traction; the remainder to morbid adhesions. In one of my cases, the placenta was so adherent, that I was obliged to leave quite a third attached to the wall of the uterus, as the force required to remove it would have been more dangerous than allowing it to remain. I syringed the uterus out night and morning for a fortnight. The portion of placenta separated, and the patient passed it on the sixth day, and made a rapid recovery. It is much safer to leave a portion of the placenta, than to use force which is likely to injure the wall of the uterus.

8. *Puerperal Convulsions*.—Five cases have fallen to my lot, and most harassing they have been. Three were due to septicæmia, and two to reflex action. The treatment adopted in all my cases was putting the patient under chloroform, delivering as rapidly as possible (if the os were not dilated, I inserted Barnes's bags); then I gave a hypodermic injection of a fourth of a grain of morphia. I believe morphia is more beneficial than any other drug in eclampsia. This treatment appears unscientific, but the effect this drug has on the convulsions is really marvellous. I have not tried pilocarpin, highly recommended by that careful observer Dr. Murphy, of Sunderland. I can quite imagine it being highly beneficial in eclampsia due to albuminuria.

9, 10, 11, 12.—On the several presentations I need not comment, as I have already alluded to 9 and 11 under Turning.

13. *Craniotomy*.—The three cases were all due to deformity of the pelvis.

14. *Puerperal Fever*.—My treatment is, syringe the uterus out yourself twice or three times a day. Do not depend on the nurse to do it. I give a mixture of quinine (five-grain doses) and sulphuric acid, with a calomel and opium pill with each dose of mixture. If there be much tenderness, I apply turpentine-flannels to the abdomen, and I sometimes give two-drop doses of turpentine suspended in mucilage every hour for twenty-four hours. The latter often gives great relief.

15. *Twins*.—Two of my cases of hour-glass contraction appeared to be due to overdistension of the uterus by twins.

A CASE OF MILKY HYDROCELE.

By SIDNEY DAVIES, M.A., M.B. Oxon., Cairo.

THE case of hydrocele containing milky fluid, reported by Mr. Kendall, of New South Wales, in the JOURNAL of April 11th, induces me to report the following analogous case, which was obviously caused by filaria hominis.

Alexander C., aged 23, a Greek, member of the Cairo police, consulted me in November last for a swelling of the left testicle. The swelling had the appearance of hydrocele, which disease is common in this country. Accordingly I tapped it, and drew off two ounces of milky fluid. This fluid coagulated on boiling, and, after standing a day, separated into a thick and thin portion; in fact, it had the ordinary properties of chyle. Under the microscope, it was found to contain fat-granules and granular leucocytes. Among the latter were seen moving three or four embryonic filariæ, of the same appearance and proportions as those I have frequently seen before in the blood of patients with chyluria.

The patient was born in Alexandria, and had lived there until four months previously to my seeing him, when he entered the Cairo police force. He noticed the swelling of the testicle nine months before consulting me. He had thrice suffered from gonorrhœa, and had had a "soft sore," but no other diseases. He had never had chyluria nor hæmaturia.

In three weeks, after tapping, the fluid returned, having the same appearance as before. After consulting with Dr. Grant Bey, I determined, by his advice, to open up the tunica vaginalis, and allow the sac to granulate from the bottom. I accordingly cut down into the hydrocele, and exposed the testicle. The sac was washed with 1 in 20 solution of carbolic acid, and a large drainage-tube inserted. The patient had an attack of hæmaturia, presumably from absorption of carbolic acid, which lasted two or three days. There was free suppuration, with rather severe inflammation of the coverings of the testicle round the wound; but the wound healed completely in three weeks after the operation. Up to this date there has been no return of the disease.

REMARKS.—In the *Medical Times and Gazette*, May, 1882, Dr. Sonsino described two cases of milky hydrocele (*hydrocele laticinoso*), in which filaria occurred. Similar cases have been reported by Bancroft and others. It has been shown by Dr. Manson that filaria produces disease by causing obstruction in the lymphatic circulation;

hence its passage into the urinary system, and hence the thickened connective tissue and lacunæ of lymphous fluid observed in elephantiasis. The tunica vaginalis is morphologically a large lymph-space. One would therefore expect it to be a frequent seat of accumulation of chyle or lymph, when the lymphatic circulation is obstructed. It is remarkable that the patient, in this case, had never suffered from chyluria. I examined his blood by day and night, but found no filariæ; but this by no means negatives their existence in the blood. A more persevering search would probably have discovered them. The treatment by free incision was adopted in preference to injections, on account of the fear that the latter process would only heal by producing an abscess, which would have caused more protracted suffering than the method adopted. In a future case, however, I should try injecting iodine. *Filaria hominis* being indigenous to Australia, it seems probable that Mr. Kendall's case was also due to this parasite. I think, if he had looked for filariæ, he would very likely have seen them. In this case, as in Dr. Sonsino's two cases, the filariæ were very active; more so than in blood. In urine they are generally found dead, as I have remarked from my own experience. My examination of the blood was not made till after the patient was cured. Dr. Sonsino has suggested to me that this may account for filariæ not having been found, as the adult worm may have escaped unobserved in the discharge from the wound. I have to acknowledge the kind help of Dr. Sonsino in making these notes.

THERAPEUTIC MEMORANDA.

NITRITE OF AMYL AN ELIMINATOR OF URIC ACID.

THE above statement is not supported by any sufficient evidence in the three cases reported by Dr. Macdonald. Cases 1 and 2 were complicated by the administration also of nitro-glycerine, and Case 3 appears to have been improving before the nitrite of amyl was given. Further, no evidence of any value as to the increased or diminished elimination of any urinary product can be obtained without the total quantity of urine passed in the 24 hours being collected and measured, and the sample analysed being taken from the mixture of the whole. In the absence of this, the degree of concentration and the variations in the excretions of the different urinary constituents at different periods of the day introduce serious sources of error. The results in Dr. Macdonald's cases are quite as likely to have been due to concentration of the urine as to an absolute increase in the amount of uric acid eliminated.

When working at the quantitative estimation of uric acid, it was evident to me that the apparent amount of deposit varied greatly with the size of the crystals and the quantity of pigment, and that such an estimate, without careful weighing, must be extremely inaccurate.

H. HANDFORD, Nottingham.

QUININE IN THE TREATMENT OF PNEUMONIA.

IN the report of the proceedings of the medical section of the Academy of Medicine in Ireland which I read in the BRITISH MEDICAL JOURNAL (June 6th), I find that several physicians thought quinine useless in the treatment of pneumonia, and that no one seemed to recognise the fact that quinine will abort pneumonia.

In September, 1884, I published an account of 100 cases of pneumonia which had been under my care at the Birmingham Workhouse Infirmary, and I said that I had seen four cases aborted by quinine. Since writing that paper, I have had at least another 100 cases, and have treated them all with quinine. I have notes of 12 cases aborted by this drug.

Where the disease is not at once checked by the drug, still it is, in many cases, very favourably influenced by it, the temperature being lowered, and the general tone maintained through its influence on the nervous system. Quinine and alcohol (when the pulse indicates its use) are the drugs, in my opinion, the most reliable in pneumonia.

The following case shows how splendidly quinine acts in this disease.

D. H., a man, aged 75, was taken ill suddenly on April 30th, with a severe rigor. I saw him the same day, and found that there was fine crepitation at the left base, dyspnoea, respirations 36 per minute, with a temperature of 104° Fahr., flushed face, etc., but no expectoration. There was a trace of albumen in the urine. He was at once ordered 10 grains of quinine, to be repeated every six hours. The next day the temperature had fallen to normal, the crepitation had diminished, and there was no sign of consolidation. On June 4th, the patient was quite well, and up. The only bad symptom I