noticed by the nurse in attendance. The next morning, on the circumstance being reported to me, I lost no time in giving the patient an efficient dose of santonine followed later by an ounce and a half of castor oil. This had the desired result nearly 15 to 20 round worms being passed that evening. The very next morning the temperature came down to normal and in a couple of days thereafter the discharge had appreciably diminished and the general condition of the patient considerably improved. Without much medication, the patient subsequently made an uneventful recovery.

Evidently then the whole trouble was one due to presence of round worms. Three similar cases having been encountered, I have now made it a rule to invariably give a 5-grain dose of santonine, on the 4th night after delivery, followed by castor oil next morning in all my cases. The result has been quite successful, and I would recommend a general use of santonine, in parturient females on or about the 5th day of delivery as santonine apart from being an anthelmintic is also an emmenagogue.

In the case above-quoted the past history revealed the existence of recurring gastric disturbance and colicky pains at times. During pregnancy, which were mistaken for fœtal movements and no anthelmintics or purgatives were administered for fear of premature labour. In the other two cases there was nothing to show or suspect any presence of worms and the pregnancies have had a normal run. It follows then that while round worms have no specific effect on pregnancy, they have an undoubted bearing on normal puerperium.

The question then naturally arises why worms should cause a general disturbance particularly during the puerperial period. The presence of ascarides in the intestines does not seem to be in any way prejudicial to healthy pregnancy. Far from it, I am constrained to think that the pressure of the gravid uterus keeps any ascarides present confined to their abode and probably the worms themselves feel quite comfortable in their situation with a bit of sustained pressure from without. The moment that this pressure is relieved in the course of parturition, the worms begin to feel that they have now more space to roam about, and thus their sudden activity after a prolonged rest results in an accumulation of obnoxious gases which when absorbed into the blood causes an auto-intoxication simulating puerperal septicæmia. That is, however, how I explain it, though I know not if I am right in putting it so. It is likely that at least some of your readers might have been confronted with a like experience, and I should be obliged for further reference on the subject through your esteemed columns.

A SURGICAL CURIOSITY.

By L. BODLEY SCOTT, M.D.,

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I think the following is a sufficiently rare and interesting case to be placed on record.

Saimullah, a youth, aged about 20, came to Sylhet hospital on October 1st, 1912, complaining of a sinus discharging urine in his right thigh and frequent and painful micturition.

History.—He states that about two years ago an abscess formed in his thigh and burst. The hole has ever since discharged pus and urine. Lately he has had much pain in the region of the bladder and frequent desire to pass urine. This is all the information that can be got from him.

Present Condition.—He is extremely weak, thin and anæmic, and has the appearance of being in continual pain. His urine is foul and contains pus. He has a small sinus opening at the apex of Scarpa's triangle on the front of the right thigh. A probe passes upwards along the sinus through the obturator foramen just behind the ascending ramus of the os pubis into the pelvis. Here it impinges on a stone. The length of the sinus is six or seven inches. A sound passed per urethram reveals the same stone lying in the bladder. Urine dribbles from the sinus.

Diagnosis.—Doubtful. There was certainly a stone in the bladder, but the urinary fistula taking such an unusual course could not be explained. I suspected some extensive disease of the pelvis possibly tubercular.

Operation.—Wishing to explore and drain the very foul bladder I removed the stone by lateral lithotomy instead of doing the usual litholapaxy. It was about $1\frac{1}{2}$″ by 1″ in size and consisted of layers of phosphates. In the centre was a small piece of bamboo shoot about $1\frac{1}{4}$″ long and 3/16″ thick, forming the nucleus. The inside of the bladder explored by the finger seemed to be a mass of fungating granulations coated with phosphates. This deposit was gently scraped away and the bladder well flushed out. The sinus was thoroughly scraped.

Progress.—The sinus in the thigh very soon healed and gave no further trouble. The perineal wound took a very long time to close, but the patient eventually left hospital $2\frac{1}{2}$ months after the lithotomy in greatly improved health, passing clean urine per urethram and with the sinus and perineal wound both well healed.

Further history.—On careful questioning after the operation the patient said that he had fallen out of a tree and a piece of bamboo had penetrated his thigh. It was pulled out at the time and the wound first healed and then swelled up and formed the abscess.