During the next five days the temperature gradually fell to normal as the necrotic mass was slowly separated and discharged.

Two days after the second operation pus was found escaping from the ear, having made its way between the bone and the cartilage.

Case 2.—The patient was first admitted for influenza and developed broncho-pneumonia. When recovering from this, and when his temperature had been normal for over a week, fever returned and the parotid became painful and swollen. Soon it was tense, hard and reddened, and the case was transferred to the surgical section, where the swelling was at once opened.

As in the other case, there was but little pus, the symptoms did not abate and free incisions were found to be necessary later. The gland was then found to be sloughing and infiltrated with pus, and at subsequent dressings it was not unlike a carbuncle in appearance. In this case also pus escaped from the meatus, and it was some days before adequate drainage was finally established by the separation and discharge of the sloughs.

A large proportion of inflamed parotids, even though tense and reddened, never reach the stage of suppuration, and when they do, a small incision and drainage by Hilton's method usually suffices to relieve them; so that after seeing these two cases within a fortnight of one another I was on the look-out for further cases of this type, as I regarded them as a special type of inflammation of the parotid, possibly due to influenza. I saw no further cases but have since found a description of seven exactly similar cases seen by Mr. Zachary Cope. (*British Journal of Surgery*, July, 1919.)

My cases occurred in a spell of dry heat which was unusually severe, even for Peshawar in July, and the patients had been exposed to the strain of field service. His cases occurred in Mesopotamia, also during a particularly severe spell of heat, among soldiers. Most of his cases were in men already debilitated or weakened by other disease, but as his cases occurred before the great influenza epidemic, it is evident that they can have no special relation to that disease. In all of his cases Hilton's method failed to give relief and free drainage was found to be necessary. He makes no mention of pus escaping from the meatus, probably because he took the precaution of making an incision behind the ear to drain the posterior part of the gland in that situation. Some of his cases were fatal. My two were certainly in danger for a time.

Thus I have little to add to his description of the disease, but my cases serve to confirm his conclusions that there is a distinct form of inflammation of the parotid gland to which the term acute necrotic parotitis is applicable, that this disease bears some relation to exposure to intense heat, that it requires very free incision for its treatment (subject to the limitations imposed by the facial nerve), and that it is dangerous to life.

CASE OF PNEUMOCOCCAL ARTHRITIS COMPLICATING TONSILLITIS.

By C. CORNER, M.R.C.S., L.R.C.P. (Lond.),
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THESE cases are not very common even when arising as a complication of, or sequela to, pneumonia.

This one showed so many peculiarities that I think a short account of the case may be of interest.

The patient, a Mr. H....th, aged 52 years, first reported sick on 27th January, 1919, at Ambala with a severe septic throat and ulcerated right tonsil; the inflammation spread down to his larynx causing dyspnœa for twenty-four hours.

The dyspnœa was so distressing that a tracheotomy might have been necessary any moment, and all instruments were ready for this emergency.

Throat condition relieved by a purge,—pil. hydrarg. gr. v,—and mercurial ointment applied to the neck, and gargles.

Temp. 103 degrees; pulse 104; Resp. 46.

Throat smears showed no diphtheroid bacilli but pneumococci were found.

On 1st February, 1919, his right knee became tender and swollen and on 5th February, 1919, he was admitted to the Station Hospital, Ambala, for operative treatment of the knee.

Condition on admission.—The right knee was distended with fluid—the thigh above the knee was œdematous with a red patch on the outer side—temperature of a hectic type.

General condition of patient very toxic; mental state not clear; tongue dry and coated; no appetite for food.

Urine.—Sp. Gr. 1016, alkaline, contained phosphates, albumen in fair quantity, with granular epithelial casts.

Lungs—clear, no signs of pneumonia or bronchitis.

Heart sounds muffled, probably pericardial involvement, pulse weak and rapid, 108 per minute.

He had had four 10 c.c. injections of polyvalent anti-streptococcic serum before admission to hospital and one 10 c.c. injection after admission.

On 6th February, 1919, he was operated on, under cocaine anæsthesia as he was not fit for a general anæsthetic.

Two cannulæ were inserted into the knee-joint and whitish pus, rather thick in consistency, flowed out, about 15 oz. The joint was washed out with solution of tinct. iodine (dr. 2 to pt. 1 saline); this was done for one hour and a few ounces of the solution left in the joint, then the cannulæ were removed and the leg put up on a back splint.

The pus, examined microscopically, showed a Gram-positive encapsulated diplococcus, which

was undoubtedly the pneumococcus, and growths obtained from the pus were a pure culture of pneumococcus.

The patient's condition improved after the operation, fever was less, knee not so painful, and general improvement became marked during the next few days.

9th February, 1919 : knee-joint aspirated again, washed out with solution of tinct. iodine and about 30 minims of pure ether were injected into the joint.

14th February, 1919 : as the joint was inclined to fill up rapidly the patient was given a general anæsthetic, four incisions made, the joint completely washed out and four drainage tubes put down to the joint.

17th February, 1919 : drainage tubes removed, not much pus coming away, leg more comfortable, fever less. The incisions below the patella healed in the next three days, pus draining from the incisions above the patella.

The cure of the joint was delayed by the patient developing bronchitis after the anæsthetic, athough chloroform was used, and he ran a course of fever ranging from 99 degrees to 100 degrees for a fortnight. Sputum mucopurulent, and showed pneumococci when examined microscopically.

During this fortnight of fever the patient developed a peculiar anæmia of the hands and feet with pain and loss of power : the condition passed off after 48 hours, although it seemed as if it might have led on to a variety of dry gangrene. The cause of this state was probably a failing circulation, and it was treated by a mixture containing pot. iod., tr. dig. and tr. nucis vom.—in addition to ordinary expectorant mixture.

26th March, 1919 : as there seemed an accumulation of pus on the inner side of the knee which looked as if it was tracking up the quadriceps tendon, the incision was enlarged and a rubber drainage tube inserted.

2nd April, 1919: very little discharge of pus from the knee, temperature normal; the joint has now a range of movement of an angle of 15 degrees.

Conclusions drawn from the above case.

(*a*) It is a blood stream infection by the pneumococcus, which had its initial nidus in the tonsils and then, spreading to the pharynx and larynx and the organism, must have reached the knee-joint through the blood stream, as the knee became affected four days after the septic throat and no pneumonic condition of the lungs had developed.

(*b*) I consider the case parallel to rheumatic joint affection which occurs after ordinary tonsillitis due to Poynton's diplococcus of rheumatism.

(*c*) Similar joint inflammations are to be seen after such diseases as small-pox, scarlet fever and streptococcic conditions.

I thank Lieut.-Colonel Brian Watts, D.S.O., R.A.M.C., for his kind permission to publish this case.

CONGENITAL ABNORMALITIES —(*contd.*).

BY J. C. AICH, M.B.,

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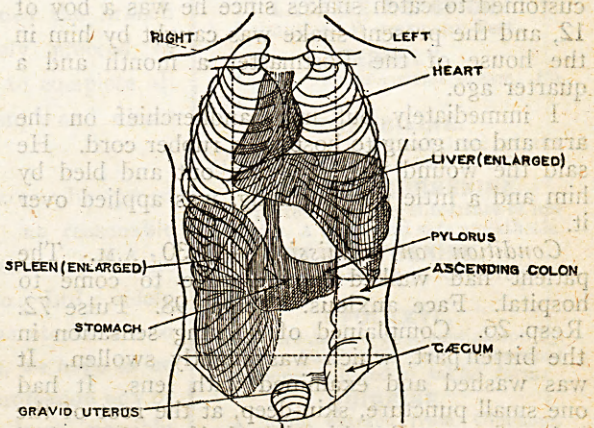
CASE NO. 2.

Complete transposition of viscera.—A married Bengali girl of 21 years was admitted under the Principal, Lieutenant-Colonel B. H. Deare, I.M.S., to the Medical College Hospital, on the 8th September, 1919, for the treatment of fever and amenorrhœa with headache, palpitation and constipation.

On examination it was found that she was suffering from kala-azar and that all her viscera were transposed.

1. The heart was completely on the right side of the chest with the apex in the fifth intercostal space, about 3 inches to the right of the mid-sternal line.

2. The spleen was entirely on the right side. It was enormously enlarged. The splenic dull-



ness began at the seventh right rib on the mid-clavicular and mid-axillary lines and the spleen itself reached almost down to the pelvis with a well-marked notch near the umbilicus.

3. The liver was situated on the left side, the liver-dullness began in the fifth left intercostal space in the mid-clavicular line and extended for about two inches below the costal margin.

4. An examination under the X-rays (with bismuth meals) showed :—

(*a*) The cæcum with the ascending colon on the left side.

(*b*) The stomach on the right side of the abdomen with the pylorus towards the left.

The girl menstruated for the first time in her twelfth year and had been doing so regularly ever since, except during the periods of her two normal and full time pregnancies. Her periods were regular and painless and usually lasted, on the average, three days. A year ago she had an abortion at four months and from that time her menses became irregular, painful and scanty, and have stopped altogether for the last four months. This amenorrhœa is due to pregnancy.