



ENORMOUS ELEPHANTOID GROWTH.

- 1 Viewed from above.
- 2 ,, ,, below.

lengthened administration of chloroform and ether in a patient suffering from emphysema of lungs and weak heart. If I were again to meet with a similar case, I should most certainly perform lithotomy in preference to litholapaxy, for I consider that litholapaxy is contra-indicated in cases where a contracted bladder keeps on continually grasping the lithotrite and expelling the water injected by the aspirator.

The length to which this paper has already extended prevents me on the present occasion from entering into the details of the eighteen litholapaxies in boys in the table appended. On a future occasion, I hope to give detailed histories of some of the most interesting cases in this series. In four or five cases the operation of litholapaxy was followed by some swelling of the penis and prepuce, and in three or four cases there was considerable pain in passing water for some few days after the operation, but eventually all the cases left the hospital quite well and free from pain. For the information of those who may feel disposed to give litholapaxy in boys a trial, I may mention that the No. 7 lithotrite I use is unfenestrated. It is 6 in the stem and 7 at the angle, and that No. 8 lithotrite is fenestrated, and is 7 in the stem and 8 at the angle. Since I began to write this paper, I have performed two additional litholapaxies in men, which I have not included in the table appended. These two cases will turn out well, for they are perfectly simple cases. I have, therefore, treated 48 cases of stone in the bladder since the end of April 1884 to the present date, with one death. This I consider a very satisfactory result. In conclusion, I would lay down the following rules for the successful performance of litholapaxy in boys: Use small fenestrated lithotrites; if possible, crush the stone in the bladder into fine powder, and you will not then require large sized catheters to evacuate the *débris*; never use a lithotrite or an evacuating catheter which will not pass readily in and out of the bladder and urethra; be extremely gentle and careful in practising all manipulations on the urinary passages; do not be in a hurry to complete the operation; use the aspirator freely, and never, if possible, leave a single grain of *débris* behind in the bladder; and rest assured that if all these conditions are fulfilled, you may count on a very large measure of success. Some cases you will meet with where no lithotrites, however small, can be employed with safety, and these are the cases which should be dealt with by lithotomy.

Indore, 24th May, 1885.

REMOVAL OF STAINS OF NITRATE OF SILVER FROM THE HANDS.—M. Liesegang recommends that the stains should be rubbed with the following solution: Iodine, 1; iodide of potassium, 10; water, 100; and ammonia, 1.—*Journal de Médecine de Bruxelles.*

A Mirror of Hospital Practice.

MEDICAL COLLEGE HOSPITAL, CALCUTTA.

ENORMOUS ELEPHANTOID GROWTH OF LEG:
AMPUTATION OF LOWER EXTREMITY
THROUGH THE CONDYLES OF
THE FEMUR.

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Kirti, a Hindu, age 35, was admitted into the Medical College Hospital for enormous elephantoid hypertrophy of the left leg. The patient states that his troubles began some 12 years ago, with a swelling of the glands in the groin, accompanied by fever. From this time forwards he suffered repeatedly from short attacks of fever. He soon began to perceive a swelling and general increase in size in the lower third of the leg and in the foot. This went on gradually increasing until it attained its present enormous size.

The growth is of gigantic dimensions, and by its weight regularly chains the patient to the ground. It consists of three large and several smaller lobes springing from the dorsum of the foot. The outgrowth of these lobes completely conceals the foot. The leg is also much thickened as far as the knee. In the accompanying lithograph from a drawing by Babu Hurrish Chunder Khan, the appearance of the leg and tumour is well represented.

As the patient was in other respects a fairly healthy man, and as his life was made useless and miserable by the weight, pain, and general discomfort of the enormous growth upon his leg, it was resolved to remove the limb by amputation above the knee. Accordingly, on 18th April, amputation by Carden's method, through the condyles of the femur, was performed. A long anterior flap of healthy skin was obtained from the front of the knee.

The progress of the case, so far, has been satisfactory in every respect, and it is expected that the patient will be restored to a life of usefulness and activity now that he has been freed from the gigantic encumbrance of his hypertrophied leg.

11th May.—The patient has now recovered with a very perfect and useful stump. The line of cicatrix is well at the back, leaving a cushion of tough skin from the front of the knee to cover the lowermost part of the limb, which rests on the artificial leg. There is not the slightest sign of a return of the elephantoid disease on the flaps or in the thigh generally. The glands in the groin are small and healthy, and the patient himself being freed from the encumbrance of the monster growth, has improved remarkably in health and spirits. He will be discharged from hospital in a few days.