

made up of sulphate of iron, quinine and lime juice.

Plantains, which contain about 27 per cent. of solid matter, are useful to add to a jail diet. During my stay in the Malabar Coast, I noticed that plantains were largely consumed by the people. The green fruit is sliced and fried in ghee or boiled, sliced, and used in their curries, taking the place of the potato in European dietaries.

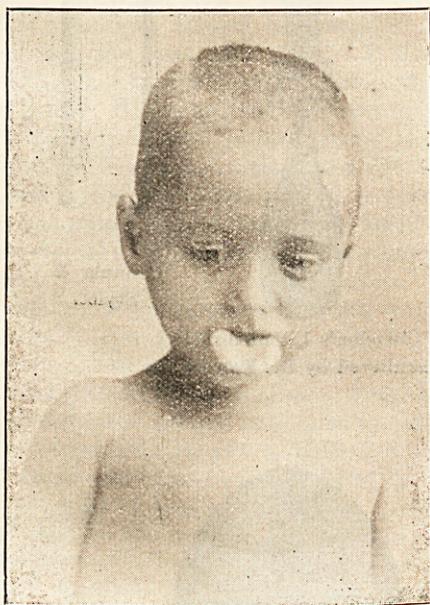
A CASE OF MACROGLOSSIA.

BY J. J. PRATT.

MAJOR, I. M. S.

MACROGLOSSIA is a rare disease in any country, and according to Fayrer ("Clinical and Pathological Observations in India," p. 537) especially rare in India. The following case accordingly appears worthy of record.

Mohammad Eusuf, aged 3½ years, a resident of the Etah District, came under my treatment at the Thomason Hospital, Agra, on the 17th of August 1898. His condition on admission was as follows:—Fore part of tongue to the extent of 1½ to 1½ inches protruding between teeth;



entire tongue larger than it should be and presenting a coarse and hypertrophied appearance; mouth constantly open and saliva dribbling away; teeth slightly displaced; patient unable to masticate food and experiencing difficulty in drinking and speaking.

The child's parents stated that his tongue became inflamed eight months before and had slowly enlarged until it attained its present dimensions.

On the 19th August the patient was placed under chloroform. The tongue was drawn out of the mouth by forceps, and transfixed on both sides close to the middle line, by loop ligatures of coarse silk, at points behind the indent marks which had been produced on the surface of the organ by the pressure of the teeth. The ligatures were tightened, and by their means the tongue was kept protruded to its full extent throughout the operation, and all hæmorrhage at the same time prevented. A rounded incision was then made with a scalpel through the whole thickness of the organ behind the teeth marks, and the prolapsed portion removed. The operation was practically bloodless and no vessels required ligation. The compressing ligatures were loosened on the evening of the operation, and finally removed on the morning of August the 21st.

During convalescence the mouth was kept closed, except at meal times, by means of a bandage. Recovery was rapid and uneventful, and on September the 1st, patient left hospital, able to eat, drink, and speak without difficulty, and with the wound on his tongue almost healed.

CANCER IN KASHMIR

AND

A TYPICAL CASE OF CANCER *EN CUIRASSE*.

BY A. MITRA, L.R.C.P., L.R.C.S. (Ed.),

Chief Medical Officer, Kashmir.

It has been observed by some authorities that cancer is most common in valleys and along the banks of river, specially of rivers that overflow their banks. According to this dictum cancer ought to be very common in Kashmir, but it is not so. We meet with epithelioma on the thigh and abdomen resulting from constant irritation of live charcoals used by Kashmiris for warming in winter in pots called kangries to which the name Kangri cancer might be given. Besides these cancer in other parts are also seen, and of these cancer in the beast is, I believe, more common than in other parts. This may be due to irritation of the breast by repeated lactation in prolific women and professional wetnurses, and Kashmiris are a very prolific race. Between the years 1886 and 1897, 16 cases of cancer of the breast were operated upon in the State Hospitals in Kashmir, most of the cases were of ordinary type belonging to the group formerly spoken of as scirrhus, Mahomedans 12, Hindus 4:

Ages 40 to 45 = 5  
 „ 45 to 50 = 9  
 „ above 50 = 2

There were of course some more cases which were not fit for operation, and their record not being available, I am unable to give any information about them. The above cases presented various clinical features common to the disease. The puckering of the skin, cancerous nodules, generally multiple, the retraction of the nipple, large foul cancerous ulcer were present in some and absent in others. I do not remember any case in which the axillary glands were not more or less affected, nor any in which a certain amount of cachexia was not present. I know of four cases in which there has been recurrence, and of three cases in which there has been no recurrence, the patient having been under observation for over 26 months. Of the remaining I have no knowledge. In my practice I reject cases (1) when there is evidence of secondary deposits in internal organs; (2) when glands in the posterior triangle of the neck are visibly enlarged. In my early practice I also rejected cases in which there were large masses of enlarged axillary glands, but having recently tried removal of such glands (of course with great care not to injure the vein or the nerves—a procedure not very easy to carry out), I am encouraged to think that enlargements of axillary gland should not stand in the way of operation. The incision, as advised by Treves is, I think, the best; for if the chain of axillary glands are afterwards found implicated, the incision could be easily prolonged, and the axilla thoroughly explored by finger and cleared if required, also by finger. In all operations for cancer of the breast, the whole breast should be removed, and the whole lymphatic plexes of the breast should be taken away. Those portions of the skin which pucker should be without hesitation removed, and if in the attempt to do so a small open wound is left (even after use of button suture) it does not matter for it rapidly heals by skin grafts. The whole of the pectoral fascia co-extensive with the breast should be removed together with a thin layer of the superficial muscular fibres of the pectoral muscle. Then the question comes should in all cases the axillary lymphatic glands be removed, I should think not. If enlargement is detected, the axilla should be opened, otherwise I think there is no need in opening it.

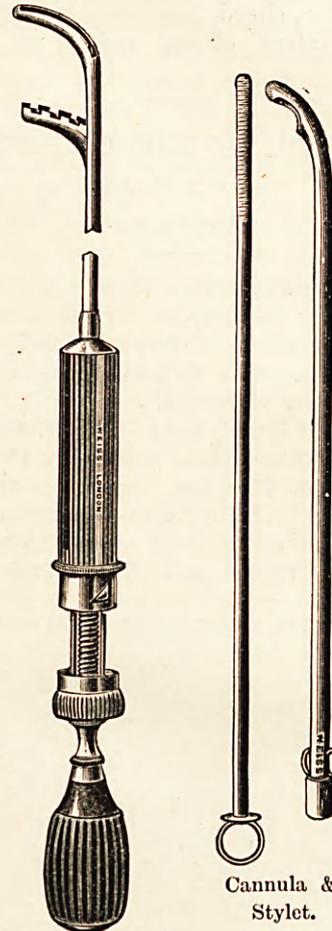
Surgeons have described the condition known as *Cancer en Cuirasse* in which there is a diffuse development of cancer in the skin. A typical case of this nature came to my notice and here is the illustration.\* It will be seen that the whole thorax, the skin right up to the neck and as far below as the umbilicus is implicated. The skin is hard, brawny, and nodular, such a case is, of course, beyond surgical treatment.

\* [The photograph shows a typical example of the *Cuirasse*.—ED., *I. M. G.*]

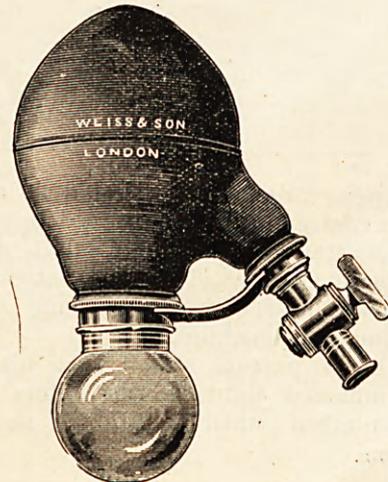
## ILLUSTRATIONS OF ARTICLE ON LITHOLAPAXY.

By DR. P. FREYER.

(Vide *Indian Medical Gazette*, 1898, p. 243.)



Bigelow's Lithotrite  
as altered by Dr. Freyer.



Simplified Aspirator.