

a previous operation we searched for any scar on the abdominal wall, but found none.

Dr. T. Verma, M.B., B.Sc., has recently published a case in the *Indian Journal of Medicine* of a girl of 13 years in whom no spleen could be found. In Dr. Verma's case, however, it is noted that there was enlargement of the pancreas and of the mesenteric lymphatic glands. This was not found in our case. Green's "Pathology" does not mention possible absence of the spleen, and Miller also fails to mention it. As our patient was 73 years of age we may conclude with Beattie that "the spleen is not an important organ."

Our thanks are due to Captain Aung Tun, B.A., M.B., Ch.B., (Edin.), I.M.S., Civil Surgeon, for permission to publish this case.

### A CASE OF TETANUS.

By H. R. WADHWANI, M.B., B.S.,

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PEOPLE in Upper Sind are generally accustomed to mix clay with water and common salt and apply it to boils and abscesses, in order that they may burst open; very often they repeat the process even after the abscess has opened. The tetanus case which came under my notice and still remains under my treatment had its origin in this peculiar use of earth. It may, however, be noticed that in spite of the frequent use of earth for abscesses, cases of tetanus are very rarely met with in the northern parts of the province of Sind. The following is a brief description of the case:—

V. P., aged nine years, was admitted as an indoor patient to my hospital on 16th September, 1922.

*Condition on admission.*—Lock-jaw complete; even fluids could be swallowed only with difficulty. All the muscles of the body in a fixed and rigid condition, particularly the muscles of the neck, face, back and abdomen. A grin-like appearance (*risus sardonius*) was present. The upper extremities were not much affected. Complained of very severe pain on the slightest movement of the body or limbs. Convulsions almost every half hour. Temperature 101°. Passed urine twice or thrice a day; no motion for the last 10 days.

*Past History.*—About two months ago he had an abscess on the chest. A quack advised his father to apply clay mixed with water and common salt to the abscess until it burst open, and even for some time afterwards. This was done and the abscess healed up after about a month without any apparent complications. Five or six days afterwards difficulty in opening the mouth was noticed. The neck also became fixed and could not be turned. After a day or two lock-jaw was complete, and all the other muscles of the body were more or less affected. Convulsions appeared very frequently. During every

24 hours two or three extremely severe spasms were noticed. The relations did not consult any doctor, but thought the patient to be haunted by a ghost. So they brought a ghost remover, who gave him a few hard slaps on the face. But the condition became worse and cramp-like pains and very severe spasms were noticed immediately after this treatment. Even then they thought him to be haunted by a ghost. So for about ten days more they did not put him under anybody's treatment. His condition became daily worse. After twenty-two days' duration of the disease he was admitted as an indoor patient to my hospital.

*Progress and treatment.*—I at once put him on to large doses of Chloral and Pot. Bromide and subcutaneous injections of carbolic acid (2 per cent.) and a milk diet. In the meantime I ordered tetanus antitoxin, which was not locally available.

*2nd day after admission.*—The number of convulsions was reduced from 13 or 14 to only 2 or 3 per 24 hours. Same mixture and injections continued. Enema given,—several dry and hard scybala came out. Temperature 100°.

*3rd day.*—No convulsions. Could open the mouth slightly and protrude the tongue, which was very thickly coated. No motion. Urine normal. Same mixture and injections continued.

*4th day.*—Got P. D. & Co.'s tetanus antitoxin and injected 1,500 units intramuscularly. Same mixture continued. No convulsions. Could extend his leg without pain. Could open the mouth still further. Pot. Permanganas gargle. Soap water enema given and a good motion was passed.

*5th day.*—Same treatment as on 4th day. Further progress was noticed. No motion.

*6th day.*—Same treatment continued. No convulsions. Could sit with the support of pillows without any pain. Could more than half open the mouth. Very hungry. Asked for solid food, but nothing except milk was allowed, although in very liberal quantity. No motion. Calomel gr.ii at bed-time.

*7th day.*—Same treatment continued. Condition much better. Passed one motion in the morning. Very hungry. Milk diet continued. Tongue very slightly coated. Can sit without support of pillows.

There was no fever after the 2nd day.

The patient is still under treatment and progressing very favourably.

### NOTES ON A CASE OF CATARACT IN A CHILD, FOLLOWING LIGHTNING STROKE.

By Lieut.-Col. W. V. COPPINGER, D.S.O. I.M.S.

THE patient a small boy, apparently in good general health, was seen by me on 13th September, 1922, at the Out-door Dispensary, Eye Infirmary, Medical College Hospital. His history was as follows:—K. S., European male,