

After this the upper part of the finger gradually dried up and a line of demarcation clearly formed at the base of the part of the finger which had undergone a sort of dry gangrene after the separation of the nail. The line of demarcation is clearly indicated in the photograph.

The patient was admitted on the 6th January, 1923, and on the 19th January, 1923, at the request of the patient I cut off the gangrenous portion, just over the line of demarcation and there was no oozing of blood. The tissues beneath the dried skin presented a caseous appearance and contained a little creamy fluid. The bone exposed by the line of incision was cut off by bone nippers and showed the presence of a little blood, showing that this had not gangrened to the level of the superficial tissues. The patient made an uninterrupted recovery within a few days.

The case presents the typical clinical signs of Raynaud's disease. The three attacks occurred at intervals of about eight years. The œdema of the foot and the hand attacked preceded by a considerable time the manifestation of the sign of dry gangrene which is so characteristic of the disease. In different text-books which I have consulted with regard to the symptoms of the disease, none describes the variety of the disease preceded by symptoms of œdema a long time before the occurrence of dry gangrene, as was found in this case.

A CASE OF ABSENCE OF THE LEFT LUNG.

By KHAN SAHEB NUR MUHAMED,
Civil Hospital, Ferozapore City, Punjab.

THE body of a woman named Akko, aged 19 years, sweeper caste, was sent by the police on the 10th January, 1923, for examination. She was said to have died on the 6th January by drowning in a well. On external examination there was only a Colles' fracture of the right wrist, and a few scratches on the upper part of the chest were present, which were probably produced after death whilst removing the body from the well.

The body was well developed; post-mortem rigidity was passing off but was present in the jaw muscles. The body was not decomposed. There was no deformity of any kind present. Both sides of the chest were symmetrical.

On opening the abdomen the liver was found ruptured for more than four inches in the right lobe and the spleen was found ruptured at its hylum for three inches; the peritoneal cavity was full of blood. The other organs were found normal. The stomach contained no fluid and no food.

On opening the chest the right lung was found most prominent and it was covering

the heart and extending over to the left side of the chest. The left lung was not evident as the pericardium was full of blood and most of the lower part of the cavity of the left side of the chest was occupied by the pericardium. On opening the pericardium and removing the blood I found that the heart was ruptured in both ventricles.

After removing the heart I searched for the left lung and found that a very thick pleura about 1½ inch thick was lining the upper part of the left side of the cavity of the chest. With the greatest trouble I separated the pleura from the chest wall and after opening it I found a small triangular cavity about 2 or 2½ inches long on each side of the triangle but no left lung.

It was then evening and I left the post-mortem unfinished to show the case to the Civil Surgeon as the condition was a novelty to me. I called upon the Civil Surgeon next morning and told him all about it but Colonel J. G. G. Swan, I.M.S., C.I.E., the Civil Surgeon, told me that he had never heard of such a thing before and he promised me to bring with him Major Keyworth, I.M.S., and both these officers came and found only one lung and the trachea entering the right lung direct without any division. They found a bilobular glandular structure on the left side of the cavity, which on microscopic examination was found to be the thymus gland but there was also present a prominent second thymus gland in its usual place lying in the anterior mediastinum, whilst the first thymus gland was lying in the thick pleura of the left side in the apex region.

The woman had lived for 19 years with only one lung. She was married. She appeared to have suffered no inconvenience from the absence of one lung. There was no evidence of illness (except that she was alleged to have been insane at times as elicited from her relatives). She was well nourished and there was no evident deformity of the chest from the middle of the spine to the middle sternal line, the measurement being 14½ inches exactly on both sides.

Section of the heart show normal muscle fibres with in places some pigmentary degeneration (brown atrophy).

FIVE CONSECUTIVE CASES OF TETANUS ENDING IN RECOVERY.

By RAO SAHIB R. S. TEMBE, L.M. & S., B.M.S.,

Medical Officer, Kalyan.

Case No. 1.—Female, agricultural Hindu, developed symptoms on the 11th day after delivery. Treatment began two days later, when there was complete lockjaw and severe cramps of the muscles of the whole body. The temperature ranged between 101° and 103° F.

Treatment consisted of:—

1. Injection subcutaneously of tetanus antitoxin (B. W. & Co.'s) 3,000 units in one dose.

2. Injections of 15 mins. of 1 per cent. solution of carbolic acid; one injection every day for four days.

3. Routine mixture:—

Pot. Bromide	.. grs. 60
Chloral Hydras.	.. grs. 30
Eserine Sulph.	.. grs. 113
Liq. Morph. Hydrochlor.	.. min. 40
Magnesii. Sulph.	.. drs. iv
Water to make	.. ozs. iv

One ounce 4 times a day.

The case showed signs of improvement from the sixth day and recovery was complete after the 24th day.

Case No. 2.—Male, young Mussalman of 22, milkman. Probable source of infection was through a septic sinus due to guinea-worm. He consulted a local practitioner for being unable to open his mouth. He was thought to be suffering from local septic trouble and was given gargles. As the case got worse, he was shown to me when he had complete lockjaw, stiff neck, arched back, blue face, frequent painful cramps, temperature between 99° and 102° F. Treatment was the same as above, except that the injections of carbolic acid were continued for 8 days. He took over a month for complete recovery. The antitoxin used was from P. D. & Co.

Case No. 3.—A high caste Hindu lady, aged 20, developed signs of lockjaw on the 8th day after delivery. Treatment was begun two days later. All the symptoms were more severe than in the first two cases.

The treatment given consisted of 6,000 units of antitoxin (Lister Institute) on the first day and 3,000 units on the second day; routine mixture and injections of carbolic acid for 12 days. The fever used to be between 101° to 104° F. Cramps were very severe and very painful. She took over a month and a quarter for recovery from all symptoms. The symptoms were more or less stationary for the first 10 days.

Case No. 4.—Mussalman boy of 7. No definite source of infection could be seen, except that the boy had several pustules due to scabies. He was brought to the dispensary for severe and recurring bleeding from his tongue which was severely bitten. It was on the day following that the diagnosis of tetanus was made from the peculiar state of contracted muscles of the face, jaw and the forehead. 1,500 units of antitoxin (Lister Institute) were injected and the boy was put on to the usual mixture in proportional doses. Injections of carbolic acid solution were given for 7 days. The case went from bad to worse for 5 days, when another 1,500 units of the antitoxin were injected. After this injection

the case went on improving and the boy was all right in about 25 days.

Case No. 5.—Mussalman boy of 15, poultry keeper, got injured by an iron nail, the wound becoming septic. On the 7th day he developed symptoms. Two days later I was shown the case. It was a very severe case of tetanus. The whole body was stiff and arched; the boy was getting very painful cramps at frequent intervals, temperature 103.8° F., pulse 140. 1,500 units of antitoxin (Lister Institute) were injected at once and the boy was put on to the usual mixture. Carbolic acid injections were given for three days, when another 1,500 units of the antitoxin were injected. The father took away the mixture for three more days only, and I heard no more of the case. I thought that the boy must have died. Fifteen days later the father met me on the road and told me that the boy got well after they gave an offering of a goat to the "Pir."

I publish these notes for what they are worth without attempting to draw any conclusions. All cases except No. 4 were virulent in my opinion.

A CASE OF HYDATID CYST OF THE LIVER.

By DR. SAURANGANATH BANERJEA, M.B.,

Chief Medical Officer, Dhenkanal.

THE following case illustrates the fact that signs and symptoms strongly suggestive of the presence of abscess of the liver may be the result of quite a different condition of the liver.

A. C. M., Hindu Brahmin, male, 20 years of age, student, Ravenshaw College, Cuttack, never in foreign lands—his geographical vision being limited to Cuttack from Dhenkanal, gave a history of recurrent attacks of dysentery extending over a period of two months and then fever for a month after the dysentery had subsided. As the fever, diagnosed as malarial fever, did not leave him even under vigorous quinine treatment at Cuttack, he was advised to go home with the idea that a change would do him good; when back at Dhenkanal he came to me for treatment.

His condition was as follows:—Patient pale, anæmic, with earthy tint and redness and distinct bulging of right hypochondriac, epigastric, umbilical and lumbar regions.

There was tenderness and a feeling of fullness and tenseness over the swollen area. Pain was produced by pressure over the swollen area and lower intercostal spaces on the right side. The swelling had a more solid feeling on palpation than a fluctuating feeling of pus under pressure. There was absolute dullness on percussion over the bulging area of the abdomen. On auscultation crepitations and friction sounds were heard on the right side of the chest at the front and back.