the disease has been first discovered in August or September, and has invariably disappeared about December, on the setting in of colder weather. It will be noticed that the December climate as judged only by the thermometer is not cold, but towards the end of that month in Cairo there are clouds, showers of rain, a keen south wind from a very cold desert, and a condition of weather which causes the susceptible inhabitants to wear extra clothing and warm themselves at night by fires. The minimum temperature falls from 50° F. in November to 41° F. in December. The foregoing table shows that during the epidemic (September to November) the temperature was above the average of the three preceding years, and also that the amount of moisture in the air was greater than usual in 1887.

(To be continued.)

A SUCCESSFUL CASE OF NEPHRORAPHY FOR FLOATING KIDNEY.

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MARTHA D—, aged thirty-four, a cook, came under my care in October, 1886. She was a nervous, hysterical woman, and had suffered for two years and a half from "cramp" in the abdomen, and could feel a lump which moved about, and caused her great pain on movement and in doing her work. She was a married woman, but had lived apart from her husband for some years. She had had one miscarriage, and states that she never quite recovered her former strength after this. Fifteen months later she was confined, the labour not being attended with any difficulty. She did not admit having worn tight stays. On her admission into the hospital it was found that the right kidney was freely movable, and caused the patient so much pain on movement that she preferred remaining in bed, and had been obliged to give up her situation temporarily. The woman was well nourished although not fat. Nephroraphy was proposed to her, and the nature and object of the operation being explained, she at once consented.

Operation.—On Oct. 2nd, 1886, the patient being under the influence of ether, an incision was made parallel with the last rib and a finger's breadth below it; the incision was about four inches long, with its centre opposite the middle of the iliac crest. After opening the fascia transversalis an assistant pushed the kidney up into the wound. It was found to be normal in size, and surrounded by a small quantity of fat. Silk sutures were then passed through the deeper structures (transversalis muscle and fascia, and quadratus lumborum), and then through the capsule of the kidney and peri-renal fat; the suture was then tied. Two such sutures were passed through the upper lip of the wound and upper end of the kidney, and two through the lower lip and lower part of the kidney. Then a thicker silk suture was passed through all the structure in the wound at the posterior angle, then through the capsule of the kidney and peri-renal fat, and out through the other side of the wound. This was not tied until the wound had been closed with silk sutures, after having been cleansed with corrosive sublimate solution (1 in 2000). A drainage tube was put in the posterior angle, and the wound dressed with iodoform wood-wool.

The dressings were changed on the first, third, and fifth days after the operation, and on the latter occasion the drainage tube was shortened to one inch and a half. On the twelfth day the dressings were again changed, and all the sutures uniting the wound were taken away, as was also the deep one passing through the kidney capsule. The drainage tube was removed. Five days later the wound had perfectly healed. The patient had not had a bad symptom from first to last, and there had not been any pain unless she had turned on the wounded side during sleep. I considered it advisable to keep her in bed for some time longer, in order that there might be firm adhesions between the kidney and the parietes. She was allowed to get up for the first time on Nov. 7th. The next day she complained of anæsthesia affecting the right leg, and on the right side below the incision; above this there was paræsthesia, and also anæsthesia along the course of the right intercosto-

humeral nerve. This was put down to hysteria and no treatment was adopted. In a fortnight she quite recovered.

I saw the patient in January, 1887, and she told me that she had been very much better since the operation, and that there had not been any return of the old pains, and she had been able to do her work in comfort. She now complained of pain in the cicatrix, quite localised to one spot. On examination I found that there was a small abscess, which I opened, and discovered that it had been caused by one of the deeper sutures, which I removed, and the abscess rapidly healed. In the following June, I again saw this patient. She had perfectly recovered from her old pains and cramp, and was just about to leave for a situation in Australia.

Remarks.—This case appears to me interesting as showing the great good that may be done by nephroraphy in suitable cases. In this case the pain caused by the floating kidney was such that the patient was totally unfit for work. The operation appears to me to be devoid of any great danger if antiseptics are used and due care be taken not to wound the peritoneum. It must, however, be borne in mind that in some cases of floating kidney the peritoneum forms a complete meso-nephron as in the original foetal condition.

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ON THE PROBABLE EXISTENCE OF TÆNIA NANA AS A HUMAN PARASITE IN ENGLAND.¹

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THIS tapeworm, first observed by Bilharz in Egypt, and described by him and von Siebold in 1853, had not been subsequently met with until it was recently found in Belgrade by Hellich, as mentioned by Leuckart in 1886. Professor Grassi of Catania in Sicily, in a paper published early in 1887,² calls attention to his discovery of the ova of what he thought to be *tænia nana* in the faeces of a girl in Milan in 1879. These ova are figured in Bizzozzero's "Handbuch der Klinischen Microscopie." Grassi, again, met with similar ova in the stools of two girls in Catania shortly before the publication of his paper, and succeeded by the use of male fern in expelling the worms in thousands. He has minutely described the worm, and found it to be *tænia nana*, which from subsequent observations he shows to be a very frequent human parasite in that part of Sicily, where it is said to produce various symptoms of intestinal irritation as well as reflex neuroses, although it may be present in numbers in persons who apparently are quite well. Grassi relies with confidence upon treatment by male fern. His earlier investigations into the life history of this parasite resulted in failure, but he was inclined to the opinion that the larval stage of *tænia nana* was passed in the larva of *tenebris molitor* ("meal worm").

Grassi's first paper came into my hands early last year, and I at once saw that he had found the *tænia* which I had vainly sought for in 1854-5, in a girl whose faeces contained similar ova. A full account of that case, with a figure of the ova, will be found in the *Medical Times and Gazette*, vol. i., 1856. An abstract of the same case appears in Reynolds's System of Medicine, 1871. Thus after thirty years my anticipation that "thus we may hope some day to see demonstrated what is here inferred" is justified by the event. For Grassi, in a later paper,³ also holds that the ova I described and figured are those of *tænia nana*. It ought, however, to be noted that I failed to discover any worms in the stools after active treatment with male fern, although Grassi found it a sure cure. I cannot doubt that other such cases will be discovered in this country if sought for, and they may be numerous. Although so small, these worms are so numerous that they may become very important factors in disease, and Grassi, whose experience is considerable, says that sometimes they produce grave symptoms.

I was led in 1856 to attempt to explain the failure of drugs to expel the worm by supposing it to inhabit a

¹ Abstract of a paper read at the Nottingham Medico-Chirurgical Society.

² Centralblatt für Bacteriologie und Parasitenkunde, Bd. i., p. 97.

³ Ibid., Band ii., p. 285.