the third, cystoscopy, three ounces of ½ per cent. silver nitrate solution were injected. Some turbid, but not caseous, pus escaped along side the catheter on this occasion. The urine remained clear from then on till his discharge from hospital a fortnight later and during this period he was walking about, not complaining in any way.

With regard to the inferences to be drawn from the cystoscopic appearances, it seems clear to me that a considerable amount of caseous pus may be seen to escape from an ureter whilst the kidney itself is in a very early stage of disease. In the above case nothing definite was found at the operation, though the history (both antecedent and subsequent) and the cystoscopic appearances make it obvious that there was some focus of disease undiscovered at the operation; probably a tuberculous papillitis with a small breaking down focus. The renal colic was undoubtedly due to plugs.

Of caseous matter passing down the ureter I do not think that this relationship of cystoscopic appearances to the stage of disease in the kidney has been brought out clearly enough in the literature on cystoscopic.

The second point about this case is the relief from pain afforded by washing out the pelvis of the kidney. The above is not the only case in which I have observed this I have notes of five other cases in which relief has been obtained after this procedure and in one or two cases also. I have noticed that the mere passage of the urethral catheter without washing out has been followed by a lessening of the pain which was before complained of.

The introduction of fluids into the pelvis of the kidney through a urethral catheter as a means of local treatment is not a new procedure. Pyelitis both of bacillus coli communis and of pyogenic origin has been treated by instillation of silver nitrate solution, and Pardoc claims for this method of treatment that it hastens the cure.

Of the five cases in which I have tried it one is the case quoted above; he certainly seemed to be better after it. The other four were all cases of unilateral renal colic, in whose urines red blood corpuscles, pus cells, and a heavy deposit of phosphates were found. In three of them, the pelvis of the kidney on the affected side was washed out with warm boric lotion.

A procedure which was followed by such marked relief that they left hospital without any further treatment declaring themselves well.

In the fourth case I used a 5 per cent. solution of silver nitrate of which three drachms were injected. This solution was too strong and was followed by an increase of pain which, however, wore off in 48 hours, leaving him free from pain. This case is still under observation.

I do not mean to claim that the disappearance of the renal pain in these cases is accompanied by a disappearance of the cause. On the contrary I should not expect the relief to be more than temporary, but the fact that there is relief seems to me to indicate value in this line of treatment.

It has occurred to me that in these cases when the symptoms are, I think, due to passage of phosphatic deposit down the ureter instillation of a weak acid solution to dissolve the phosphates, followed by washing out with distilled water might be the means of effecting a cure; and I intend to try this at the earliest opportunity. Similarly, it seems possible that some solvent for uric acid might be found, non-injurious to the tissues, which might be effective in the local treatment of renal calculus without operation.

MALARIA AND COLOUR.

BY W. H. KENRICK,

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WHILE looking through an old number (April 1901) of the *I. M. Gazette*, I came across an interesting editorial comparing African and Indian malaria, in which the real immunity enjoyed by the adult African is attributed to a racial experience of the disease, longer and greater than that associated with the inhabitant of the plains of India. The native of the Indian plains is, in most cases, not an aborigine, as is the African negro.

In parts of the country subject to endemic malaria, the aboriginal tribes, indigenous to those places, will be found to possess as high a degree of immunity as the African. A feature which they possess in common is a high degree of skin pigmentation, and in some way immunity to endemic malaria depends upon the colour, as a rule the darker a native is, the more likely he is to be immune.

This applies not only to Indians of different classes, but also to members of the same aboriginal tribe.

Among the Korkus, Gonds, Baigas, &c., (aboriginal tribes inhabiting the forests of the Central Provinces), the fairer children have a higher degree of splenic enlargement than the darker ones, and if by chance an adult is found suffering from chronic malaria he is almost invariably found to be of fairer colour than the rest of the villagers.

Where members of two different tribes are found occupying the same village, that with the darker skin will be found to possess a lower spleen rate among the children, and a lower adult fever rate.

This dependence of immunity upon colour is seen at its best in the case of immigrants from the plains to hyperendemic areas, a village with a composite population will show slightly enlarged spleens among the children of the deeply pigmented aborigines, and marked enlargements among the fairer immigrant children, even adults being heavily infected, the fairer the casts the greater the malarial saturation. Even an immigrant community of several generations standing in a hyper-endemic locality; if of fairer skin than the indiginous inhabitants, will show an abnormally high endemic rate.

As the higher caste children (Bunnias, Ahirs, &c.) are usually better fed, clothed, and housed it cannot be a question of increased susceptibility owing to exposure, scarcity, or health deterioration, conditions more often found in association with the aborigine.

It is also noticeable that forest subordinates, and others, whose work takes them into hyperendemic areas, suffer from chronic malaria more or less in proportion as they possess fair or dark skin.

That it is not a question of the confusion of cause and effect, *viz.*, malaria infection bringing about comparative fairness of skin, is shown by the relative immunity [possessed] by immigrants of dark skin.

Malaria undoubtedly prevents reaction to sun exposure through formation of protective pigment, and as pigment is known to hold up the ultra violet chemical rays of sunlight, it is the reason why a person suffering from malaria is so susceptible to the heat of the sun.

In this connection the results of malarial infection on the blood, would suggest the hæmoglobin rather than the epidermal origin of skin pigment.

The question is in what manner does the extent of skin pigmentation influence the amount of malarial infection in an individual.

A Mirror of Hospital Practice.

A NOTE ON TWO UNUSUAL CASES OF CYSTS.

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Case 1.—Hindu female, M., aët. 29 years, was admitted to the S. N. P. Hospital on April 26th (sent by 1st grade Assistant Surgeon Hari Pada Mukarji, in medical charge of the Sagore Dutt Hospital at Kamarhatti), complaining of a swelling of the abdomen, with the following history:—

Three children, last born a little over 12 months ago. Menstruation regular. One month after her last confinement noticed a swelling in the abdomen which was painful at first and accompanied with some fever. It increased gradually in size, but all pain subsided after four months.

Condition on admission.—A spare poorly nourished woman. Organs generally healthy. Abdomen distended to about the size of a six months' pregnancy. Some ascites evidenced by shifting dullness in the flanks. On palpation a smooth ovoid tumour roughly 10 inches in length could be felt lying on the right side of the abdomen. The upper pole which was smooth and hard was about a handsbreadth from the hepatic margin, the lower pole soft and elastic was resting in the brim of the pelvis. Per vaginam the lower pole was found to be pushing the uterus to the left and partially obscured it. The tumour was very freely moveable in all directions. The only condition, it suggested, was an advanced ectopic gestation with the fœtus free in the peritoneal cavity. As this is so rare a condition, a positive diagnosis was not ventured on.

On April 28th, the abdomen was opened below the umbilicus through the right rectus sheath. On inserting the hand the tumour could be felt free from all adhesions, and only attached by a long pedicle, which apparently took its origin from the peritoneum in front of the bodies of the 4th the 5th lumbar vertebræ. After enlarging the wound a little upwards, the tumour was delivered by expression, lower pole foremost. The pedicle some 2 inches broad containing a leash of 3 or 4 vessels was ligatured and divided. The excess of ascitic fluid was drained off and the wound closed in layers.

Convalescence was uneventful. The wound which was dressed on the 10th day united by first intention, and the patient was discharged at her own request on the 26th dav following operation. She had gained considerably in weight and lost her careworn emaciated appearance.

On examination the tumour was found to be cystic throughout. It was roughly 9 inches in its long diameter and 4½ inches in its transverse diameter. The wall of the upper half had undergone calcareous degeneration and contained a large cavity full of clear fluid. The lower half was tense and elastic and full of multilocular cysts. The uterus and appendages were perfectly normal, and it was certainly not of ovarian or parovarian origin. I have never seen or read of anything quite like it and have still no idea of its nature.

Case 2.—Mahommedan male, aët. 31 years, presented himself at the O. P. Department on July 21st, on account of a tumour of the right buttock which he first noticed 4½ years ago and which had gradually increased in size. On inspection there was a definite globular swelling about the size of a large duck's egg projecting downwards from the right gluteal fold. The skin over it was freely moveable and normal in appearance. There was a very definite impulse on coughing and it was dull on percussion. On