

is a low coagulative power of the blood. I am unable to verify this by laboratory experiments, but, clinically, there would appear to be no doubt as to its value.

CASE OF HYDATID DISEASE OF THE FEMUR.

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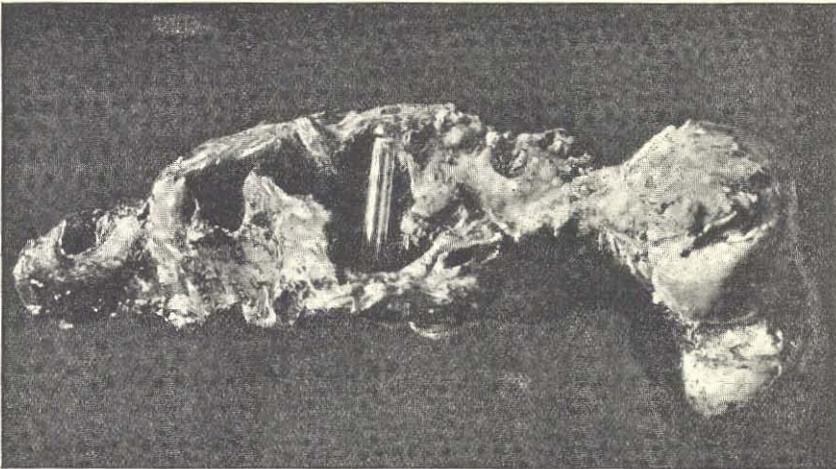
No. 2253, Nafer Sayed Sulieman, 9th Sudanese Battalion, was invalided from the Bahr-el-Ghazal and admitted to Khartoum Hospital early in October, 1905. On admission he was found to be suffering from an ununited fracture of the lower third of the right thigh. The bone of the lower fragment to as far as just above the condyles of the femur was felt to be thickened, which was attributed to callus.

His history was as follows: Three months before, while working at a "shadoof" (an apparatus for raising water for irrigation of land), he had fallen through its aperture for a distance of about twelve feet, sustaining a fracture of the right thigh, which he himself attributed to a mass of clay falling upon him. The fracture was set but did not unite, and, as I have since learnt, Major Bray, R.A.M.C., who saw the case while in the Bahr-el-Ghazal, discovered a thickening of the lower fragment which, he considered, might possibly be due to a malignant new growth, to which he also was inclined to attribute the non-union of the fracture.

On arrival at Khartoum his condition was as follows: A considerable thickening around the fracture. No fluctuation. No general wasting. Marked crepitus on manipulation. About one inch of shortening. No rise in temperature. It was decided to refresh the ends of the bone by rubbing them together under an anæsthetic, and to put the limb in plaster of Paris. This was done, but the fracture remained ununited at the end of six weeks. An operation for wiring was suggested to the patient, but refused, so a fresh effort was made to obtain union, the fracture being put up on a Liston's splint, with extension by weights. This proving futile, an operation was again suggested and accepted.

On January 13th, 1906, assisted by Captain Thomson, R.A.M.C., I cut down upon the bone with a view to wiring the fragments together, and found the following condition: A fracture existed half a hand's breadth above the knee-joint. What appeared to be a second and partial fracture was found about $1\frac{1}{2}$ inches higher up, being a breach of continuity in the antero-external surface of the bone, about $\frac{1}{4}$ inch in extent. On attempting to bore through the bone for the passing of the wires it was found to be brittle, and the medullary cavity was found to contain enormous numbers of cysts, varying from the size of a pea to that of a sparrow's egg, and being obviously hydatidiform in nature. These

were found to fill the cavity, which extended a $\frac{1}{4}$ inch above, and appeared to have caused the previously-mentioned loss of continuity on the surface of the bone, and which reached as far as the condyles below. The cavity was cleared out and the wound sewed up, a drainage tube being introduced. Dr. Andrew Balfour, of the Gordon College, kindly examined the cysts and pronounced them to be echinococcus, finding hooklets and numerous scolices in their interior. In view of the high mortality which attends such cases, and the egg-shell condition of the bone, which made union highly improbable, it was decided to remove the limb.



On January 14th I amputated, cutting through the bone $\frac{1}{2}$ inch above the cavity. The patient made a good recovery, the wound healing by first intention, and he was subsequently discharged from the Service with a good stump.

There seems little doubt that the fracture was subsequent to thinning of the bone by the hydatid growth. The case is remarkable as being the only instance of echinococcus which I have yet met with in the Sudan, and I can find no record of any previous case having occurred among Sudanese troops. The man, however, had been serving in the Niam Niam country for about a year previous to his accident, and as the Sandeh people own a large number of dogs it is possible that echinococcus may be more common amongst them than in the parts of the Sudan which we have hitherto occupied. As far as I can learn, about seventy cases of hydatid of the femur have hitherto been recorded.

The above is a photograph of the amputated lower end of the femur,

which clearly shows the extent of the cavity, and the great thinning of the bone as a result of the growth.

My thanks are due to Dr. Balfour for his courtesy in examining the specimens, and to Mr. Beam, of the Gordon College, to whom I am indebted for the photograph.

Travel.

BATHS AND BATHING IN JAPAN.

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ONE of the things which impresses the visitor to Japan most, is the fact that delicious hot baths can be obtained everywhere—in the great hotels in Tōkyō, or in the most remote mountain hamlet. The Japanese, in their persons and houses, are the cleanest people in the world—as the Chinese are the dirtiest—and every man, woman and child of high or low degree has a daily hot bath. Though most of the items of Japanese civilisation have been, at some time or other, borrowed from China, this does not apply to the universal habit of bathing, which is recorded in the most ancient Japanese literature, and dates back to the days of mythology. The bath is taken at a temperature which is perfectly astonishing to anyone who is only accustomed to what is called a “hot bath” in Europe or America.

Purification of the body is at present associated with the Shintō ritual, the popular form of religion; but bathing, as practised in Japan, has nothing to do with religion, and is indulged in for its own sake and the satisfaction of being clean. Dr. Seaman, in his interesting book, “The Real Triumph of Japan,” writes: “Every man bathed before going into action, and made himself as near surgically clean as possible. While in barracks in Japan, he bathes every night; in transports *en route* to Manchuria he had at least two baths. At the front he bathed at every possible opportunity.” The baths here referred to are hot baths, generally taken at temperatures ranging from 110° F. to 120° F., though at some places this is exceeded. Baths are either public or private, and almost all houses are provided with one, either in or near the house. The