of his sufferings, nor could he explain the exact nature of his ailments.

On examining I found the tongue was moist, eyes presenting an anxious look, pulse more or less sinking. Temperature: 102°; abdomen tympanitic and tender During my examination the patient passed a loose watery motion, yellowish in colour and slightly frothy. I had no opportunity to see the vomited matter.

At the outset, I was inclined to think that the case was one of poisoning. The parents could give me no clue regarding my suspicion nor did they suspect of anything of the kind.

As the patient was in a state of impending collapse, to combat it an injection of digitalis and strychnin was given and a dose of stimulant administered.

Cold sponging over the forehead was ordered for controlling the delirium. Afterwards the patient was put on a mixture containing some mild astringents and carminatives; the mixture was supplemented by three powders containing intestinal antiseptics.

The next morning it was reported that the medicines had not succeeded in checking the vomiting and purging, though the delirium had subsided to some extent.

I was then told by the father of the patient that the boy had passed a big worm a week prior to his present troubles. This led me to suspect him to be a victim to intestinal worms. Accordingly I ordered a full dose of santonin followed by a dose of castor oil after an interval of three to four hours.

To my surprise, I was told in the evening that the patient passed 9 or 10 big round-worms—one coming out by the mouth.

Gradually after this the distressing symptoms began to subside. It was reported the next day that the patient was apparently relieved of all his ailments, with the exception that he felt very weak.

Conclusion.—There seems to be little doubt that unusual symptoms in this case were due to the round-worm infection.

THREE CASES OF SALIVARY CALCULUS.

By MILITARY ASSISTANT SURGEON C. D. TORPY, I.M.D.,
British Military Hospital, Trimulgherry (Deccan).

SALIVARY calculus is treated in most text-books of surgery as a "rara avis." It is certainly not a very common disease, hence it is hoped that no apology is required for the publication of a few notes on three successive cases met with in the short space of two months.

The three cases that follow were all British soldiers, under twenty-five years of age, leading an active and healthy life, drinking the same water, and living on much the same diet. In all three cases, the dental condition was very good there being a total absence of any tartar formation, or evidence of pyorrhœa. None of them was a total abstainer, and all drank a certain amount of beer. Only one of them gave a previous history of calculus formation in the parotid gland during childhood.

1. *Private L.*—First reported sick with a painful, enlarged swelling "in his neck, beneath the right jaw." There was some discomfort, and pain in opening his mouth. Owing to the prevalence of "mumps" at the time, it was thought to be a case of unilateral mumps. He was isolated and treated as such. He was finally discharged after a month as "cured."

He was only a fortnight out of hospital when the symptoms reappeared. In addition to the previous enlarged swelling in his neck, he complained of a copious discharge of muco-pus into his mouth. The sub-lingual papilla appeared swollen and red, while the mucous membrane of the floor of the mouth was also red and œdematous. *X*-ray findings were negative.

The patient was placed on hot saline mouth washes every hour. Later, under general anæsthesia, an incision was made inside his mouth, and the abscess opened with a pair of sinus forceps. A good deal of offensive muco-pus drained away. The calculus was felt within the duct, and portions were removed. Hot saline mouth washes were continued, and the patient made an uneventful recovery. No recurrence has since been observed.

2. *Private F.*—Reported sick with all the signs and symptoms of a submaxillary salivary calculus on the right side. No calculus could be felt, but *x*-ray findings were positive.

He was put on hot saline mouth washes frequently; later on incision was made inside his mouth, and the pus evacuated. The calculus was felt lying within the duct, but all attempts to remove it proved futile. Saline mouth washes were continued, and the patient was greatly relieved. In a few days time the symptoms all re-appeared and it was decided that excision of the gland was necessary. Under a local anæsthetic, a curved incision was made above the hyoid bone, and the submaxillary gland removed *in toto*. The patient made an uninterrupted recovery, and was discharged fit.

3. *Trooper W.*—Reported sick with a painful and enlarged right submaxillary gland, and offensive muco-pus discharge into his mouth. A calculus was felt projecting at the entrance of the duct; *x*-ray findings were negative. Hot saline mouth washes were given every hour, and the next day, much to the surprise of the patient, and his nursing attendant, he spat out the offending body, and made a speedy recovery. He was discharged as apparently cured.

After an interval of three months, free from all symptoms, the patient reported sick with the same condition on the same side. Excision of the gland was done, and the patient discharged fit.

The following are the points of interest in these cases:—

1. The sudden occurrence of three cases of salivary calculus within the short space of two months—and confined to British troops only.
2. The difficulty experienced in locating, and removing the calculus.
3. Simple incision within the mouth, with drainage, sufficed to abate all symptoms of the disease.
4. Radiological findings were positive in one case only.
5. Even when all evidence of calculi are removed it is not possible to forecast a cure. Excison of the gland was necessary to cure two of the three cases.
6. All three cases were of the submaxillary type.

My grateful thanks are due to the Officer Commanding, the British Military Hospital, Trimulgherry, and to the Surgical Specialist, for their kind permission to publish these notes.

A CASE OF AMŒBIC ABSCESS OF LIVER.

By P. ARUNACHALAM, M.D.,
Assistant to the Second Physician, King George's Hospital, Vizagapatam.

BHADRI, a Bhairagi, male, Hindu, 35 years, was admitted into the King George's Hospital, Vizagapatam, on 21st October, 1929, for amœbic abscess of the liver, duration two months. The liver was considerably enlarged, the lower border being 10 inches from

the right nipple in the nipple line. The patient's temperature was between 99° and 102°F. for two days after admission. He was given injections of emetine hydrochloride one grain each for nine consecutive days. The general condition improved remarkably and the local pain and tenderness were considerably less, but, as the liver showed no signs of any diminution in size and it was feared that the abscess might burst into the peritoneal cavity, it was decided to aspirate the liver. Major F. J. Anderson, M.C., F.R.C.S., I.M.S., aspirated the abscess on 6th November, 1929, and 84 ounces of thick "pus" were drawn out. The patient has been doing quite well since.

AN UNUSUAL FRACTURE.

By R. P. WELDON,

Chief Medical Officer, Assam-Bengal Railway Co., Ltd., Chittagong.

The following seems to be a sufficiently rare accident to be worthy of record:—

Miss X., aged 39 years, was thrown from her horse and fell on hard dry ground paddy stubble. She felt severe pain in the right shoulder and right side. She was conveyed to the Railway Cottage Hospital, Chittagong, and was seen by me immediately on her arrival.

From the marks on the clothing, it was evident that the right side of the head, the right shoulder and to a lesser extent the right side, had come into more or less violent contact with the ground.

The pain in the shoulder was most marked at the root of the neck posteriorly. Movement of the shoulder caused pain and there was complete inability to raise the right arm to shoulder level.

Examination revealed fractures of the fifth and sixth ribs on the right side, but no fracture or dislocation of the arm or shoulder girdle could be palpated. The fractured ribs were strapped in the usual manner and she was put to bed.

Next day, as the pain in the shoulder was still acute, a skiagram of the shoulder girdle was taken. The film showed a fracture of the first rib at the junction of the posterior and middle thirds.

Recovery was uneventful, but full movement of the arm was not established for five weeks.

Fractures of the first rib are rare. It appears probable that in this case the fracture was caused by direct violence against a stone or hard lump of earth.

QUININE "ADDICTION."

By S. C. NAG,

In-Charge Barbheel T. E. Hospital, Borgong P. O. Tezpur, Assam.

Cases of cocaine or opium habit are not rare in general practice, but those of quinine habit are perhaps exceptional. The writer, however, has seen in his 19 years' practice two cases in which quinine rendered the users so much addicted, that they only gave up the habit with much difficulty. The histories are given below:—

Case 1.—Mrs. B., age 28, wife of a revenue officer, said to have suffered from chronic malaria, following her attending physician's advice, had regularly taken a 5-grain quinine tablet with tea between 3 and 4 p.m. once daily for a few months. Once there was no quinine tablet in stock and the lady could not take the daily dose for 3 or 4 days with the result that on each of these days, about an hour after quinine was due but was missed, the lady experienced headache and uneasiness; the cause of which was wrongly attributed to a slight malarial attack. Thereafter another supply of quinine tablets was procured, which the patient again took regularly as before, for about a year. When these tablets were all consumed the patient again had none to take for a couple of days with the result that shortly after the usual time at which quinine was due but was not taken, the lady felt so much headache and uneasiness that she could not look after her domestic affairs. This time also the trouble was attributed to malaria excited by failure to take quinine.

Then the writer was consulted and something to eradicate the "supposed" malaria was asked for. A report from the family physician and a detailed history of the case disclosed that the lady had had no malaria for about a year, and that quinine was continued during this period not only as a preventive measure, but also because the patient did not feel well without it. Though I found it difficult to attribute a cause to headache and uneasiness, I advised the lady to stop quinine. This she did with the effect that, after about a week's suffering from headache and uneasiness daily at the same time of day, the lady did not feel any more inconvenience.

Case 2.—K. C. S., male, aged 40, sought the writer's advice for the sense of depression with feverishness, headache and chilliness, experienced within an hour after missing the daily doses of quinine, which had been taken in 5 gr. doses (in tablet form) twice daily with tea—once between 8 and 9 a.m. and once between 5 and 6 p.m.—for a period of about four years, as a malaria preventive, according to a friend's advice. He said that during the first year of this quinine course he did not feel worse for the occasional omission of quinine, but from the second year he experienced the above trouble whenever he failed to take the drug. The history of the case at once reminded me of the case of the lady reported above, and I told him to stop quinine and not to apprehend trouble from omitting the drug. Accordingly he stopped quinine, and, though for the first two weeks or so he was much inconvenienced, he felt no trouble after that period.

SCIRRHUS CANCER OF THE BREAST IN THE MALE.

By Captain MOHD. AJMAL HUSAIN, P.C.M.S.,

Assistant Surgeon, King Edward Memorial Hospital, Karnal.

S., Hindu male, aged about 60 years, resident of Karnal District, was admitted to the King Edward Memorial Hospital, Karnal, on 23rd March, 1930, with a fungating growth of the right breast about the size of a medium-sized orange. Duration—about one year, rapidly growing for the last 3 or 4 months. The skin over the growth was very thick and adherent. The growth was almost stony hard in consistency, and slightly moveable over the deeper structures. The glands in the axilla were palpable and hard in character.

Provisional Diagnosis.—Scirrhus cancer of the breast.

Operation.—Under chloroform, complete amputation of the breast with the portion of the pectoralis major underlying and adherent to the growth, as well as removal of enlarged lymphatic glands, was carried out.

Examination of Growth.—The Bacteriologist to the Punjab Government reported the microscopic appearances as a typical scirrhus carcinoma.

Result.—Healing by first intention ensued except in the centre of the line of incision to the extent of about an inch, in which area the edges are gaping probably due to the tension of the flaps. This area is healing by granulation.

The writer of this note is indebted to Dr. A. F. J. D'Arcy, Civil Surgeon, Karnal, for kindly suggesting and permitting him to send these lines to the *Indian Medical Gazette*.