy it was decided to try the effect of an injection of hyalase. About one third of the periphery was injected with one thousand units of hyalase, and on the following day a significant improvement was noticed in the area so treated. Subsequent injections were followed by similar improvement, and within ten days the whole of the prolapse had reduced itself. The patient has returned to his home and is up and about. There has been an occasional return of some degree of prolapse, but no strangulation, and there seems no doubt of the good effect of the hyalase.

It may be years before another such case is found in our practice, and this report is made in the hope that others may take the opportunity of trying this line of treatment, which could be easily carried out in the patient's home.

Hypothermal Collapse

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In this practice, during the recent cold spell, no less than three old people collapsed due to the intense cold.

Case 1. 24th February 1955. I was called to see T.H., a retired miner aged 68 who was said to have collapsed at 8 a.m. The story was that he had gone out into a minor blizzard to stoke up his greenhouse fire, but he was unable to get there without clearing a path in the snow. He was at work for ten minutes in the cold and then he began to feel ill, and so he made for the house. As he walked the few yards to his house the wind caught him on the back of his neck and he could not get his breath. He managed to reach the porch and sat down. He could not move again, and was so short of breath that he could not even call his wife who was in the next room. Fortunately his grandson came along and carried him with neighbours' help into the house, where they seated him on a sofa. It was here that I saw him at 8.15 a.m. and he looked extremely ill. His face was cold and pallid and he was so short of breath that he could only speak in monosyllables. I could feel no pulse at the wrist, and when I attempted to examine his chest he made it quite clear that he did not want to be disturbed. He slowly improved, and showed great pleasure when he found that he could feel with his hands and move his arms. I left him in a comfortable chair with hot water bottles in front of a fire. When I saw him again two hours later he was quite normal, could speak freely and said that although all the use had gone out of him at the time of his attack, he had never actually lost consciousness. He then told me the story related above.

When I first saw this man he looked so ill I thought that he was dying. The weakness of both arms and legs excluded a hemiplegia. He had no pain at all which was against either coronary thrombosis

or a pulmonary embolus. The attack was too prolonged for a simple syncope.

Case 2. At the end of the day I consulted my senior partner, Dr. W. J. Meldrum, who told me that he had recently had a similar case. He had been called in at the same hour in the morning to see an aged gardener of 80 who had been clearing snow. He was in a state of pallid collapse, and looked as if he was dying. When seen a few hours later he too had returned to normal.

Case 3. A man of 73 had been asked by a neighbour to catch a horse for him, and to put it in a certain field. Having completed his task he was on his way home when he became so weak that he was compelled to sit by the road-side. A passing motorist gave him a lift home, but when he tried to get from the car to his cottage, he found his legs were useless and fell. He recovered in an hour or so and, when seen by me next day, I could find no abnormality.

What was the cause of the collapse in these cases? Was it spasm of the cerebral arteries? In the two cases seen, the doctor's first impression was that the patient was just about to die, and yet in a matter of hours they were both back to normal. I wonder if other members on the Research Register, have had any similar cases during the recent cold weather?

Techniques in General Practice

A Quick and Simple Method for Blood-Sugar Estimation*

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Dr. Lee (1954) described a method of estimating blood sugars which can be carried out in approximately 10 minutes and which requires little technical skill or apparatus. It affords a quick and reliable way of estimating the approximate blood sugar in the range of 70-1400 mg/100 ml. It will thus indicate the level of hyperglycaemia but will not distinguish degrees of hypoglycaemia.

Procedure. Into a calibrated tube dinitrosalicylic acid is added drop by drop until the 1 ml. mark is reached. Into this 1 ml. of dinitrosalicylic acid, 0.2 ml. of blood is pipetted. The acid should not be sucked back into the pipette as this makes subsequent cleaning of the pipette difficult, but the last drop of blood can be expelled by blowing. The contents are well shaken, left for 30 seconds, and then filtered through a No. 1 Whatman filter paper (4.25 cm.) into a second calibrated tube. When a suitable volume has collected (about 0.4 ml.), an exactly equal quantity of ' alkaline reagent ' is added by means of a dropper. The contents are again mixed and the tube containing the mixture is placed in boiling

* Dr. J. Lee has kindly supplied this abstract from his paper originally published in *Brit. med. J.*, 1954. **2**, 1084.