The longitudinal incision was closed transversely and the abdominal wound sewn up. Recovery was uneventful, except that as the result of santonin 25 more round worms were passed, the child leaving hospital on the 16th day.

I have to thank Mr. Iswaraiya, M.B., C.M., my Resident Assistant Surgeon, for his assistance with the notes and the care of the last two cases.

CASE OF SUSPECTED ADDISON'S DISEASE AGGRAVATED BY ASCARIDES LUMBRICOIDES AND HYSTERIA.

By Military Assistant Surgeon Percy S. BEDELL, I.S.M.D.,

Medical Officer, Police Training College, Surdah.

This case is reported by kind permission of Major M. Mackelvie, I.M.S., Civil Surgeon, Rajshahi, as it may be of interest to your readers.

Hemaprabha, Hindu female, aged 32 years, while seated taking her food at 9-45 A.M., on Wednesday, the 13th May, 1914, suddenly fell down in a faint and became insensible. Five hours later I was called to see the case. The patient was lying on a bed in a stupefied state and was more or less unconscious. No injury was elicited. Epilepsy, heat-exhaustion, heat-stroke or poisoning were not accountable for the coma and syncope.

On examination the pulse was small and irregular, respiration quiet and tranquil, the patient seemed in a deep sleep. Temperature normal. Ptosis of both upper eye-lids, pupils normal, breath somewhat foul, nausea occurring frequently but nothing vomited, though dyspnœa at the time very marked; difficulty to open the mouth, but the trismus was not like that of tetanus as with some perseverance the mouth could be partially opened by the aid of a spoon.

On enquiring into the present history I was informed that two days previous to the attack the patient endured much fatigue on account of preparations for a feast given in the house; and on the day of the attack she had been doing some cooking by slow wood-fire.

Family History.—No history of tuberculosis; father died of cholera; mother healthy and grand-mother still alive, aged about 90; brothers and sisters always well; children both healthy.

Previous History.—About 5 years ago the patient is said to have had a similar attack which lasted five or six hours. Ever since recovery from that attack patient is said to have complained of gastro-intestinal disturbances, frequent headaches, backaches, with nausea and sometimes vomiting, small appetite, subject to constipation; with regular attacks of syncope lasting half an hour, sometimes longer and sometimes only of a few minutes' duration; asthenia being a marked accompaniment of these symptoms. Pigmentation never noticed and not elicited in my examination, though the skin of the face appeared to be more or less yellow in colour, jaundice absent. Some history of being of a neurotic temperament.

1st day.—Marked attacks of dyspnœa preceded by nausea occurring every 10 or 15 minutes, pulse small and irregular; respirations normal. Dysphagia on attempting to swallow, the most marked symptom of all being insensibility with loss of reflex of eye muscles. Ammonia was first applied to the nostrils and when continued the nausea was aggravated and respiration impaired and pulse seemed to get worse. Strychnine hydrochloride ·1/60 gr. with ether m. x. was given hypodermically. The pulse gradually improved and respiration was quite calm and apparently normal. Abdomen resonant and distended. This condition was relieved by a large soap and water enema; a foul and constipated stool, with very hard fæcal masses, was brought away, the bowels washed; a nutrient enemata was next given; a large quantity of urine was passed and the patient remained all night in a comatose state without any alarming symptoms. Strength was maintained by nutrient enemata every four hours.

2nd day.—Patient much the same; disturbed by the use of ammonia. The Civil Surgeon of Rajshahi, Major M. Mackelvie, I.M.S., was called in consultation and the diagnosis pointed most favourably to Addison's disease of which there seemed no doubt. However, the stomach was freely lavaged with soda bicarb. solution; nothing perceptible in the evacuated stomach contents. A mustard plaster 6′ × 6′ was applied to the præcordia for 10 minutes; the bowels washed and stimulated with strong coffee and brandy. An injection of strychnine hydrochloride and digitalin was next given, followed two hours later by an injection of adrenalin chloride; nutrient enemata were continued; reflexes of the eye muscles began to return and the patient was now more or less semi-conscious; later in the evening the patient whispered in response to a question as to where she felt pain: no change in the pulse or respiration; the patient passed an uneventful night.

3rd day.—On Friday, the 15th, the patient continued much the same, showing no signs of marked improvement, progress being very slow; the patient was able to flex her legs for the first time. Two pints saline was injected per rectum after the bowel had been well cleaned. Nausea still continued and a mixture of bismuth and acid hydrocyanic with mucilage were tried every hour to check this symptom. Dysphagia was still present. I proposed to use the stomach tube again to-day, but the patient seemed to have awoke from her slumbers and began to ask for water in a low tone, repeatedly saying "jol,"

"jol"; the patient being much more conscious than the previous day. She was informed that the stomach tube would be used whereupon the patient stated that she could swallow alright. Barley water was tried and the patient drank one ounce of it without any dysphagia, nausea, or dyspnœa accompanying the act. After this the patient showed a marked improvement in deglutition; though most of the time she remained in a sleepy state. Later in the day she was said to have had a convulsive attack accompanied with delirium which lasted about an hour. Small quantities of essence of chicken and barley were given by the mouth and nutrient enemata continued. The adrenalin injection was repeated, the mixture for vomiting continued and no other treatment was indulged in. The patient was much better than on all the previous days and passed the night peaceably.

4th Day.—Patient markedly better. Could now recognise faces and answer to questions though most of the time she preferred to remain undisturbed. During the day a convulsive attack similar to that on the previous day was reported to have occurred, but I did not witness either. The use of ammonia was encouraged and stimulants kept up. No other treatment was given. Salines per rectum and injections all omitted. At 5 P.M. the patient had a severe attack of vomiting and two nematodes—(*viz.*, Ascaris Lumbricoides) were expelled in the vomited matter—one 7 inches long and the other measured 14 inches. This possibly was to account for the persistent nausea. No time was lost in attending to this new symptom, so santonin gr. iii, calomel gr. iii and glycerin one drachm was administered in the form of a paste before the patient retired.

5th Day.—Patient was given a saline purge early in the morning. Later on a motion was passed but no trace of any more ascarides was visible. The patient was said to have had 3 or 4 convulsive attacks during the day. About 7 P.M. she became quite conscious, spoke to all her relatives in turn and complained of hunger. Fluid diet was continued.

6th Day.—Patient was quite convalescent; was kept quiet in bed and fluids continued; medicines were discontinued as she objected to taking any.

7th Day.—The patient had another convulsive attack though none the worse for it. I was never present at any of these reported convulsions.

8th Day.—Santonin was again given, this time in combination with castor-oil emulsion with splendid effect; about 20 or 30 ascaries lumbricoides being expelled in the stool.

The patient is now quite well, though she does not perform her domestic duties as she gets occasional attacks of syncope and is more or less asthenic.

I am of opinion that the case is one of Addison's disease and that hysteria and the round worms have taken an active part in the performance. A great deal of the trouble was probably due to auto-intoxication and the belief in the theory of the Oriental physician (Kabiraj) is probably much in favour of ascaris lumbricoides setting up the auto-intoxication in the condition known as *Cremibikar* (Bengalee), which may be said to be the correct diagnosis of the disease. Unfortunately much stress is not laid on the symptoms set up by this nematode in our English text-books on medicine. However the picture presented is very much in accordance with Osler's description of Addison's disease and that is what I suspected the case to be, though the only symptom that may be said to be wanting was "Pigmentation of the Skin." The case being of exceptionally rare occurrence I think it worthy of record and it may be an impetus for further work on ascaris lumbricoides which I believe to be a much more common disease in India than Addison's disease.

A NEW PEDICLE SUTURE.

BY T. H. FOULKES, F.R.C.S.,
LIEUT.-COL., I.M.S.,
Mysore.

THE methods of applying an interlocking suture as described ordinarily in text-books are sometimes difficult to carry out in practice. One is apt too at about the third loop to twist the wrong end, thus spoiling the whole suture. This may not happen in the case of those who use the suture with great frequency, but with most general surgeons it is only occasionally that the need arises: then, when suddenly confronted with the necessity of applying it, if one has not forgotten it entirely, the mistake mentioned above is quite likely to be made.

As a result of having made this error myself, I devised the suture to be described as a substitute and have now used it often—mostly for tying off the large lumpy masses of omentum so often met with in old hernia sacs. It is very simple and reliable and can be applied in less than half the time taken to do the ordinary interlocking suture, and, as far as I know, it has not been 'devised' before.

Various instruments may be used for the application; I use a special blunt pointed needle which I had made for the purpose. This needle has its eye near the point and is practically a herniotomy needle with one side of the eye filed out making it into a double hook. This is the most convenient instrument but, as will be seen, a pedicle forceps or even a sinus forceps will serve quite well; only if these be used care must be