Imperial Government can still present a united front to the world and to the League of Nations with regard to precautions in her maritime trade and on the subject of overseas communicable diseases; but the question of fraudulent drugs and chemicals is one for the consideration of the Provincial Legislatures concerned.

We believe that if the Provincial Medical Councils would bring their activities to bear on this subject, the respective legislatures could be prevailed upon to make effective provision in the law, thus rendering it possible to prosecute criminally those responsible for misdemeanours such as we have referred to above. In the meantime, although these two prosecutions have failed, they have laid bare the facts to a greater degree than was previously realised, and have served the purpose of a warning to our readers and others to resist the temptation of buying from sources other than those which they know to be reliable.

A Mirror of Hospital Practice.

RAW CAOUTCHOUC IN THE STOMACH.

By JWALA PRASAD, B.A., M.B.,

House Surgeon, Mayo Hospital, Jaipur, Rajputana.

RAMLA, a carpenter aged 25 years, was admitted to the Mayo Hospital, Jaipur, for treatment for a floating mass in his stomach, which he had first noticed six months previously. His chief complaint was that the tumour caused him uneasiness after a full meal.

On examination, it was found that the tumour disappeared under the ribs on the left side and re-appeared when the patient pressed over that region, a manœuvre which he could carry out successfully as often as required. Holding it with the hand, one could feel that the tumour was a solid, more or less spindle-shaped mass, with a fairly regular surface; about 6½" long by 2½" broad at its broadest diameter, and with no notch in its border. It was freely movable in the left hypochondriac, epigastric, and umbilical regions, without any pulsation or unusual tenderness about it. Various possibilities were thought of, but a definite diagnosis could not be made. An *x*-ray photograph threw no light on the causation of the tumour. It was therefore decided to operate on the patient.

Operation was carried out on the 16th November, 1926. The first fact noticed was that the tumour mass was inside the stomach. On making an incision into the stomach wall a blackish-green mass presented itself, and was easily delivered through the wound. It was not unlike a scybalous mass, made up of distinct masses coalesced together with whitish centres, and it emitted a highly acid odour. Chemical examination showed that the mass was of vegetable origin, consisting of starch, gums, albumin, etc. The origin of the mass however was still a mystery.

When the patient came round from the anæsthetic, he was shown the mass taken out of his stomach, and searching enquiries were made. The patient himself finally gave the right clue. He said that he remembered having previously taken the latex of the banyan tree (*Ficus Indica*), mixed with sugar, as a tonic for about two years.

This was quite in keeping with the findings, because the latex of *Ficus Indica* contains caoutchouc, and this is not affected by the gastric juice. The time factor is negligible, since such patients generally have very vague ideas of time.

The patient made an uneventful recovery and was discharged cured.

A CASE OF SYPHILITIC ENDARTERITIS OBLITERANS.

By P. A. DARGAN,

CAPTAIN, I.M.S.,

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As cases of endarteritis obliterans are somewhat rare, the following notes may be of interest.

The patient was a Madras sepoy, aged 32, with 8 years' service. Except for an attack of malaria in 1920, he had a clean medical history, and denied ever having had syphilis. In November 1926 he sprained his right ankle, and in spite of rest and treatment, continued to complain of pain in the right foot and inability to walk without a limp. An *x*-ray photograph showed nothing abnormal. He next developed two superficial ulcers on the back of the right leg. These healed fairly quickly with rest and treatment: the pain in the foot continued however, and in January 1927 he developed a septic spot on the right great toe. Moist gangrene set in and spread slowly up the toe, accompanied by irregular pyrexia.

The Wassermann test was now undertaken and gave a strongly positive result. Anti-syphilitic treatment was commenced and operation advised. After much persuasion permission for amputation was given, and this was carried out at the site of election below the knee. There was some risk in amputating at such a low level, but pulsation could be felt in the popliteal artery. the gangrene was

spreading very slowly, and with active anti-syphilitic treatment, it was considered justifiable. There was very little bleeding at the time of operation, but the wound healed well except at one point on the inner side, where gangrene supervened: this, however, did not spread; a certain amount of skin sloughed off, and that part of the wound healed by granulation.

In the amputated leg the veins and arteries were much thickened and there was thrombosis of the anterior tibial and commencement of the dorsalis pedis arteries.

The diagnosis was based on the result of the Wassermann reaction. There was no sugar in the urine, thus excluding diabetes; there was no sign of tuberculosis; thrombosis due to injury (the sprained ankle) would have developed very rapidly, and the climate is against gangrene due to cold. Raynaud's disease develops suddenly and generally affects the fingers before the toes; thrombo-angitis obliterans is most often met with in the jaws, and is not generally accompanied by syphilis.

A CASE OF GOUT IN A BURMAN.

By R. KELSALL, V.H.S., D.S.O., M.D. (Lond.),
LIEUTENANT-COLONEL, I.M.S.

THE following case is perhaps worth reporting, because—as far as my experience goes—gout is very rare amongst Burmans.

On the 3rd June, I saw a Burman, aged 40, who had very extensive signs of gout. The disease had begun five years previously with an acute attack in the left first metatarso-phalangeal joint. Since then, he has had attacks affecting most of the joints of the lower and upper limbs, especially the metatarso-phalangeal joints of the big toes. At the time of examination he had swelling of the first metatarso-phalangeal joint and ankle on the left side, and of the right metacarpo-phalangeal joint. He had very extensive tophi scattered about the fasciæ and tendons of the dorsum of the right foot and of the left foot also. He had very big tophi over both elbow joints and over the head of the right fibula, and a few scattered smaller ones in the fascia lata of the right thigh. He frequently gets tophi over the knuckles. The patient has been a fairly heavy drinker ever since his schooldays, consuming both beer and whisky, and has always been a gross eater.

AN UNUSUAL CASE OF RAYNAUD'S DISEASE.

By BALKRISHNA N. MEHTA, M.B., B.S.,
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ASGAR ALI, a Khoja boy, aged 3 years was brought to this dispensary on the 7th December, 1926, suffering from dry gangrene of the fingers of both hands. The history given was that a month previously his left index finger had swollen; then a swelling appeared on the outer aspect of the left foot; three days later the left elbow and the back of the left hand were swollen. A week afterwards purplish spots of various sizes came out all over the body. He then began to get pain in his fingers and toes, which turned blue in paroxysms. Later on, black spots appeared on the four fingers of the left hand and on the middle and little fingers of the right hand. The child had not previously suffered from any definite disease; he lives in insanitary surroundings, has a distaste for green fruits, but a liking for sweets.

Before Treatment.

The child's mother is a multipara, and her first child died when one month old. The patient under consideration is her second child. There followed two abortions, and fifteen days before the patient was brought to hospital, a female child was born.

On examination the child was found to be emaciated, pale and thin, but apparently intelligent. The head was square shaped with the frontal eminences prominent. The bridge of the nose was somewhat flat. Dark purplish spots of various sizes, which were itchy, were scattered all over the body. The tips of the ears and nose were bluish. Dry gangrene of the distal portion of the left index finger up to the last interphalangeal joint was present,