the improvement was due to the serum injection I am unable to say positively. No membrane was coughed up or seen at any time. Doubtless, as Dr. Maguire says, there are cases of mild diphtheria that are not recognised, but the lesson to be learned from these mild cases is the value of serum injection. As far as I am aware it does no harm, and I shall certainly resort to it again in any doubtful case. I think it is possible that had it been used in Dr. Maguire's case the result would have been different.

Northumberland-avenue, W.C.

CARCINOMA OF THE PROLAPSED UTERUS.

BY HERBERT SNOW, M.D. LOND.,

SENIOR ACTING SURGEON TO THE CANCER HOSPITAL, BROMPTON.

A WOMAN, aged 73 years, the wife of an agricultural labourer, was admitted to the Cancer Hospital, Brompton, on Jan. 16th, 1901, with carcinoma of the prolapsed uterus. There was no family history of cancer. The uterus had become procident at the climacteric period—i.e., about 28 years previously—and she gravely stated that this had been brought on by her husband rubbing her back for the common lumbar pains. She had since gone about as usual, wearing only a diaper, and no pessary or other support had ever been resorted to. The cancerous development (cervical) was said to have commenced a year before. As the duration of malignant disease in the female is almost invariably much understated, one of about twice that length was inferred from the objective phenomena. Above the growth was a considerable margin of healthy vaginal mucosa. The parts were freely mobile. Unfortunately, however, there were signs of extensive implication of the bladder. The urine was copiously laden with pus and albumin. The patient was very senile and hence the idea of operative removal had to be abandoned. She had pain on micturition but at no other time, and while she was kept in bed she had no suffering whatever. She still remains in hospital.

Carcinoma, cervical or otherwise, of the procident uterus seems to be a singularly rare event; whereas it might have been expected to be common, from the exposure to friction. I have not met with a case before, nor have any of my medical friends to whom this has been mentioned. Presumably the rational explanation is that the existence of the disability induces care of the exposed parts with concomitant cleanliness and health. Ordinarily, too, a pessary is worn. The disease in this case seems to be a result of the neglect of all such precautions.

Gloucester-place, Portman-square, W.

A MODIFICATION OF THE ROMANOWSKI-RUGE METHOD OF STAINING THE PLASMODIUM OF MALARIA AND OTHER PROTOZOA.

BY W. HANNA, M.B. R.U.I., D.P.H. CANTAB.

THE following account of a modification of Romanowski's method will be found in the *Russian Archives of Pathology, Clinical Medicine, and Bacteriology*, vol. x., part 4, where Dr. N. Berestneff describes an exceedingly convenient and rapid method of staining malaria plasmodia. It has been used with great success in this laboratory and deserves to be widely known in scientific institutions in England. The following is the method of preparation. A 1 per cent. aqueous solution of methylene blue (med. puriss. Höchst) containing 0.3 per cent. of carbonate of soda, is heated for three hours on a water bath and filtered. One cubic centimetre of this solution is mixed with 1.5 cubic centimetres of a 1 per cent. aqueous solution of methylene blue and to this mixture are added five cubic centimetres of a 1 per cent. aqueous solution of eosine (extra BA Höchst). Old preparations of semilunar bodies and halteridium *Danielewskii* ought to be stained in this mixture for from 15 to 20 hours at laboratory temperature. For young forms it is sufficient to stain for from 15 to 20 minutes without heat, followed by gentle heating for from 15 to 20 minutes until steam rises. To decolourise the red cells, which are blue after this staining, the preparation is put for from two to five seconds in the following mixture:—10 cubic centimetres of methylene blue, one per cent., 200 cubic centimetres of distilled water, and

0.25 cubic centimetre of acetic acid. The preparations are washed in water and dried with blotting-paper, and they are then dipped for from five to 20 seconds in absolute alcohol to dissolve off any residual stain and finally washed in water. Fresh preparations of blood containing plasmodia fixed with absolute alcohol are stained in this mixture diluted with from two to four volumes of water for five minutes without heat, followed by gentle heating for from five to 10 minutes. Blood containing trypanosoma and slides of the intestinal contents of guinea-pigs having trichomonas fixed with absolute alcohol or sublimate, are stained with this mixture undiluted or diluted with two volumes of water, as for plasmodia. The flagella are stained a violet-red and it may be seen (in trypanosoma) that they have a nucleus; the same may be said regarding trichomonas. The chromatin of plasmodia and the other protozoa in question is stained by this method a bright red violet, the protoplasm blue, the leucocytic nuclei and Bizzozero's plates like the chromatin of the protozoa, neutrophile granules are rose, eosinophilous cells are purple, whilst the red corpuscles are of a delicate rose colour. Dr. Berestneff working in Bombay has informed us that he has slightly modified the above for tropical climates. He adds the stains in the following order and well mixed: Soda methylene blue 1 per cent. diluted with equal parts of water, 0.5 cubic centimetre; methylene blue 1 per cent. diluted with equal parts of water, 1.5 cubic centimetres; and eosine 1 in 2000, 5.0 cubic centimetres. He informs us that the best results are obtained with fresh preparations of halteridium and malaria by at once floating the dish containing the mixture and preparations for from five to 10 minutes upon the surface of water raised to 55° C. The above method has been tried here with excellent results.

Government Research Laboratory, Bombay.

A Mirror

OF

HOSPITAL PRACTICE, BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv., Proœmium.

ST. GEORGE'S HOSPITAL.

A CASE OF FRACTURE DISLOCATION OF THE CERVICAL SPINE COMPLICATED BY FRACTURE OF THE SKULL.

(Under the care of Mr. W. H. BENNETT.)

THE value of traction in replacing dislocation of the cervical spine is sometimes very marked, for often the displaced vertebra gives rise to paralysis merely by pressure, the tough dura mater saving the cord from laceration. The slowness of return of movement and sensation after removal of the pressure is probably to be attributed to the presence of œdema at the injured spot. A little blood also may have been extravasated and some hours or days may elapse before this can be absorbed. The unfortunate cerebral complication in the following case prevented a recovery which the skill of the treatment deserved. More than 18 hours elapsed between the occurrence of the injury and the onset of the coma. This is an exceptionally long interval of consciousness in a case of meningeal hæmorrhage, for the coma usually comes on within an hour or two. For the notes of the case we are indebted to Mr. P. L. Mummery, F.R.C.S. Eng., house surgeon.

A plumber's assistant, aged 25 years, was taken into St. George's Hospital at 6.30 P.M. on Jan. 16th, 1901, having just fallen from the roof of a house (a distance of about 30 feet) on to a grass lawn. He was said to have been quite conscious when he was picked up after the accident. On admission he described the accident and complained of pain in the neck and jaw. His head was turned towards the left side with the chin pointing forwards and was fixed in that position; on examining the cervical spine some displacement of the sixth spine could be felt. There were complete paralysis and loss of sensation below the