border-line case between a late primary and an early secondary lesion. He considers the period of four weeks from the appearance of the pimple on the lip too short for the development of such definite secondary symptoms, these usually not being evident until after the lapse of six to ten weeks from the appearance of the primary chancre. The fact that the Wassermann reaction was strongly positive was evidence in confirmation of this view; the reaction is always negative for the first seventeen days after the appearance of the sore and it is often negative up to thirty days, about this time becoming "positive" and "strongly positive" after the chancre has existed for six weeks.

Major Power considers that the condyloma shown in the photograph marked the site of a true extra-genital chancre, which, owing to its development in the neighbourhood of a moist surface, had taken on the characteristics of a secondary condylomatous lesion.

(*Note.*—Primary extra-genital chancres are very common in medical practice in India, and the possibility should not be overlooked. At the Calcutta School of Tropical Medicine during the past three years, eight cases of primary chancre of the anus in young children have been seen, the ages ranging from 2½ to 8 years; whilst a case recently seen was one of primary chancre of the lower lip in a female patient aged 32. In this particular case the lesion shewed more induration than in Major Tresidder's case, and no tendency to assume a cauliflower type. In all of these cases *S. pallida* was demonstrated by dark-ground examination of the serous discharge.—EDITOR, *Indian Medical Gazette.*)

INTRAVENOUS IODINE INJECTIONS IN PLAGUE.

By R. D. PAL, M.B.,
Toungoo, Burma.

HAVING read Colonel Jeudwine's paper on iodine injections, I decided to try them on my plague patients.

The first plague patient I had this season was a Burmese lady about fifty years old. She was taken ill early in the morning and I was sent for shortly before 6 p.m. I injected 10 m. of iodine solution immediately. Her temperature at the time was 105.8°F, and she was delirious.

At about 10 p.m., just as I had gone to bed, I was sent for with the alarming information that the patient was about to die, and was lying cold and motionless. I hurried to her house, but while yet a quarter of a mile away, I heard terrible moaning sounds issuing from the direction of the house. On my arrival, the patient was having severe tetanic convulsions, and shouting and struggling for breath. Her shrieks were inhuman, and the sight of several yellow-robed priests sitting round her gave the whole scene a ghostly effect to my sleepy eyes. Probably the iodine had set up a transient œdema of the glottis. After about ten minutes she was calm, but perspired profusely. Her pulse and respiration were uncountable, and I retired, thinking she would die. I gave her a tablet of morphia and atropine orally, as her relatives were afraid of further injections.

The next morning I was surprised to find the patient sitting up in bed with a temperature of 101°F. Subsequently at the request of the same relatives she was given four more intravenous injections (one injection every evening) with no untoward results.

On the fifth day her temperature had come down to 100°F and the pulse was fairly good, but on the sixth morning she died suddenly of heart failure.

My object in reporting this case is to draw the attention of those using these injections to the serious danger of setting up œdema of the glottis at the first injection. Since then, I begin with a m. v. dose, and continue up to m.xv. It is safer to give a hypodermic injection of adrenalin (5 to 10 m.) along with the iodine injection to prevent iodism. None of my other patients had any trouble with these injections.

If an initial intravenous injection of m.v. to x. of iodine solution does not produce a considerable fall of temperature, the prognosis may be regarded as bad.

Dr. Sheldon, M. D. (Lond.) whom I called in for consultation, noticed slight jaundice in this case, and regarded it as possibly due to the iodine injection.

Another patient, a Chinaman, whom I injected with the same solution, developed severe jaundice a few days after the injection. Later on, he had a severe attack of hæmatemesis and melæna. I am not sure whether the latter symptoms were due to the iodine or to the malignancy of the attack of plague. This patient is so far progressing well. There is no doubt that iodine does reduce the temperature of plague patients even in bad septicæmic cases, but as regards cures the results are as disappointing as with any other form of drug treatment of this dreaded disease.

A CASE OF DOUBLE HERNIA.

By K. MADHAVA NAYAK, L.M. & S.,
Assistant to the D.M.O., Vellore.

CHINNAKA, aged 12 years, a Hindu female, dull and apathetic in appearance, was admitted to the Government Pentland Hospital, Vellore, on 31st August, 1923, with a large pendulous reducible tumour of the size of a cocoanut in the right groin and a sausage shaped tumour, also reducible, in the left inguinal region.

General condition.—A very ill-nourished and anæmic girl with slight rises of temperature ranging from 99 to 101°F. Had many hookworm ova in her stools. The daily rise of temperature could not be accounted for clinically unless due to intestinal toxæmia and

ankylostomiasis. She was put on to two courses of carbon tetrachloride and passed many hookworms, after which the temperature came down promptly and remained at normal completely after the two herniotomies. It may also be of interest to note that she had the stigmata of congenital syphilis and a younger sister of hers had a big umbilical hernia. A diagnosis of right femoral and left inguinal hernia was made. She was operated on on the 2nd October, 1923, for the femoral hernia. The incision was the same as for ordinary inguinal hernia. The contents were reduced and the extra skin excised. The sac was tied at the crural ring and carried up above and behind Poupart's ligament and anchored into the abdominal muscles. The ring was closed by a ball of fat and superficial fascia, and fascia covering the pectineus muscle was reflected and stitched over to occlude the ring. The wound healed by first intention and the patient improved rapidly in her general condition. The temperature remained completely normal after the operation. The usual operation for inguinal hernia was done on the 22nd October, 1923, and the patient was discharged from hospital on the 29th October, 1923, hale and healthy. The photographs of the patient shew the conditions before and after the operation. The change in her general appearance and health is quite noticeable. The operations were performed by Captain V. Mahadevan, F.R.C.S.E., I.M.S., District Medical Officer, North Arcot, Vellore.

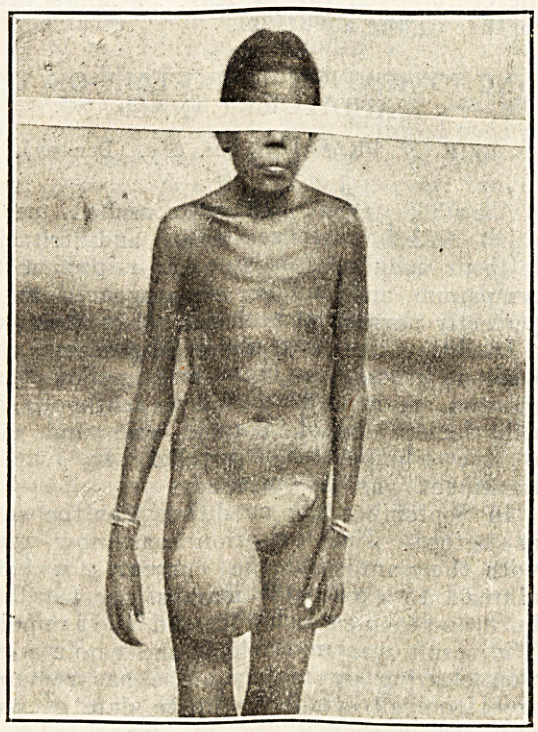

Fig. 1.—Before operation.

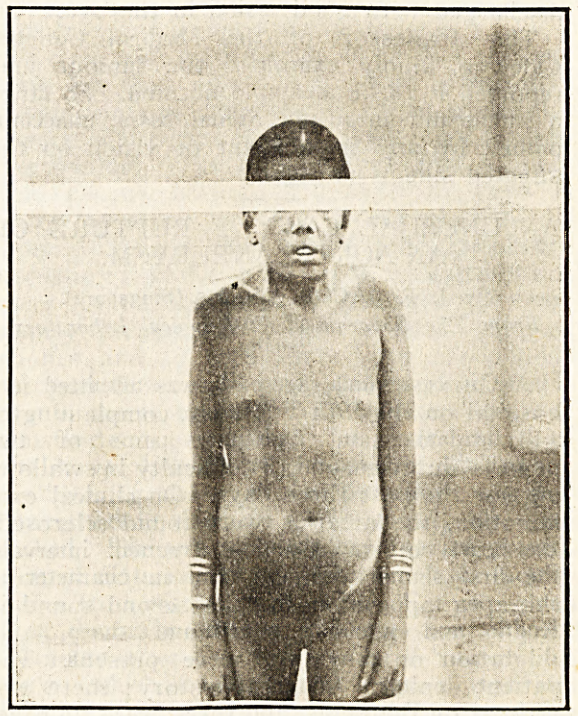

Fig. 2.—After operation.

A FIBROMA OF THE ORBITAL FOSSA.

By BIDHU BHUSAN MALLICK, M.B.,
and
PRATUL CHANDRA GUPTA, L.M.F.,
Pilgrim Hospital, Gaya.

BHAGAN, Hindu male, aged 35 years, was admitted to the Gaya Pilgrim Hospital with a tumour in the left orbital fossa. It had begun three years before, gradually increasing in size, and pushing the eyeball forwards. There was no history of syphilis or family history of importance. The eyeball, which was almost embedded in the growth, protruded from the orbital fossa forwards and outwards; vision was not impaired, but the palpebral conjunctiva was congested and hypertrophied, and the lower lid was everted. His general health was satisfactory.

The eye was operated on by Major D. Coutts, M.B., I.M.S., Civil Surgeon, Gaya. An incision having been made along the conjunctiva of the lower eyelid, careful dissection shewed adhesions to the inferior rectus, the orbicularis, the inferior oblique and other adjacent structures. The capsule of Tenon was intact and also the periosteum of the orbit. Whilst delivering the tumour a further and more dangerous adhesion to the sheath of the optic nerve was discovered and had to be separated. The tumour was removed, the eye being left *in situ*, and the conjunctiva closed with fine catgut. The eyeball was still prominent, but the swelling subsided with hot compresses.