or young adult life; both occur without obvious cause in the fairly healthy, not phthisical; both are attended with acute fever; both usually tend to recovery; both are very apt to recur. I submit that there is strong presumptive evidence of an analogy between these two affections.

I am of course aware that if this is granted, and perityphlitis is dubbed "abdominal quinsy," we are still far from discerning its true nature and cause, since quinsy itself is as yet largely an enigma.—I am, Sir, yours truly,

Finsbury-circus, Dec. 15th, 1885.

R. HINGSTON FOX.

"DANGERS OF COCAINE."

To the Editor of THE LANCET.

SIR,—Your correspondent, Mr. Hodges, need scarcely have gone so far as Professor Hirschberg's clinic to learn the use of small quantities of corrosive sublimate, boracic, salicylic, carbolic, and other acids in preventing the development of fungoid growths in an aqueous solution of cocaine. Although these growths are objectionable, and tend ultimately to deteriorate the solution, I do not believe that they constitute dangers as regards suppuration. Dr. Bell Taylor's letter in THE LANCET of the 5th inst. would lead to the inference that there was some pathological relation between these fungi and the suppurative process; but, if there is no better evidence of it than that which he adduces, the danger of such solutions must be more imaginary than real. Are there any facts in pathology which warrant us in connecting suppuration with the development of vegetable fungi, such as are seen in these solutions? And do not these fungi, indeed, find a natural habitat in some antiseptic solutions, notably boracic acid? The quotation from Graefe's statistics, as Dr. Taylor quotes them, can have no scientific value. He says, "in one series he lost 5 per cent., in another 6 per cent., in another 4 per cent., in another 1 per cent.," but these are surely high figures if they represent losses from suppuration alone after cataract extraction. If they do not, of what value are the statistics at all as bearing upon this point? Surely a loss of 6 per cent. of cases from suppuration when using carbolic acid, the most powerful of all antiseptics, is an argument rather against antiseptics than in favour of corrosive sublimate. Dr. Taylor quotes de Wecker, and seems to adopt his views, "Que toute suppuration de la cornée est due à une infection de place"; nevertheless, we frequently see different forms of intraocular suppuration, which it would be difficult to assign to "une infection de place." Suppurative iritis, choroiditis, and hyalitis follow injuries unattended by breach of surface; why, then, should we always look for local infection in cases of suppuration in the cornea? In my private practice I have for a long time used solutions of cocaine mixed with some antiseptic, usually boracic acid. In the infirmary, until lately, I have not done so; but I am certain that, as regards suppuration after cataract extraction, it has not been influenced by differences in the solution, although in the case of the infirmary it was sometimes three or four weeks old. I am therefore sceptical of its dangers, and it will take more evidence before I can say "J'en suis absolument persuadé." If it be a danger, it is one which is not peculiar to cocaine; it must be extended to belladonna, atropia, eserine, opium, and all other lotions having a vegetable basis.

I am, Sir, yours truly,
C. S. JEAFFRESON,

Surgeon to the Northumberland and Durham Eye Infirmary.

Dec. 5th, 1885.

UNUSUAL VESICAL CALCULI.

To the Editor of THE LANCET.

SIR,—A few notes on some cases which have occurred in my practice at the Mayo Hospital in Jeypore may be of interest in connexion with your observations in THE LANCET of October 3rd on two unusually large urethral calculi, which were reported by a Russian surgeon.

In 1878, I removed a phosphatic stone, weighing $4\frac{1}{2}$ ounces, less 30 grains, from the prostatic portion of the urethra of a gardener, a Hindoo, aged forty years. It measured $2\frac{1}{2}$ in. by 2 in. by $1\frac{1}{2}$ in., and a small staff could be passed over it into the bladder with some difficulty. It was only necessary to cut down upon the calculus through the perineum, which it distended, and to turn it out from its bed with the fingers. The rectum was slightly injured, but

complete recovery took place in forty-three days. The patient suffered from frequent and painful erections, and had great pain in the testicles also, with hæmaturia. He had had much pain in coition, and for seven years there was no seminal discharge. The total duration of symptoms was twenty years.

In 1881, I had a curious case, in a boy aged fifteen years, who had suffered from symptoms of stone for three years. Three calculi, of the aggregate weight of 560 grains, were removed. No. 1, which was wholly in the penile portion of the urethra, fitted into a concavity in No. 2, which was in the prostatic part of the canal. No. 3 revolved in the lower part of No. 2, and projected back into the bladder. When admitted, the boy was much emaciated, but he was well in thirty-five days after the operation. His penis was unusually long.

In 1882, a prostatic calculus weighing 120 grains, and furnished with a curious hook, which projected into the urethra, was taken from a boy aged seven. He was discharged in a healthy condition in twenty days. He could only pass urine when on his hands and knees at the time of admission. His troubles began, as in so many cases here, after an attack of small-pox.

Two cases of a different nature may be added to the above, as they are of interest. Five ounces and a half of fragments of calculi were extracted from the bladder of a boy who had been in the habit of eating plaster from walls. His recovery was very rapid. A large stone, measuring $1\frac{1}{2}$ in. by $\frac{7}{8}$ in., was removed from a female by dilatation of the urethra, without any inconvenience ensuing.

I am, Sir, yours truly,

T. H. HENDLEY, Surg.-Maj., I.M.D.

Jeypore, Rajputana, India, October 26th, 1885.

URETHAN AS A HYPNOTIC IN CARDIAC DISEASE.

To the Editor of THE LANCET.

SIR,—I have felt, in common with most practitioners, the want of a hypnotic which may be given safely in the insomnia of cardiac disease, or of acute maladies like pneumonia, where the tendency to heart failure is a pressing danger. The numerous instances of death after chloral have sufficiently indicated its danger. I hoped paraldehyde might have proved of use, but in my hands it was a failure. Within the last week I have treated two cases of cardiac insomnia successfully by two-grain doses of urethan, given at bed-time, in solution in water. One of these was a case of aortic and mitral incompetence, with congestion of the lungs, hæmoptysis, pleural effusion, and œdema of the legs. The patient complained that as soon as he fell asleep he awoke with a dreadful feeling of suffocation, and for three nights he had had very little rest; but the last five nights he had slept comfortably by the aid of urethan, and his condition has generally improved in consequence. The other case is one of cardiac dilatation, with mitral incompetence; the heart's action is very feeble and irregular. The patient had not slept for several nights, but urethan has obtained for her comfortable sleep ever since she began to take it, four days ago. Urethan is a substance described by Kobart; its formula is $\text{NH}_4\text{CO}_2\text{C}_2\text{H}_5$; it was first used medically by von Jaksch of Vienna. He experimented with it first on animals, and found that no toxic effect occurred even when the drug was administered in the proportion of .5 gramme for each kilogramme of the animal's weight. He relates two cases, one of endocarditis and mitral insufficiency, and the other of aneurysm, in which very troublesome insomnia was relieved by this drug. The dose he employed was gr. 7 (.5 gramme), but so far two grains have been quite sufficient for my patients.

I am, Sir, yours obediently,

Birmingham, Dec. 8th, 1885.

ROBERT SAUNDBY, M.D.

QUININE IN PNEUMONIA.

To the Editor of THE LANCET.

SIR,—The following case illustrates well the value of quinine as an antipyretic in pneumonia.

I was called to see a boy of fifteen, overgrown, thin, and very delicate in appearance. He had pain in the right side of the chest. The respiration was hurried and the pulse 20. His temperature when I first saw him was 104° ; at a later