

heavy log of timber had fallen across the upper part of his abdomen about twenty-four hours previously. The boy showed some degree of shock. There was rigidity of the whole abdomen, most marked in the upper half and down the right side, but not extreme in any area. Protruding apparently from the umbilicus was a dark red mass of about the size of a tangerine orange and this was suspended from a tense thin pedicle. The protrusion was cleaned up under an anæsthetic and found to consist of a piece of liver apparently from the anterior margin, and a small piece of omentum. The pedicle consisted of peritoneum and the aperture through which it passed was not through the umbilicus, as at first supposed, but about three-eighths of an inch to the left hand side. It was of sufficient size to admit the tip of the little finger. The pedicle was ligatured and divided and the stump returned to the abdomen and the wound closed. As the rigidity gradually subsided, a large semi-fluctuant mass could be felt in the right hypochondrium, and diagnosed as extravasated blood from the ruptured liver. A tight binder was applied to the abdomen to endeavour to control hæmorrhage. No adverse symptoms supervened and the mass gradually subsided but was still palpable when the boy left the hospital three weeks later. The boy's father stated that his son had not, as far as he knew, any enlargement of the liver previous to the accident nor any abnormality in the umbilical region.

BLACKWATER FEVER IN KHONDMALS, ORISSA.

By K. DALEPPA, L.M.P.,

Sub-Assistant Surgeon, Khajuripara, Orissa.

I WAS called on the 2nd February, 1921, at night, to see a case of malarial fever. The patient was shivering (ague). He told me that he had already taken 5 tabloids of quinine sulph. each of five grains that day.

3rd February, morning temperature 105° F. Bowels not moved, patient had a tendency to vomit. Gave him a dose of mag. sulph. Bowels moved four times. Evening temperature 103° F. The patient was passing urine frequently, it was high coloured and in the evening of port wine colour turning to black. Liver congested, spleen enlarged, conjunctiva yellow. Had bursting headache. Diaphoretic mixture was prescribed.

4th, temperature same with a degree or two remission by the evening: on the 5th and 6th the same condition prevailed. He was prescribed a mixture containing quinine combined with strychn. hyd. and liq. arsenici hydrochlor. Urine all these days black (urine passed was hæmoglobinuric and contained bile pigments). Sp. gr. 1014, acid reaction, containing a thick precipitate of albumin. Temperature came down to normal

on the 6th evening at 4 p.m. Bowels moved once a day.

7th, whole day temperature was normal; on the 8th morning had another attack of ague, temperature went up to 102° F. and by the evening it came down to 100° F. Had an intramuscular injection of three grain quinin. bihydrochloride.

9th, patient very weak; temperature remained at normal. He had very severe pain in both the kidneys, micturition makes it more worse. Mustard plaster in the region of the kidneys stopped the pain. Urine sherry-red colour and smell of natural urine. Bowels moved.

10th, no fever, no pains in the kidneys, urine more normal in colour. Bowels moved, slight mucus present, urine better. Prescribed a tonic.

11th, no fever, complains of blood and mucus in the stool, had an injection of one grain emetine.

12th, blood and mucus disappeared from the stools. Had a slight rise of temperature, spleen much enlarged. Hiccough made its appearance in the night.

13th, morning had a slight rise of temperature 99° F., passed a big stool containing pure blood. Had three such motions during the day, with this anuria and vomiting supervened.

14th, temperature came down to normal. Soon after he had symptoms of collapse. The patient died in spite of hypodermic injection of pituitrin, strychnine and digitalis and normal saline injection.

The physique of the patient, his refusal to take nourishment, and the setting in of anuria and bleeding from the bowels were all against his recovery.

Important facts noticed—

(1) This was my third case of blackwater fever in Khondmals; I was successful in the other two cases treated.

(2) All my patients were malarial subjects; after remaining for two to four years in this dreadful malarious place they had developed symptoms of blackwater fever.

(3) Rapid enlargement of spleen during the attack.

(4) There was congestion of liver, enlarged spleen, high fever with pain in one or both the kidneys, patient sometimes wants to throw off his clothes and has hæmoglobinuria.

(5) Symptoms of dysentery noticed in the three cases.

A CASE OF HÆMOPHILIA.

By HORENDRA NATH BAGCHI,

M.B., L.M.S.

Jangipur Hospital, Murshidabad.

D. R., H. M., 20, a student of the 4th year class, called on me for the treatment of his gums. I noticed that his gums were spongy

and pyrrhoea alveolaris was present as well. He volunteered a history of severe bleeding from insignificant and slight scratches on three previous occasions. I prescribed the following applications for his gums:—

R
 Tinct iodin (Rect.) ... } āā 3ii
 " myrrh ... }
 Glycerin acid tannic ... 3iv
 to paint on gums

Liq. hydrogen peroxide ... 1 part
 Aqua pura ... 4 parts

for gargling thrice a day, and besides advised him to take calcium lactate five grains (tablet) once a day.

A week or ten days later I was told that the above patient had started bleeding from his gums and that no astringent applications would stop the flow. I hastened with my instruments and found that the patient had been bleeding from his gums for the last four days. Examining his gums I found that they were black probably from some astringent iron applications and a small current of blood stream oozing out from his gums and trickling into his fauces. On examination of his pulse I found it to be small and quick counting 160 beats per minute, and the patient as white as his bedsheet from great loss of blood.

I began treatment by propping up the patient in a sitting posture, the head being raised above the level of the body by a couple of pillows and bandaged his arms and legs. I then stopped all astringent applications for the gums and instead gave warm normal saline to gargle frequently and applied cotton wool soaked in anti-diphtheritic serum on the gums (not having any horse serum available.) I next injected normal saline solution containing 15 min. of liq. adrenalin chloride (1 in 1,000) in one pint of saline. I gave quite a pint of this fluid by puncturing the axillary folds subcutaneously on both sides and then sealing them up with collodium. Next I ordered him to take calcium lactate five grain tablet every 4 hours and removed the bandages on his arms and legs. As regards his diet I ordered him to take chicken jug soup twice a day and milk one seer per day and the juice of two pomegranates daily. In the meanwhile the bowels had to be moved with kasagra ʒi given every second or third day. The patient made an uneventful recovery.

BIRTHDAY HONOURS—(JUNE 3, 1921).

THE following medical men and women and nurses were the recipients of the honours noted against their names. We offer them our hearty congratulations:—

Major-General W. R. Edwards, I.M.S.—K.C.I.E.

Dr. D. H. Willcox, Medical Adviser, Civil Administration, Mesopotamia—K.C.I.E.

Lt.-Col. B. H. Deare, I.M.S., Calcutta—C.I.E.

Dr. M. N. Banerjee, Belgachia Medical College, Bengal—C.I.E.

Major D. Neil, Medical College Hospital, Bengal—I.S.O.

Rev. E. Muir, Missionary and Doctor, Bengal—K.-I.-H. Gold Medal.

Capt. Dabiruddin Ahmad, I.M.S. (Temp.), Alipur, Calcutta—K.-I.-H. Silver Medal.

Mrs. M. D. Allen, Medical College, Lucknow—K.-I.-H. Silver Medal.

Miss S. H. Commissariat, W. M. S. Dufferin Hospital, Allahabad—K.-I.-H. Silver Medal.

Miss E. F. Stewart, Supdt. of the Shelter, Cuttack—K.-I.-H. Silver Medal.

Dr. B. Harris, Bowring Civil Hospital, Bangalore—K.-I.-H. Silver Medal.

Pundit Nand Lal, Sub-Asst. Surgeon, Bhalwal, Punjab—K.-I.-H. Silver Medal.

Sardar Sahib Karter Singh, Senior Sub-Asst. Surgeon, Punjab—Sardar Bahadur.

Syed Abdul Aziz, Sub-Asst. Surgeon, Chindwara, Central Provinces—Khan Bahadur.

Asst. Surgeon Baroda Sunkar Bhattacharji, Teacher, Medical School, Dacca—Rai Bahadur.

Dr. Bepin Behari Banerji, Civil Surgeon, U.P.—Rai Bahadur.

Jogesh Ch. Ray, I.M.S., Medical Practitioner, Kurigram, Rungpur, Bengal—Rai Sahib.

Dr. Sapru Narayan Mathur, Civil Surgeon, U. P.—Rai Sahib.

Mehta Harnamdatta, Offg. Civil Surgeon, Punjab—Rai Sahib.

Lala Ram Sarai, Sub-Asst. Surgeon, Indore Residency—Rai Sahib.

Dr. Mukherji, State Surgeon of Narsingarh—Rai Sahib.

Coimbatore M. T. Pallai, Actg. District Medical and Sanitary Officer, South Arcot, Madras Presidency—Rao Sahib.

V. S. Rao, Asst. Supdt., Medical School, Vizagapatam—Rao Sahib.

First Grade Sub-Asst. Surgeon M. L. Salvi, Indian Medical Dept. (Retd.), Bombay Presidency—Rao Sahib.

R. S. Tembe, Medical Officer-in-Charge, Civil Hospital, Sadra, Bombay Presidency—Rao Sahib.

Asst. Surgeon Muhammad Ismail Khan, Lecturer of Medicine, Medical School, Agra—Khan Sahib.

Mir Hidaytullah, Senior Asst. Surgeon and Lecturer, Amritsar—Khan Sahib.

Rustam Ali, Senior Grade Sub-Asst. Surgeon, N.-W. F. Provinces—Khan Sahib.

Second Class Senior Sub-Asst. Surgeon G. Dastgir Khan (Subadar), Indian Station Hospital, Bareilly—Khan Sahib.