tissue, and thus the vessels were efficiently and satisfactorily occluded during the operation. Fig. 1 conveys at a glance the principle involved in this method. It is advisable to simply tie the first stage only of the surgeon's knot and clamp it with forceps and by this means we can easily re-tie if necessary when letting go after ligating the visible blood-vessels on the face of the stump. The only condition which might embarrass one in adopting this method of controlling hæmorrhage in amputation at the hip would be the occurrence of an irreducible femoral hernia. Fig. 2 illustrates a method of controlling the same vessels by means of a large Doyen's broad ligament forceps; there is only one puncture made on the outer side of the femoral pulse and one blade is forced through behind the vessels and then the forceps is clamped. This method would be quicker and would take only a few seconds to apply, but it means the acquisition of a special instrument which is not in every operation-bag, whilst the first method requires nothing beyond the essentials of every operation-bag.

I am not aware that the principle of under-running the vessels with silk and tying it over them has been applied to the common femoral vessels before, whilst it is a recognised method of treating cirroid aneurysm of the scalp. It is hardly necessary to add that after placing the ligatures and pad (in the method I once adopted successfully) it is necessary to elevate the limb to drain it of its blood before tying the knot tightly. If one were amputating at the shoulder-joint single-handed the same method would be found very useful.

My best thanks are due to my friend Mr. S. W. Allen for the two illustrations.

Cardiff.

Clinical Notes:

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

A CASE OF ERYTHEMA NODOSUM ET BULLOSUM.

By J. A. GIBB, M.B., C.M. ABERD.

THE following case in a male patient has recently occurred in my practice. The uncommon character of the affection may make its report of some interest to the readers of THE LANCET. The patient had undergone a considerable amount of climatic exposure prior to the attack, which commenced on March 5th of this year with stiffness in the jaws and pain in the limbs. On the 7th I was called in and I found the patient in the following condition. He was in bed and was sweating profusely. The left knee was enlarged and red but was not painful, and there was no cedema. On the inner side of the right tendo Achillis were several large erythematous spots, oval in shape and of about the size of a half-crown. The same condition existed over the condyles of both humeri extending some little way down the ulnar side of the forearm. Both elbow-joints were enlarged but there was no cedema. The temperature was 99° F. and the pulse was 92. The treatment adopted was the administration of salicylate of soda and bicarbonate of soda, and a free action of the bowels was obtained. I again saw the patient on the 9th. The left knee was quite normal in appearance and the spots on the right leg had all but disappeared. The whole of the left arm was very much swollen, tense, and hard from the shoulder to the finger-tips. The right arm was the same, but in addition on the inner aspect of the humerus was a bullous eruption consisting of six large red blebs each of about the size of a pigeon's egg. One of the bullæ was surrounded at its base by a number of smaller vesicles on a red base. Although there were no bullæ on the left arm the whole of the inner aspect of the humerus had the appearance of a bruise in the first stage, the same as the right arm with the exception of the bullæ. The temperature was 101°. The tongue was red. The patient had been restless all night and complained that he saw a number of steam-engines and various mechanical things which he knew nothing about. I ordered him a sleeping draught of the solution of hydrochlorate of morphia. On the 10th the left arm was considerably improved, the redness disappearing in the

ordinary stages of a bruise. The right arm was still very much swollen and there was a good deal of cedema. The temperature was normal. I now gave the patient one-grain doses of quinine and continued it for two days with no marked result. On the 12th I started giving him arsenic in five-minim doses three times a day. This was continued until April 1st, when I discontinued seeing the patient. By that time he had regained normal movement about the elbow-joints. The bullæ had ruptured and were quite healed with no scarring and very little pigmentation. On looking up the subject I find that cases of bullous erythema have been recorded by Dr. Duffin, Dr. Crocker, Dr. Frederick Taylor, and Dr. Pye-Smith. Although the bullous eruption was not symmetrical, yet the discoloration was the same in both arms, and both elbow-joints were affected at the same time and in the same way. Its combination with erythema nodosum inclines me to think that this case was one of erythema bullosum and not pemphigus. There was never any heart affection throughout the case. I examined the patient from time to time. There was no sugar or albumin in the urine. He was always a healthy man. He could only remember being ill once before and that was from typhoid fever. He was fifty-six years old and robust.

Aston-Upthorpe, Berkshire.

TUMOUR OF THE KIDNEY CONTAINING EMBRYONIC MUSCLE FIBRES.

By BRUCE BUCHANAN MORTON, M.B., C.M. GLASG.

ON account of the rarity of such cases a short clinical description and pathological report of the following case will probably be of interest.

On Nov. 24th, 1897, Dr. Johnstone, Whetley Hill, Bradford, requested me to visit a male child, aged two years, who had a large abdominal swelling, first noticed four months previously and since growing rapidly. No pain or tenderness was complained of by the little one, who took his food well but had of late months lost flesh and suffered from periods of constipation which had to be relieved by medicine. The tumour occupied the whole abdominal cavity; it bulged rather more to the left side and forwards and there were distended veins overlying it. It was smooth, hard, and moveable in a limited range towards the middle line. Percussion was absolutely dull over the whole area of the swelling, with a tympanitic note in the right side flank only. The tumour felt heavy and solid and was probably of the size of a small football. The urine was reported by Dr. Johnstone to be free from blood or albumin. With his concurrence, considering the probability of malignant conditions and the early and high mortality after removal of such tumours, no operation was advised. The child lingered till Christmas Day and seemed to die from starvation by general pressure and flattening causing chronic intestinal obstruction.

At the post-mortem examination, which was confined to the abdomen, the tumour was found to have its base in the left lumbar and hypochondriac regions; it was covered by layers of descending meso-colon, the descending colon itself being stretched and flattened over it from above downwards. The rest of the intestines lay empty, collapsed, and flattened in the right flank. The right kidney was normal in all respects, as was its suprarenal body. This on the left side was not found but may have been atrophied by the pressure of the large tumour which seemed to spring from the sinus of the kidney or the loose tissue surrounding the hilum, the pelvis of the kidney and the ureter being free from growth and only compressed, as also was the kidney proper, which lay opened out as two leaves from its anterior to its posterior border. There were no enlarged glands in the abdomen. Both testes had descended. The tumour itself weighed 6lb. 2 oz.; it had a tense, thick capsule and was spherical in shape. On section an outer white or pink rind was seen 1½ in. in thickness and like the outer fatty layer of a ham. This enclosed an inner mass of softer substance streaked with pink tracts and reddish-brown areas and with scattered hæmorrhages. Further, towards the base of the tumour, a large clot was turned out. A hard nodule was felt at the inner margin of the rind and was removed for examination. The tumour, kidney, and ureter were removed to the museum of Bradford Infirmary. The renal vessels of the left side were in calibre much above normal or those of the

right side. On microscopical examination of the hard nodule referred to it was found to be wholly composed of embryonic muscular fibres; these were as a field of loose bundles and were seen to be striped on moderately careful focussing. There were also large vessels showing endarteritic processes, and here and there the adventitia of vessels seemed to be proliferating. The large mass of the growth (i.e., rind and parts of inner area not destroyed by hæmorrhages) seemed to consist of groups and islets of round cells separated from each other by bands of spindle elements. Within these groups of round cells were numerous vessels and also what appeared to be tubules. The round cells appeared to have in places arisen from the vessels. Fibrous tissue was very scanty in the tumour. For the microscopical interpretation I am indebted to the reports of friends in Bradford, and to the report of the Clinical Research Association, and all I now acknowledge. The tumour was shown at the January meeting of the Bradford Medico-Chirurgical Society, and also at the March meeting of the Pathological Society of Manchester by Dr. Eurich of Bradford, who suggests that the specimen be classed as a teratoma and who describes it as an angio-myosarcoma. The presence of numerous tubules and their relation to the tumour, also the inclusion of embryonic muscular fibres, I cannot pretend to account for. The origin of such tumours from remains of the Wolffian bodies or the statement which has been advanced relative to the close anatomical relationship in the embryo of the muscle plates of the protovertebral somites with the intermediate cell-mass are amongst interesting suggestions on a matter still *sub judice*. The opinions of any of the readers of THE LANCET who may have specially observed such cases would be interesting to the profession.

Bradford, Yorks.

NOTES OF A CASE OF XEROSTOMIA (MOUTH-DRYNESS).

BY ARTHUR J. SHARP, M.D. LOND., F.R.C.S. ENG.

A SINGLE woman, aged forty-one years, consulted me in February last for constant dryness of the mouth. Her family and personal history were alike good, and except for the local trouble she had never been better in her life. She admitted no history of nervousness or nervous shock. For nearly twenty years, however, she had been troubled with painful sensations at the bottom of the back which were only aggravated by professional treatment but which disappeared suddenly and effectually after taking a single bottle of tonic medicine bought at a druggist's. Her dentist (Mr. E. Burrows, who kindly sent her to me) had found her mouth unduly sensitive and had blamed her "nerves" as being the cause of her symptoms. She had never had neuralgia. She had had influenza seven or eight years ago, and had had very occasional headaches, but not lately. The dryness dated from October, 1896, when it came on rather suddenly. She taught at a Sunday school and had found it impossible to do so without constantly sipping water. The tongue was worst during the first winter. During the last winter she had had several colds in the head and the dryness had always been worse on these occasions. Hot or spicy food or fluids she had neither cared for nor been able to take. The dryness was worst out of doors or by a fireside. The secretion of tears was not affected; the eyes looked irritable and developed a little gummy discharge at night. She had always been "shortsighted," and strong winds made the eyes water and so did reading at night. She said that she could smell and taste perfectly and had no complaint to make about the nose. A brief examination gave the impression that the mucous membrane was pale and somewhat dry. No obstruction could be found nor any dry crusts, but a musty smell often associated with such conditions was recognisable. When she had a cold she used as many handkerchiefs as anyone else. The teeth were not specially bad; several had been stopped at various times and she had lost some of the back ones. Lately she had worn some artificial ones; the dryness was aggravated if they were disused. She had no difficulty in chewing or swallowing with the aid of frequent sips of fluid. The mucous membrane lining the lips, gums, cheeks, tongue, and palate was dry and glazed. The fauces and pharyngeal wall were granular, but the dryness only extended to the base of the tongue. One or

two strings of dry mucus were seen in the mouth and there was always a quantity adherent to the teeth and lips in the morning. The tip of the tongue was red; the rest of it was pale. The surface was granular with papillæ, some fungiform ones near the tip being especially prominent. There were no inflamed patches and only a few very shallow transverse furrows. The papillæ of the salivary ducts were not prominent and no secretion could be expressed from them. After moistening the tongue with water a very faintly alkaline reaction was obtained to litmus paper. The lips were dry and peeling. There were a few pustules about the forehead, the face and lips, and the hands and forearms. These were attributed to scratches received in gardening. The angle of the mouth on the left side was scarred. The skin was not unduly dry and the patient perspired freely on the least exertion. Last summer she had some swelling of the eye-lids which cleared up after a short time, otherwise she was very well at that time. I regret that I was unable to obtain a specimen of the patient's urine. She was not anæmic and there appeared to be no urinary disorder. She was not subject to parotitis and there were no signs of pressure on any part of the salivary apparatus. She had cooled her tongue with a solution of sodium carbonate followed by cold water. She has taken mercuric iodide in medium doses with quassia and describes herself as improving.

The condition appears to be a general absence of moisture from the mouth, with perhaps a slighter similar affection of the nose. One feels inclined either to attribute it to causes resident within the nervous system or else to regard it as allied to those granular atrophic phases of deficient secretion met with in the nose, fauces, pharynx, and conjunctiva. I am much indebted to Dr. Hall of Sheffield for kindly referring me to Professor Fraser's paper in the *Edinburgh Hospital Reports* for 1893, which contains a table of the nineteen cases recorded up to that time.

Whitby, Yorks.

YERBA SANTA IN INFLUENZA.

BY JOSEPH WESTMORLAND, L.R.C.P. EDIN., M.R.C.S. ENG.

DURING the year 1896 my son and I, at that time residing in California, decided to go on a hunting and fishing excursion up into the Sierra Madre range of mountains, a guide—an Englishman, who provided us with mules and burros to convey ourselves and baggage to our destination—accompanying us. On our way up the trail the guide pointed out to us many plants and shrubs, amongst others yerba santa (herb of the saints, as he named it), saying that it was the best thing he knew for any catarrhal affection, especially for a cough, and speaking highly of its beneficial effects on himself. He also told us that the Mexicans, or "greasers," as they are generally named, used it constantly for the above-mentioned purpose and considered that there was nothing equal to it. Shortly after my return home to Los Angeles from this expedition I was summoned to attend two young Englishmen who were suffering from smart attacks of influenza. After the febrile stage had subsided both of them were affected with the very troublesome cough which so often supervenes at this stage of the attack. Bearing in mind what I had heard about yerba santa when up in the mountains I decided to give it a trial; so I prescribed it for these patients, with the result that in both cases the cough was speedily relieved and soon cured.

Whilst out in California I prescribed it in a few other cases for the cough supervening on influenza with equally good results. This has led me to draw the attention of readers of THE LANCET to this little used plant. In the fourth edition of Martindale and Westcott's *Extra Pharmacopœia*, p. 341, the following passage occurs: "*Yerba Santa (Eriodictyon glutinosum or E. Californicum)*.—Leaves are aromatic and sweetish, often agglutinated together; they are stimulant to mucous membranes of the bronchial tubes. Used for bronchitis, phthisis, and other catarrhal affections. Fluid extract, 10 to 40 minims. Is sold combined with extract of malt, as Malto-Yerbine. Dose, 1 to 4 drachms." It will thus be seen that it has also been used for bronchitis and phthisis. I directed my patients to take an ounce of the leaves of yerba santa, pour upon them one and a half pints of boiling water, then mix in about three ounces of honey and boil down to about three-quarters of a pint. Of this linctus