

In the evening he had shivering and fever. Temp. 104.5°. Became delirious (violent and almost unmanageable). Dressings all right. Cold application to the head was given and phenacetin with caffen citrate—one dose given at once.

15th May, 1901.—Temp. 99.4°. Had delirium all night, but has none now. Passed a little stool. Complains of pain in the abdomen; repeat quinine, opium and salol. In evening again shivering and fever (temp. 104.1°) with violent active delirium. Repeated phenacetin and cold to the head. The father of the boy informed that during rigor the boy had vomited and brought up two round worms. So two grains of santonine were added to phenacetin.

16th May, 1901.—Temp. 99°, but as the pulse was very weak a little stimulant was given. Had fever, but much less, and no delirium. Dressings changed. The horse-hair stiches had cut through, otherwise the wound was quite satisfactory. Repeat all and santonine gr. ii.

17th May, 1901.—Had a good stool. Fever slight. Dressings all right. Complained of pain over the stomach. Salol, quinine and opium given as before. Santonine gr. ii.

18th May, 1901.—Had several soft and watery stool last night. Had slight fever in the evening. Repeated all except santonine.

19th May, 1901.—Had several stools throughout the night. All medicines were stopped, and a four-dram dose of castor oil was given at once. The oil acted and cleared the bowels thoroughly. A lot of dead and living round worms were expelled, and the fever fell down.

Thenceforward there was no rise of temperature and the case progressed favourably. The wound took some time to heal, the stiches having cut through the skin until he was discharged cured on 14th June 1901. During his stay one peculiar symptom was complained of, *viz.*, a pain referred to the stomach. Salol was continued for some time.

Remarks.

i. The peritonitis was so slight, though the intestines had been wrapped and tied in a dirty cloth for 12 hours nearly, and exposed to the air. I had a similar case of injury with protrusion of the gut before in a boy of the milkman class. In that case, too, the peritonitis was so slight that the boy passed urine himself and could extend legs on the second day.

ii. The pain was referred to the stomach; this occurred also with the other boy alluded to. This might be accidental.

iii. The rigor, high temperature, delirium and diarrhoea were probably due to round worm. I have on more than one occasion seen cases of diarrhoea (even in adults) baffle all our skill and then disappear under doses of santonine. Of course in such cases santonine is suggested only by the failure of other drugs. In this

case had it not been for the worms vomited there was nothing in the fever or delirium to offer even a remote suggestion. Experience teaches that in this country one should "when puzzled over some obscure dyspeptic condition to bear *Ascaris* in mind" (Manson), or still better, "give little patients, as a matter of routine, a few doses of santonine"

NOTES ON A CASE OF SUBPLEURAL ABSCESS TREATED BY ECTHOL.

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On the 8th April last Gopaladas, H. M., 20 (student), came to the out-door dispensary for treatment of a dull pain in the upper part of the right side of his chest. There was no swelling, but the skin was rather glistening in appearance. The infraclavicular region was dull and painful. General appearance pale, but there was no fever, no cough. Manipulation gave very faint sign of affluetation. He could not give any definite account of hurt or injury.

A guarded trocar was thrust in as far as the rib, but nothing came out, and it was withdrawn. Deep fluctuation was felt on re-examination. An incision about one inch long was made one and a half inch above the mamma, upward and outward down to the rib, but nothing came out. On introducing the finger the first interspace seemed to be bulging. A director was forced through the intercostal muscles and pus welled out. The opening was enlarged, and the finger was re-introduced to ascertain the nature of the cavity. After two ounces of pus had come out, the finger came in contact with a layer of smooth tissue which was supposed to be that of the lung. Towards the sternal side, the finger was resisted by a margin of the cavity, but nothing could be felt towards the spinal side along the ribs. On withdrawing the finger the tissue came up to the mouth of the opening as a flap which did not recede with the respiratory movements. It was then examined and diagnosed to be the parietal layer of the pleura which was separated from its attachment by the formation and accumulation of pus, but which did not give way to form an empyæma.

About four ounces of pus was drawn out, and the cavity was drained and dusted with boriodoform.

On the second day the patient got fever, but there was no cough or any sign of pleurisy. The patient was treated in the usual way for about two weeks without any marked improvement. The fever continued as an intermittent type, and the discharge, though less, continued to be purulent.

On the 2nd May (15th day) ecthol was prescribed, both internally and externally, and in a week's time the fever subsided, discharge lessened, and the wound granulated.

At this time the patient stopped attending the dispensary and taking any medicine. He returned after a week. The external wound was found to be almost closed, but pus had burrowed between the chest wall and the pectoral muscle. The opening was again enlarged, and a drainage tube inserted and ecthol (3i t. d.) again prescribed. The wound healed up in a week, and the patient is now in good health.

Remarks.—This was my second case treated by ecthol. The result is promising and satisfactory.

Pure subpleural abscess without empyæma is a rare occurrence. There must have been some hurt to cause such an abscess, though the patient could not recollect it.

The discharge after the use of ecthol always becomes thin,ropy and transparent.