treatment, even if rather prolonged, in preference to a formidable operation from which they would naturally shrink.

Several of the cases are of three and four years' standing, yet none of those discharged cured have returned, and a few have written letters saying how well they still feel.

THE WORK OF A VENEREAL DISEASE CLINIC.

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In October, 1918, I published in the JOURNAL a short account of the first 500 cases attending the King Edward VII Hospital Clinic at Cardiff. I have now analysed a further 1,000 cases, and the figures may be of interest as showing the source of infection in 1,500 consecutive male patients.

	Prostitutes.	Amateurs.	Others.
First 500	279	183	38
Next 1,000	481	328	191
Totals	760	511	229

The amateur infections thus show an increased percentage in the last few months and the "other sources" a marked increase. Out of the 191 "other source" cases, 71 men definitely blame their wives, the bulk of the remainder denying connexion or being uncertain as to which of more than one woman infected them.

Some hundreds of the cases have recently been discharged from the services while suffering from, or having recently suffered from, venereal disease, and a very large percentage of these were infected in French licensed houses.

The "salvarsan substitute" used during the last twelve months has been novarsenobillon, given concentrated and always intravenously. I have seen no ill effect of any sort in the last 5,000 injections. Intramuscular injections of mercury have been little used, the bulk of the patients being colliers; as they work in a cramped position, these injections caused inconvenience.

The clinics have suffered from overcrowding, 80 or 90 cases sometimes attending at a time, and as all train fares are refunded, men attend from a large area.

I should like to add two facts which have struck me:

1. The small number of men infected while drunk. This is possibly owing to the difficulty of obtaining drink, but it rather does away with the argument that without drink few men would be infected.

2. The hopelessness of expecting men to take any preventive measures after running the risk. As I stated in my previous note, in two brigades in which every facility was provided no one availed himself of them. Since then, out of some hundreds of soldiers reporting at a certain dépôt, with venereal disease contracted in every theatre of war, I did not find one man who had used the appliances provided. In this civilian clinic, too, I do not recollect more than two or three men who had taken any precaution, and I have had one man on the books three times for separate infections.

As the bulk of the male population has served in the forces, it will apparently be the case that men who would take no trouble in units away from their homes, will surely not bring suspicion on themselves by visiting the suggested disinfecting stations in their own localities.

THE first congress of the association of French-speaking gynaecologists and obstetricians will be held at Brussels on September 25th, 26th, and 27th. The following subjects are proposed for discussion: Biological diagnosis of gestation, indications and technique of hysterectomy in the treatment of suppurative of the adnexa, early getting up of women after confinement and operation, operative treatment of cancer of uterus, the value of different incisions in laparotomy, gynaecology and obstetrics, protection of pregnant women and wet-nurses.

A CASE OF PRIMARY SARCOMA OF THE LIVER.

BY

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The following case is interesting on account of its rarity.

History.

A man, aged 42, was admitted to the hospital in a condition of advanced emaciation. He stated that his health had been good until about a year previous, when he began to feel pain in the stomach about half an hour after food, and had a constant sense of discomfort during the intervals between meals. Flatulence was a prominent feature, but there had never been any vomiting. There was no noteworthy constipation. There had been a steady progressive loss of weight.

Condition on Examination.

The abdomen was distended by a large smooth solid tumour, extending from the costal margin to the brim of the pelvis; at its lower edge a distinct fissure could be felt in the middle line. There was some bronchial catarrh, with a persistent irritating cough. The urine was normal. A blood count showed only a slight secondary anaemia (red cells, 4,000,000; haemoglobin, 70 per cent.), total white cells, 10,000, and differential white count normal. A Wassermann test was negative. The patient gradually sank, and died on the fourth day after admission.

Post-mortem Examination.

The body was greatly emaciated. There were no signs of injury, discoloration, jaundice, or external growth. The most noticeable feature was a bulging forwards of the upper part of the anterior abdominal wall. No enlarged subcutaneous veins were visible.

On opening the abdomen the liver was seen to have a mottled appearance and to be greatly enlarged, extending on both sides as low down as the iliac crests. The surface of the liver presented a large number of greyish-white areas of new growth, some of which were about the size of a pea, while others were larger, umbilicated, and slightly raised above the surface. The general "mottling" appeared to be due to the coalescence of these nodules, forming large greyish patches which were little, if at all, raised above the surface.

The great omentum was spread out and appeared to be normal. In the gastro-hepatic omentum, and in the mesentery, slightly enlarged lymphatic glands could be felt, and those about the head of the pancreas were particularly large and matted together. There was only a small amount of clear fluid in the abdomen. The stomach, pancreas, intestines, kidneys, and suprarenal bodies were thoroughly scrutinized, but nothing abnormal was found. The liver was easily removed from the body, being quite free from adhesions, and was found to weigh 14½ lb. and to measure 23 in. in transverse diameter. The gall bladder and bile ducts were free from growth.

The lungs showed numerous small whitish patches scattered over the surface. These were almost uniform in size, none of them being larger than a sago grain. The lungs were free from adhesions, and there was no effusion into the pleural cavity. The mediastinal glands were slightly enlarged. The heart and pericardium were normal. The head was not allowed to be examined.

Morbid Anatomy.

When the liver was incised no abscess or cystic growth could be found. The left lobe consisted almost entirely of a firm whitish growth, with the exception of a small seam of liver tissue running across the surface near the lower anterior border. The growth extended to the right beyond the middle line, and formed the greater part of the substance of the upper and anterior portions of the right lobe, penetrating backwards to within two inches of the posterior surface. Small nodules, separate from the main growth, were scattered about in the remainder of the liver substance. The liver tissue was friable, and pale and fatty in appearance.

Pieces of the liver and of the lungs and some of the enlarged lymphatic glands were excised, fixed and hardened in 10 per cent. formalin, and sections cut and stained in the usual way with haematoxylin and eosin. On microscopical examination the growths from each of the above tissues were found to present the same histological features, and the following description applies to the appearance of the sections made from the liver.

Histological Characters.

Microscopically the growth was seen to exhibit an alveolar structure—strands of fibrous tissue forming alveoli which enclosed groups or clusters of cells. The fibrous strands varied considerably in thickness, some consisting merely of a few fibres, while others formed well marked bundles. The cells enclosed within the alveoli showed great diversity in size, shape, and numbers. In most of the alveoli the predominating cell was rounded or polygonal, with abundant cytoplasm and a deeply staining round nucleus. Other alveoli showed a preponderance of small round cells with scanty cytoplasm.