

frequently given by the mouth in milk and water.

18th June, 1925.—Second intravenous injection of urea stibamine (0.075 grm.). This was given in one of the large pre-malleolar (internal) veins of the right foot as the conventional veins in the elbows were both still suffering from the previous trauma.

20th June, 1925.—The foot was acutely inflamed and blistered in parts, for which suitable treatment was applied.

From 22nd June, 1925 to 21st August, 1925, the patient was given doses of 0.45 grm., 0.1 grm. and five doses of 0.2 grm. each—a total of 1.66 grms.

The temperature which had been running up to 104° F. came down to normal after the third injection of urea stibamine and did not rise subsequently.

The weight of the patient is now 85½ lbs., representing an increase of 6 lbs. since she first came under treatment—a period of ten weeks.

1st September, 1925.—The patient has now completed the treatment and is in all respects "fit."

I am indebted to Major A. Gardner-Brown, R.A.M.C., Officer Commanding, British Station Hospital, Jutogh, for his kind permission to publish these notes.

A FOREIGN BODY IN THE PELVIS.

By K. M. NAYAK,

Assistant to District Medical Officer, Vellore.

A FEMALE patient Chellamma by name was admitted on 16th August, 1924, into the Government Pentland Hospital, Vellore, for a swelling on the right side, immediately above and behind the highest point of the crest of the ilium. The swelling was well marked, oval in shape, and about the size of a duck's egg. It was slightly painful, a little tense and fluctuating. Her temperature was 99° F and pulse 74; general condition good. She was fairly well nourished, of good physique and appeared to be in the enjoyment of sound health. No information could be got from her regarding the previous history. So the diagnosis lay provisionally between a suppurating hæmatoma and a tubercular abscess of the spine pointing in the iliac region. She was prepared for operation and under chloroform anaesthesia the swelling was incised. Nearly 2 ounces of curdy matter tinged with blood was evacuated, the cavity was irrigated and just before closing the cavity was explored with the finger. It was occupying the upper part of the right iliac fossa. The cavity was retro-peritoneal and the floor of the cavity was formed by the iliac bone and at the bottom of it a small hard pointed object like a spicule of bone was striking against the tip of the finger, at the same time conveying to the finger the same sensation as is felt when a tuning fork is struck. The projecting end of the same object was caught with a pair of artery forceps and on gently

pulling, out came a piece of coconut broomstick 4 inches long. These broomsticks are generally used here in the Madras Presidency for preparing swabs for painting with tincture iodine. This piece of broomstick was covered with a thin layer of white incrustation along its whole length, thereby giving us an idea that it must have been lying in the tissues in the iliac fossa for some time. Though a tentative diagnosis had been made beforehand of a suppurating hæmatoma, there was absolutely no history of any injury from outside and there was absolutely no evidence to suspect that the broomstick found its way from outside by piercing the skin and lodging itself in the right iliac fossa. Hence, while the patient was still under chloroform, we immediately put her in the lithotomy position, opened out her vagina by a duck bill speculum and, on examining the interior, found out on the right wall of the vagina, a small red ulcerated opening with a small bead of whitish pus at its orifice and which admitted the end of a metal probe, and our suspicion that the broomstick must have been introduced per vaginam was confirmed.

A drainage tube having been inserted into the abscess cavity, the wound was dressed and the patient was taken to the ward. She had an uneventful recovery and was discharged on the eighth day. On coming round from the effects of chloroform the patient, when she was minutely questioned, gave the following interesting story with the greatest reluctance and after the greatest persuasion, that she was aged 16 years and married for the last 2 years. Six months ago her husband had left her destitute and homeless. He having gone to Penang as an emigrant in a labour corps had left her to her wits and to the tender mercies of his relations. Having been thrown astray in this wicked world, homeless and penniless, and surrounded by temptations she had naturally gone astray, and she became pregnant. Being unable to hide her condition any longer, the guilty woman sought the help of the village barber, midwife or *dhai* at the end of the fourth month, and this worthy woman introduced this piece of broomstick to cause abortion. Instead of pushing it into the uterus she pushed it the wrong way outside the cervix, pierced the vaginal wall and sent it right home into the right side of the pelvic wall. I am pretty certain she had used considerable force before she achieved her object. Abortion resulted within 24 hours. The foetus came out, but not the instrument that was used to produce the abortion, which remained embedded in the tissues of the pelvic wall. Beyond causing slight dull aching pain and discomfort while walking, the patient was not in any way inconvenienced by the presence of the broomstick inside her pelvis, till at the end of 2 months (2 months after the abortion) she noticed a slight painful swelling on the right side, immediately above and behind the highest point of the crest of the ilium. This swelling gradually increased in size

and in the course of 10 days attained the size of a duck's egg and made her seek admission into the hospital. It is quite evident that muscular action was responsible for bringing it to the surface, and that the pilgrimage and the journey to its destination had taken 2 months to be accomplished. The *dhai* was responsible for the entry and Nature was responsible for the exit. It is also remarkable to note the friendly attitude of the structures of the pelvic wall, especially those at the brim in giving a free unchallenged passage to the foreigner. It stands to reason that the broomstick passed beneath and behind the big iliac vessels while crossing the brim of the pelvis and at the same time not injuring them. I have no doubt that the broomstick was retro-peritoneal.

A CASE OF HIRUDINIASIS OF THE MALE URETHRA.

By Capt. P. N. MITRA, M.B., D.T.M. (Cal.),
Civil Assistant Surgeon, Assam.

A PATIENT, M. M., aged 8 years, came to hospital at 4 P.M. in October 1925 with the following history.—He was fishing with a rod at about 12 noon in a marsh (*bhil*), standing knee-deep in water without any clothes on, when he suddenly noticed a leech entering his external meatus urinarius. He tried to pull it out but the leech slipped inside and he had been unable to pass any urine and blood dripped from his urethra.

On examination I found blood dripping from the external meatus and his clothing over the corresponding area was soaked with blood. A soft rubber catheter was passed and met with no obstruction; bright red blood diluted with urine was drawn out of the bladder. The bladder was washed out and the washings returned blood-tinged. Some strong salt solution and adrenalin was left in the bladder, the catheter withdrawn and the patient put to bed. No voluntary micturition was possible the next morning. Bloody urine was again withdrawn through the catheter, strong saline and adrenalin being repeated as before. As voluntary micturition was not possible catheterization was repeated in the afternoon and again next morning. During the last a certain amount of dark-brown granular blood was withdrawn. Catheterization was repeated in the afternoon with the same result, and during the night the leech was passed out with violent colicky pains. It measured 4 in. by $\frac{1}{2}$ in.; the mouth and anus were open and dark granular blood could be pressed out of its abdomen.

The points to be noted are:—

- (1) The rarity of the accident.
- (2) The leech bit at one or more points in the anterior urethra and then passed into the bladder where it fed itself.
- (3) It was killed by salt solution.
- (4) After death of the leech the sphincters relaxed, permitting regurgitation of some of its abdominal contents.

(5) It then became flaccid and engorgement occurred leading to its spontaneous extrusion.

(6) The boy was circumcised.

AN OUTBREAK OF ANTHRAX CONTRACTED FROM HANDLING INFECTED BEEF.

By A. K. MUKERJI, D.P.H.,
District Health Officer, Tipperah.

AKRAM ALI, a villager of Sripur, Tipperah, slaughtered a cow in order to give a feast. Within three to seven days of the feast Akram Ali, Imam Bux, Rahim Bux, and Medur Ali, who had all taken part in killing the cow and dressing the meat, developed malignant pustules. They were attacked with malignant pustules on the face, forehead or hands, attended with high fever. Imam Bux was the first to be attacked, on the 27th August, 1925, and died on the 30th. His son Rahim Bux, and Akram Ali both died on the 1st September, and Medur Ali two days later.

As a result of this outbreak a state of terror prevailed among the villagers, and I proceeded to Sripur to investigate matters. I found four further cases who were still suffering from malignant pustules, the pustules having broken down and forming the characteristic ulcers, as shown in the illustration on p. 23. The ulcer on the back of the adult female patient had given rise to much sloughing and had exposed the tendons. Films and scrapings from the ulcers shewed anthrax bacilli, together with numerous staphylococci and streptococci. On enquiry it was reported to me that all three persons had handled the infected meat before cooking it. Further, the villagers reported that two cows belonging to one of the infected families had died two months previously quite suddenly, having been ill for only six hours, with a sanious discharge from the nostrils, mouth and intestine. The villagers also stated that the cow which had been slaughtered for the feast was diseased. The villagers in Sripur have no trade in hides, but are cultivators, and I was unable to trace any other possible source of infection except those mentioned.

The ulcers were treated with antiseptic dressings and eusol lotion, and precautions taken to prevent the spread of the infection to others. A point which I noticed was that, although these infected persons were freely in contact with others and no precautions had been taken to prevent the spread of the disease before my arrival, there were no further cases. Possibly the anthrax bacilli had become attenuated on passage through man, a less susceptible host than the cow.

Outbreaks such as this often fail to come to the notice of the public health authorities, whilst the villagers are quite ignorant of the risks run by both human beings and cattle from the slaughter of infected animals.