A catheter in the bladder and a finger in the rectum were separated only by the bladder and rectal walls.

Two attempts were made by vaginal incision to bring the cervix down and unite it to the vaginal canal. These attempts were unsuccessful, owing to the contracted space, the difficulty of separation and the danger of opening the bladder or rectum.

Later the abdomen was opened and the uterus and tubes removed.

The operation presented no especial difficulty. The tubes were greatly enlarged and convoluted and looked like large pus tubes. The ovaries were small and appeared to be undergoing fatty degenerative changes.

Pressure on one of the tubes caused fluctuation in the uterus and opposite tube. The specimen has not been opened.

The patient had a normal convalescence and left hospital in three weeks completely relieved of her distressing symptoms.

## INTRAVENOUS IODINE.

By HEMANDAS R. WADHWANI, M.B., B.S.,
*Jacobabad, Sind.*

Lieutenant-Colonel Jeudwine has published a very interesting and most useful article on intravenous iodine in the December 1923 issue of the *Indian Medical Gazette*, although much remains to be done as regards dosage, intervals between injections, contra-indications, complications, etc. I think that intravenous iodine will have one of the most prominent places in general therapeutics within the next few years, as the results obtained by all workers are very promising.

I have tried intravenous iodine on several cases and the results are exceedingly encouraging, as can be seen from the following cases.

*Case* 1.—Mrs. T., aged 22, was suffering from a very severe attack of phlegmasia alba dolens (white leg) for about three weeks, when I was called to see her. The whole leg from the foot to the groin was very much swollen and double the circumference of the healthy leg, extremely painful and pitted on pressure. I at once gave her 1 c.c. of tinct. iodine intravenously, and advised frequent boric fomentations. Fever 101°, which was already present, rose to 102° F. after about three hours without any rigors. No other inconvenience was felt. On the next day one-third of the swelling had subsided and the leg was much less painful. The swelling went on decreasing until on the fourth day when only half the swelling remained, and another injection of 2 c.c. was given. This time there was a very good reaction after an hour. The temperature, which was normal before injection, rose to 104° with severe rigors, lasting for two hours. Within a week after this injection, the whole swelling had practically disappeared and no pain was felt at all.

*Case* 2.—Perumal, aged 35, got an attack of erysipelas of the scalp and face. The infection started from a wound on the forehead. The whole scalp and the face were swollen. The swelling of the left eyelids had reached considerable proportions, completely closing the eyeball. Many vesicles and blebs had formed about the eyelids.

The patient was admitted as an indoor patient. I gave him 1½ c.c. of tinct. iodine intravenously immediately on admission. Ichthyol mixed with lanolin (50 per cent.) was locally applied. There was no reaction. On the next day the progress of the rash, which before the injection was steadily advancing down towards the neck, stopped, and the swelling also subsided. Multiple incisions were made round the eyelids, as it was a cellulo-cutaneous type of erysipelas. The original wound was enlarged. On the fourth day a second injection of 2 c.c. was given. This time also no reaction was seen. But the progress of the case was excellent, as within a week after this injection the whole swelling had practically subsided. The skin over the upper eyelid of the left eye became gangrenous, and the whole patch of gangrene came out as a big slough. Many sloughs came out of the incised wounds also. A third injection of 2½ c.c. was given after an interval of 8 days. After this injection the wounds became quite healthy and no more sloughs were seen.

*Case* 3.—Mrs. H., aged 25, was suffering from a severe type of pelvic peritonitis, which was the result of puerperal infection. The whole abdomen was distended, very painful and tender to the touch. She was given 1½ c.c. of tinct. iodine intravenously. There was a very good reaction (fever 103°, with severe rigors). On the next day abdominal distension, pain and tenderness were much less in proportion. On the fourth day a second injection of 2 c.c. was given. This time she had a slight reaction. However the condition improved to a great extent; within a few days the abdominal swelling had subsided. No pain and tenderness were present except in the left iliac region where a hard lump was felt. On vaginal examination pus was found to have formed in the left Douglas's pouch. The abscess was opened *per vaginum* and a large quantity of pus evacuated. After a fortnight the patient recovered.

*Case* 4.—S. K., aged 10 years, was suffering from tuberculous disease of the right hip joint. The leg was apparently shortened. Two abscesses were threatening to form, one in front of and the other above the great trochanter. The joint was swollen and extremely painful. The patient was admitted as an indoor patient. Weight extension was applied to the affected leg; a Liston's splint to the sound leg, and Scott's dressing to the joint. Four injections (each of ½ c.c.) of tinct. iodine were given intravenously at intervals of from 5 to 10 days. During the intervals sodium morrhuate was injected. Within these four weeks the pain and swelling disappeared, and both the abscesses subsided. Weight extension was done away with; and the patient was made to walk with the help of crutches and a Thomas's hip splint. The boy is still under treatment and progressing very favourably. He will be given one or two more iodine injections and about a dozen more sodium morrhuate injections, as he is still getting occasional temperature between 99 and 100°, which is the only bad sign left.

Some cases of threatening ischio-rectal abscesses, which are met with here as frequent puerperal complications, were given intravenous iodine. The abscess subsided even after the first injection. Several cases of such abscesses, who were not given iodine injections (as they had occurred before I knew of the injections) lingered on for some months with very severe pain until pus formation and the subsequent opening of the abscesses. Some other big threatening abscesses (cervical, mastoid, etc.,) were also aborted by iodine injections.

Intravenous iodine was also tried on several cases of septic wounds and corneal ulcers. The course of treatment was very much shortened. On the whole the results were most encouraging.

Very few cases amongst those on whom I tried the iodine treatment showed disappointing results. But even these could not be said to be conclusive, as they were only single instances. The cases were:—otorrhœa with chronic inflammation of the middle ear; primary pulmonary tuberculosis, chronic arthritis and acute meningitis.

Conclusions.

*Dosage.*—Large doses are certainly far better than small ones. The maximum dose I have given is 2½ c.c. But I think one could go up to 3 c.c. without any harm. Weak and anæmic persons should be given smaller doses.

*Complications.*—Almost all the difficulties and complications have been dealt with by Jeudwine in detail. He lays particular stress upon the occurrence of thrombosis after intravenous iodine injections. He has therefore devised an improved technique which is to inject saline into the vein before and after the iodine is introduced. In my experience there is hardly any necessity to employ such a complicated apparatus and process. To date I have given about 100 such injections, but thrombosis occurred in the first two or three cases only. In no other case after that did any thrombosis occur.

As regards *reaction*, I have seen that it has nothing to do with the result of injection. Some cases who do not get any reaction at all show great improvement; and some who get very severe reactions do not show any improvement. But most of the cases get a reaction, both with good and bad results.

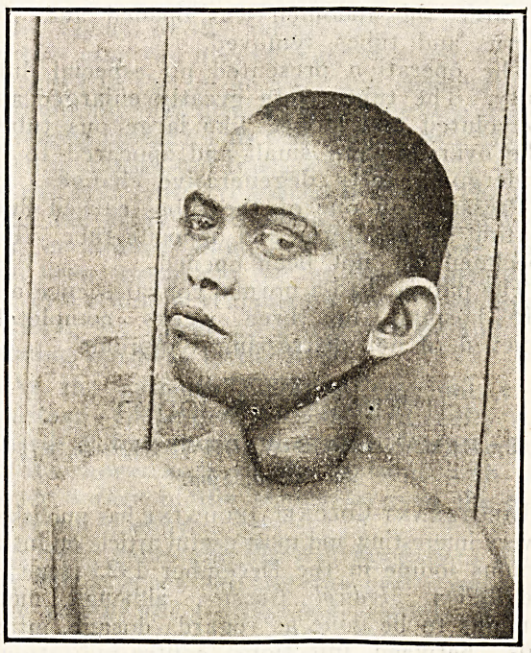
*Iodism.*—I have noticed one peculiar thing in this respect. A few cases who could not tolerate even 5 grains of potass. iodide by the mouth and who got a severe attack of iodism, did not show any symptoms of iodism after intravenous injection of 2 c.c. of tinct. iodine, except perhaps a little itching over the whole body. In my opinion, it is the alcohol in tinct. iodine which plays some part in preventing iodism. I think it is always better to inject tincture of iodine (B. P.) instead of a watery solution of iodine or any other proprietary drug containing iodine.

## A CASE OF ANEURYSM OF THE EXTERNAL CAROTID ARTERY.

By HEMANDAS R. WADHWANI, M.B., B.S.,
*Jacobabad, Sind.*

The photograph depicted is that of a male child, 10 years of age, who came to hospital with a tumour of the neck. He had been an idiot from birth, as is well shewn by the facies. No signs of congenital syphilis could be found, whilst the parents denied all history of syphilis. (The Wassermann reaction was not done).

The tumour commenced two or three years ago as a small mass, the size of a strawberry, near the angle of the jaw. It increased until



Aneurism of the External Carotid.

it reached the size of a small mango. On examinaton it was found to be a typical sacculated aneurysm of the external carotid, a thrill being felt as the stream of blood entered the sac, and a loud harsh bruit being audible on auscultation. The boy bolted from hospital immediately after the photograph had been taken.

## MASTOID SUPPURATION WITHOUT TYMPANIC PERFORATION AND SUPPURATION.

By K. P. RAMAN PILLAI, M.B., F.R.C.S. (Edin.),
*Deputy Surgeon, General Hospital, Trivandrum.*

K., a child, aged seven months, was brought to hospital for a small swelling behind the left ear. The mother stated that the child had been crying without appreciable cause for ten days, and that whenever the left side of the head was touched, the child cried more. A week after onset a small swelling appeared behind the left ear, and for the first five days there had been fever.

On examination, on the 19th December, 1923 the left mastoid region was found to be œdematous and very tender, with the left pinna pointing. The left external meatus was