the one-sixth inch lens be used, the student will be discouraged and a good clinical resource will be discredited. I am told that there are laboratories, especially in Germany, where there is a better and quicker technique than what I have described and a wiser and more thorough elaboration of detail. If so, surely the fullest details of that better technique ought to be laid before us; but meanwhile I venture to hope that the method which I practise is worthy of being recorded in full detail for such of my medical brethren as care to read this memorandum. Finally, when I have been beyond the reach of slide-baths, fixed white basins with outflow pipes, electric lamps, paraboloid mirrors, and water taps laid on in the laboratory, I have managed very well with common little glass tumblers, a white wash-hand basin from a bedroom, an eighteen-penny paraffin lamp with its tin reflector, and a Higginson's syringe, wherewith I syphoned from a large bowl placed on a shelf the gentle stream of water which after washing my slides was caught in a whiteware slop-pail standing on the floor. Thus, if only the microscope and the method be available the technique can be carried out in an ordinary workroom, the accessories being improvisable by the ingenuity of the microscopist.

Birmingham.

Clinical Notes:

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

THE USE OF TURPENTINE IN RENAL HYDATIDS.

By E. MACKEY, M.D. LOND., M.R.C.S. ENG., M.R.C.P. LOND.,
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A MAN, about 60 years of age, came to me in December, 1904, complaining most of extreme flatulent distension, which was worse at night, causing insomnia, mental depression, and a general condition of illness unfitting him for responsible work. Incidentally he mentioned that for 15 years past he had had occasional attacks of colic followed by the passage of hydatids in the urine, usually once or twice in 12 months. The last attack occurred in October and was very severe, so that his condition was critical and he had not yet recovered strength after it, though now almost free from pain. The urine (specific gravity 1034) deposited urates and uric acid. As he had been told by several advisers that no medicines affected hydatids he asked for no treatment in that direction, although a tumour of the size and shape of a large orange could be felt deep in the left kidney region; it was moveable, smooth, not tender, and without definite thrill. The prescriptions which he showed were mainly for flatulent distension and when this was relieved (as it was by regulation of diet, sulphites, cachets of charcoal with thymol, validol, &c.) he commenced (on Dec. 13th) to take 15 minims of ol. terebinthinæ mixed with liquor potassæ, mucilage, and liquorice night and morning. He continued this as the main treatment and was able in February of this year to return to his duties which involved administration of a large institution. All the symptoms were better and the lump was smaller.

On March 2nd he forwarded by post a sample of hydatid vesicles varying from the size of a pea to that of a hazel-nut "passed with but little pain"; the turpentine had been continued, he said, "with the exception of very few days"; the general health was improved. On April 10th more were passed, described as "smaller and darker," and the medical man who had known about the cyst before the patient's visit to Brighton expressed himself as "very surprised and pleased to find it only half its former size." The letter adds: "I am also very much better *re* dyspepsia and flatulence," confirming my opinion that the severe attacks which for a long time occurred about 2 A.M. were connected with mechanical pressure on the colon (now relieved). Early in July, turpentine having been continued, he reported "no sign now of kidney trouble though there is a small lump; the doctor says it is so small and diminishing so continuously I need not go to him again. I have been travelling in Ireland lecturing three times a day; all indigestion and flatulence have left me. I really feel a new man." His expressions of grateful thanks I interpret as showing the

very suffering state which he had been in and the remarkable benefit that he had obtained apparently from the remedy which I take the opportunity of again bringing into notice.

Renal hydatids are so far rare that the late Sir W. Roberts (second edition) could only refer to 63 cases, in 20 of which "recovery was assumed." He mentions that turpentine was given in a large number of those recorded but finds "little evidence of its beneficial influence." This remark has no doubt influenced practice, and Whitla (fourth edition) goes so far as to say "the wild statements about efficacy of kamala, turpentine, &c., have been proved devoid of truth." My own opinion of its still being worth trial—especially in renal cases—was derived from conversation with Dr. Warburton Begbie, no mean observer, but I have not been able to find the subject mentioned in his writings. *Valeat quantum.*

Hove, Brighton.

A NOTE ON THREE UNUSUAL MIDWIFERY CASES IN ONE WEEK.

By H. H. ROBINSON, M.R.C.S. ENG., L.R.C.P. LOND.

THE note on these three cases has been written chiefly on account of their extreme rarity, as none of them presented any extraordinary difficulty in treatment. They occurred in a general practice within seven days.

On Jan. 14th I was called by a midwife to a case which she was attending and on arrival I found that the child had been born some little time and that the mother was apparently dying. There was a huge mass outside the vulva, lying on the bed, which proved to be the uterus completely inverted and extruded as far as the vaginal vault. To the surface was attached the placenta, very firmly adherent, as were also the membranes. The patient was suffering from profound shock, so I first administered strychnine, digitalin, and "ergot aseptic" hypodermically. She rallied a little, so I proceeded to strip off the placenta and membranes and then after considerable difficulty replaced the uterus. The first portion of the re-position was easy but the swollen state of the fundus caused much trouble. Shortly after this my colleague, Dr. James Pinkerton, arrived and for two hours we did all in our power to relieve the extreme shock but with no success, the patient, who was a bipara not much over 20 years of age, dying at the expiration of that time. It was strongly denied that traction on the cord in the attempt to remove the adherent placenta was the cause of the accident.

The next case was one of triplets, all girls, all footling presentations, and the unusual feature of the case was that only one placenta was present with three amniotic sacs. I examined the placenta carefully but found no evidence of the coalescence of two.

The third case occurred six days later and on arriving I found that the child had been born about two hours. There was a large bluish tumour protruding from the vulva, larger than a foetal head at term, which consisted of the cervix uteri enormously swollen. The woman had a very tight perineum and evidently in straining had forced the uterus down and the vessels had become constricted. Efforts to reduce the cervix without anæsthesia were unsuccessful; chloroform was then administered, after which the reduction was effected and later in the day the cervix appeared quite normal.

Birkenhead.

A CASE OF CÆSAREAN SECTION.

By ALFRED E. ASH, M.D. VICT., M.R.C.S. ENG.

BEING recently requested to attend an inmate of the South Molton Workhouse I found that the patient, a primipara, aged 18 years, had been in labour for several hours. On examination a hand was felt to be presenting low in the vagina and I therefore at once sent for Mr. H. J. Smyth (the official deputy of the gentleman for whom I was acting) to anæsthetise the patient as a preliminary to version. Chloroform was administered and I then found that the case was one of extreme pelvic contraction in the antero-posterior diameter, and although after considerable difficulty a foot was brought down, yet it was impossible