largement of the liver. The patient was quite surprised when I called his attention to it, and said he had not the least idea that there was anything unusual in the position indicated; all his complaint was referred to the leg.

When the pain and swelling in the limb subsided he was discharged, and I saw no more of him until last December, when he returned to hospital, the tumour in the meantime having much increased in size. Influenced by my recollection of the relations of the tumour when first discovered, I for some time continued to look upon it as hepatic, but subsequently changed my opinion, partly on account of the great size it was attaining and the surface having become uneven, and partly on account of the enormous enlargement of the superficial abdominal veins, indicating an amount of obstruction in the vena cava such as is rarely found in hepatic disease. From first to last there were no symptoms present save the inconvenience produced by the bulk of the growth, and the patient's slow but progressive wasting and debility. Epileptic seizures set in a few hours before his death, which took place a little more than twelve months after the tumour was first noticed.

Post-mortem examination.—Body much emaciated. When the abdomen was opened an enormous tumour, nodulated on the surface, was seen to fill the greater part of the abdominal cavity; viewed before being disturbed it was seen to pass up under the ribs (pushing up the liver) and down into the pelvis on the right side. It extended across the spine, and only left intestine visible at the inferior portion of the abdomen on the left side. Though closely in contact both with the liver and stomach, it was not adherent to either, but was extensively attached to the intestines. Notwithstanding every care it was found impossible to remove it entire; pressure of the fingers sufficient to separate the adhesions caused its walls to give way in several places, and at least four pints of a fluid resembling diffuent brain-matter mixed with blood flowed from it. The mass, in which the right kidney had completely disappeared, was found to be adherent to the spine by a broad pedicle, which extended along the bodies of the first four lumbar vertebræ. The body of the first lumbar vertebra was deeply eroded. The abdominal portion of the aorta was adherent to the tumour for the greater part of its course, and the vena cava was completely incorporated with it. There were no secondary deposits in other organs. The remaining kidney was healthy, and at least double the average size. The brain was generally hyperæmic, with a small patch of recent lymph-like deposit at the posterior extremity of the left hemisphere, and some opacity of the membranes at the base.

Remarks.—Malignant growths involving the kidney often run, as is well known, a lengthened course, and may also be present, as in this case, without any symptoms beyond the presence of a tumour in the abdomen; but the present example is more or less remarkable for the following facts connected with it:—1. The great size of the tumour. Could it have been removed entire, I have no doubt it would have weighed at least fifteen pounds. 2. Although there was deep erosion of one of the vertebræ, no pain was at any time complained of. 3. Although the vena cava was completely blocked, there was no œdema of the lower extremities. This, I think, may be explained by supposing that the presence of the superincumbent mass on the aorta caused but a limited supply of blood to reach the lower extremities, and for the return of this the greatly enlarged abdominal veins were sufficient. 4. The position of the tumour when first noticed. This showed, I think, notwithstanding the complete way in which the kidney was involved, that the growth originated not in the latter organ, but in the connective and subserous tissues in front of the spine. This view is also borne out by the histology of the growth. I am indebted to my colleague, Mr. Thompson, for the preparation of some sections, which show unquestionably that it was a round-celled sarcoma. Primary growths of this nature, having their origin in the kidney, are, I believe, rare, and when they do occur are of a comparatively limited size.

Hull.

A METHOD FOR CONTROLLING HÆMORRHAGE DURING AMPUTATION AT THE HIP-JOINT.

Reported by

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THE following might be found useful as a method for controlling hæmorrhage during operation at the hip-joint. It was lately employed by Mr. Spence with complete success.

The patient was admitted into the Royal Infirmary in a very weak and debilitated condition, the history being that two years previously he had suffered from scarlet fever, and that during his convalescence he had neglected proper precautions against cold, &c. Abscesses formed at the hip, the leg became quite useless, and his health gradually became more impaired. During his journey here erysipelas of a phlegmonous nature developed itself, lasting for some weeks, and leaving the whole leg a swollen, œdematous, deformed mass, with sinuses leading down to the joint, which was in a state of firm fibrous ankylosis.

Mr. Spence, though unwilling to perform any operation, owing to the patient's condition, yet, considering it was his only chance for life, resolved to amputate, using the following method, in order the more completely to control the hæmorrhage. The sinuses which were at the outer side of the limb were connected by an incision. The head of the femur was cut down upon, and, with difficulty, owing to the ankylosis which had taken place, was excised. The thigh was then transfixed by a long sharp-pointed steel skewer, three-eighths of an inch in breadth, the point entering at the incision which had just been made, and then taking the course which the knife usually takes in transfixion for the anterior flap. A firm indiarubber band was then twisted tightly round the skewer, including the anterior part of the thigh, much after the method in which vessels are secured by acupressure. Another band was twisted round posteriorly, thus securing the posterior vessels. The operation was then completed by cutting the anterior and posterior flaps. After the vessels were secured the bands were loosened, the skewer removed, and the flaps stitched and dressed. During the excision a small quantity of blood was lost, but during the after-part of the operation scarcely a drop.

Mr. Spence remarked to the students after the operation that this method was most advantageous in cases such as the preceding, where a comparatively firm ankylosis had taken place, or in cases where the shaft has become separated at the trochanters by diseased action, great difficulty being found in removing the head of the femur, and the operation thus prolonged. In cases where none of these difficulties are met with, this method is not so necessary, as the leg can be removed with great rapidity, and the vessels grasped in the hand after the flaps are cut, so that no great amount of blood need be lost, the rapidity of the operation diminishing also the amount of shock.

Edinburgh.

CASE OF BOTHRIOCEPHALUS LATUS.

BY TOM ROBINSON, L.R.C.P. LOND., &c.

A GIRL, aged twelve, the child of English parents, and living at Shadwell, was brought to me in November last, as a sufferer from tapeworm. I treated my patient by first emptying the alimentary canal by means of a brisk saline purge and a fluid diet, and then administered two drachms of the Areka or Areca nut (the Areca, catechu, or betel-nut tree) in powder, in the early morning fasting. One hour afterwards my patient passed, with much straining, and rolled up into a ball, a mass which was brought to me. On examination, the worm was found to have the marked features of bothriocephalus, as described by Owen and Carter Blake (*Tænia lata*, figured in Baillie's "Fasciculi"). I took some trouble to examine the segments, and found those divisions next the head had each a distinct sexual apparatus

VACCINATION GRANTS.—Mr. C. Ashenden of Hastings, Mr. E. W. Parkinson of Royston, Mr. C. E. Walker of Chesterton, Dr. W. Easley of March, Dr. F. S. Gramshaw of Stillington, and Mr. A. Megget of Scarborough, have received Government grants for efficient vaccination.

and a water-vascular system, but in the lower segments these appeared to be absent.

The interest attached to this case is in the kind of worm passed by an English girl. I have had many opportunities of examining tapeworms, but only in this case have I found a *bothriocephalus latus*. The distribution of these parasites appears to be governed by laws which have yet to be explained. There are distinct geographical limits to their distribution; for if a line is taken to correspond roughly with the line of the Vistula, to the east of this you will find the population suffering from *bothriocephali*, the worms associated with eating underdone pork. Yet the Spaniards eat much pork, and have *tænia solium*. Again, if you imagine a line dividing the Atlantic from north to south, and intersected by "Mason and Dixon's line," to the north and west of this the inhabitants have, with but few exceptions, the *tænia solium*. But in Central America and Mexico, we meet again with the *bothriocephalus latus*. The *tænia mediocanellata* is found chiefly in Guinea. It is interesting anthropologically to reflect on these facts, and it would appear to be probable that mankind differs in the forms of its parasites, as much as the soil differs in the growths of its flowers or its weeds. It is indeed a curious statement that, in spite of the mixture of races, in spite of free intercourse, free marriage, and, if you like, free trade, we find nations with distinctive tracts affected with distinctive parasites. The explanation does not lie with the animal, as the pig of Russia is in no way different from the pig of this country, but it appears as if there were a special adaptability for the growth of particular parasites in particular nations. In my patient the kind of worm probably resulted from her residence, which, being near the docks, would be much frequented by Russian and other sailors, and we can imagine an exceptional case arising, as this one did, from the drinking of water which contained the ova of *bothriocephali*.

Guildford-street, W.C.

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. MARY'S HOSPITAL.

INVERSION OF THE VAGINA AND PROLAPSUS UTERI FROM SUDDEN EFFORT.

(Under the care of Dr. WILTSHIRE.)

FOR the following notes we are indebted to Mr. Lovell, M.R.C.S., obstetric house-surgeon.

C. M—, aged twenty-six, a housemaid, married two years, having one child nine months ago, which she suckled for five months, was admitted on Dec. 31st, 1878. She was florid and well-nourished; the bowels were confined, and defecation was painful; micturition was difficult, and she had leucorrhœa. She stated that her womb came down outside, and that it had done so for a week or two—in fact, more or less so ever since lifting a heavy box down a staircase about three weeks before, when she "felt something suddenly drop." The parts afterwards gradually came outside, and when she was seen hung between the legs.

On examination, the vagina was almost completely inverted. Anteriorly, the vesico-vaginal wall bulged considerably, forming a tumour, which fluctuated from urine contained in the bladder. Posteriorly there was a proctocele, but it was less complete than the cystocele. The cervix uteri around the os for a radius of nearly an inch was the seat of granular erosion, the so-called "ulceration." The uterine cavity measured three inches and a half, the supra-vaginal portion of the cervix being the chief seat of elongation. Nearly the whole of the uterus lay below the rima pudendi. The perineum was a fairly good one. The parts were easily restored, and a small flexible ring pessary was inserted, which kept them up nicely.

Ordered to take one ounce and a half of compound decoction of aloes every morning if necessary.

On Jan. 3rd, 1879, she presented herself again, and said that the instrument kept the parts up well, and that she was quite comfortable; the bowels were loose, and defecation was painless; there was no difficulty in micturition. A week later she felt quite well, and had no discharge.

Remarks by Dr. WILTSHIRE.—The sound was passed into the bladder, and it was demonstrated that the fluctuating tumour seen anteriorly was a vaginal cystocele. Attention was called to the fact that the bladder, as the end of the sound showed, ran down the cervix uteri to a point close to the os; and that excision of the cervix should never be undertaken in such cases, owing to the risk of opening the bladder, and even the peritoneal cavity. Replacement and mechanical support were all that was necessary; and it was found that, if properly managed, many of these cases recovered perfectly. The youth of the patient was also pointed out. Inversion of the vagina is much more commonly met with in elderly women, especially laundresses, in whom it results from constant effort, whereas in the patient it arose from sudden and rather violent strain. The granular erosion rapidly heals if the parts are restored to their proper position, as it did in this instance. When the patient was seen on Jan. 21st, the erosion had entirely disappeared. Treatment by caustics is objectionable.

COVENTRY AND WARWICKSHIRE HOSPITAL.

CANCER OF ŒSOPHAGUS; GASTROSTOMY; DEATH EIGHT DAYS AFTER.

(Under the care of Mr. MILNER MOORE.)

THE following is another addition to the growing list of cases of gastrostomy. The operation in this case was not, in the strictest sense of the word, successful; nor was it ever expected that it could be. It was done primarily with the view of relieving pain, though the hope and probability of prolonging life somewhat were not forgotten. It did relieve pain, so that three days afterwards the patient expressed his thankfulness that the operation had been done. The appearances of the morbid growth and of the adjacent viscera sufficiently showed that in any case life was only a matter of hours, at most of days. The necropsy in this, as in so many other instances of carcinoma of the Œsophagus, proved that extensive ravages had been made before the performance of the operation. The point on which surgeons now profess themselves at variance is, whether this experience warrants earlier interference or abandonment of the operation in such cases altogether. We are decidedly in favour of the former course, and venture the assertion that an impartial investigation of all the records will support this conclusion.

J. C—, forty-five years of age, was admitted on April 22nd, 1879, suffering from all the symptoms of organic stricture of the Œsophagus. He had always been in fair health, although a confirmed drinker, until the beginning of February, when he began to experience a gnawing, aching pain at a spot he pointed out, which corresponded with the edge of the lower third of the sternum, and at the same time his food regurgitated within two minutes of being taken. Occasionally he had passed stools tinged with blood, and at times a little blood-stained fluid came back with the rejected food. He had never had syphilis; his mother and father died at moderate ages, and there was no history of cancer in the family.

On admission he presented a miserable appearance; he was well nourished and had a florid complexion, but his countenance showed great anxiety. There was incessant restlessness and discomfort. The pulse was slow and feeble, and he could retain nothing for more than one minute after swallowing. He complained much of the pain at the sternum, and of great debility. The heart and lung sounds were normal; the liver was found to be enlarged; the urine free from albumen. Mr. Moore passed a long No. 12 elastic catheter with great caution to within two or three inches of the stomach, and found that the instrument would travel no further without undue force. A little milk was injected through the tube, and this immediately returned, mixed with blood and a brownish fluid, which was examined under