Note.—We publish this paper because at present it is only by the accumulation of such records from various parts of the country that it is possible to form an estimate of the incidence of malignant disease. At the same time such information would be more valuable if some indication were given of the total number of hospital patients and a rough idea of the population from which these cases were drawn. In spite of its sketchy nature this paper clearly shows that the part of India referred to is no more immune than the rest of the country, or of the world, from the ravages of cancer.—EDITOR, *I. M. G.*

Statistics of cancer cases from 1931 *to* 1934 *compiled by House Surgeon Dr. K. V. Subba Rao*

Cancer locality	Total number of cases	Age			Religion				Sex	
		Average	Youngest	Oldest	Hindus	Mohammedans	Christians	Anglo-Indians	Males	Females
Abdominal wall	2	37.5	30	45	2	..	..	..	2	..
Alveolar margin and jaw.	13	45.5	32	60	13	..	..	..	10	..
Arm ..	2	60	..	..	1	1	..	..	2	..
Breast ..	46	34.2	25	65	45	..	..	1	2	44
Cheek ..	26	47	30	60	26	..	..	..	18	8
Fauces and pharynx.	13	41	30	60	13	..	..	..	11	2
Glands, primary or secondary.	8	50.3	35	60	8	..	..	..	5	3
Groin ..	8	36	30	40	8	..	..	..	7	1
Intestines, large	18	40	24	50	18	..	..	..	13	5
Legs ..	3	39	22	60	3	..	..	..	3	..
Lips ..	14	47.4	30	70	14	..	..	..	11	3
Liver ..	5	41	30	61	5	..	..	..	3	2
Palate ..	52	42.5	30	60	52	..	..	..	40	12
Pancreas ..	2	45	30	60	2	..	..	..	1	1
Penis ..	52	45.3	30	60	52	..	..	..	52	.
Prostate and bladder.	3	48	40	50	3	..	..	..	3	..
Scalp ..	4	43.3	35	50	4	..	..	..	3	1
Stomach ..	10	46.6	40	60	10	..	..	..	9	1
Thyroid ..	4	43	40	50	4	..	..	..	2	2
Tongue ..	50	42.6	30	65	47	1	2	..	38	12
TOTAL ..	335	..	..	..	330	2	2	1	235	97 *

*Three cases appear to have been omitted from this column.—EDITOR, *I.M.G.*

A Mirror of Hospital Practice

A CASE OF INDIAN TYPHUS

By C. J. HASSETT
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Lady Minto Swat Hospital, Malakand

THE patient, a Hindu male, aged 35 years, was admitted into the Lady Minto Hospital, Malakand, with fever and headache for ten days and loss of consciousness for five days. His relatives stated that consciousness for five days. His relatives stated that his illness began with fever and headache and that he had been normal in every way until the present attack.

Physical examination.—He was in a state of muttering delirium. The tongue was coated, with sordes on the teeth. The face was flushed. Temperature—103°F. Pulse—130. The conjunctivæ were red and injected. Pupils reacted normally. Throat normal. He did not talk when spoken to and resisted examination.

Chest—moist râles all over; no dullness.

Abdomen—liver normal. Spleen enlarged one finger-breadth below the costal margin. No tympanitis. Constipation present for the past three days. Bladder normal.

Nervous system—corneal reflexes normal. Head retracted and neck muscles rigid. Abdominal reflexes normal. Deep reflexes brisk. No clonus. Plantar reflex normal. Kernig's sign positive.

Circulatory system—heart sounds normal. Apex beat in normal position. Pulse—135 per minute, soft and rapid.

Rash—a macular purplish rash was present which was most noticeable on the abdominal flanks, side of the chest and on the back.

It was also present on the limbs, face, palms of the hands and soles of the feet though not so noticeable in this latter situation. The macules were 5 to 6 mm. in diameter. There were no papules observed. The rash did not fade on pressure though the surrounding skin paled somewhat. With the termination of the pyrexia it began to subside and disappeared completely in six days after the temperature had been normal.

There was no glandular enlargement anywhere.

Laboratory findings.—Urine—specific gravity—1035, albumin—present, sugar—nil, casts—nil.

Blood—negative for malaria parasites. Total white cells 13,000 per c.mm. Differential count—polymorphonuclears—77 per cent, lymphocytes—20 per cent, mononuclears—3 per cent. Blood culture—negative. Widal reaction—negative. Weil-Felix test on the 11th day of pyrexia—OX2 1—1,000, OX19 1—1,000, OXK 1—50, OXM 1—50, Kahn's test +. Wassermann reaction +.

Cerebro-spinal fluid—250 cells per c.mm. Nonne-Apelt test—negative.

Treatment.—On admission a lumbar puncture was performed on account of the meningeal symptoms. The cerebro-spinal fluid was clear and came out under pressure. In all 30 c.cm. were removed. This improved his general condition in that his delirium passed off and three hours later he answered questions normally and intelligently though lassitude was very evident. Treatment, otherwise, was symptomatic. Bronchitis cleared up with the defervescence of the fever. On the fourth day, however, he developed a flaccid paralysis of the left arm. He was unable to lift the limb from the bed and could only make a weak and ineffectual effort to grasp the examiner's hand. The tendon reflexes were lost. There was no loss of sensation. He was given massage and faradism for the affected limb; on the fifth day there were signs of the power returning and by the seventh day it was completely restored though the arm was somewhat weak. Since his discharge from the hospital he has had no further trouble with it.

A CASE OF SYNDACTYLISM

By N. D. BANERJI, M.B., B.S.
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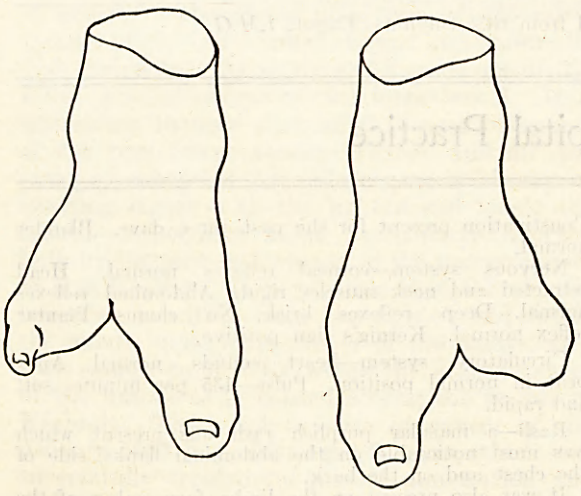
On the 24th June, 1937, B., aged 31 years, weaver, met with an accident showing a longitudinal contused wound all along the volar and dorsal aspects in one of his fingers of the right hand. As the nature of the injury was rather unusual, I examined his fingers more carefully and found that the middle and ring fingers



Right. Left.

of the right hand were joined together (syndactylism). The longitudinal wound was situated not exactly on the phalangeal bones but it was on the web between the middle and ring fingers. Seeing this abnormality I examined his lower extremities and found that there were only two toes of huge dimensions on both the feet. Such a case of syndactylism and macrodactyly is not very frequent.

USE OF PRONTOSIL ALBUM IN CELLULITIS OF THE HAND

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Officer Commanding, Post Hospital, Midnapore

L. R., a mechanic, aged 25, reported to the hospital on 22nd June, 1937, for a swelling of his left hand which was more marked in the region of hypothenar eminence. He was given four-hourly hot fomentations and the following day an incision about an inch long was made, and a little purulent discharge was pressed out. The wound was dressed with eusol and the patient was advised to attend hospital morning and evening for dressings. In spite of the incision which was made in the most prominent and dependent part of the swelling and a fairly good flow of discharge from the wound, the swelling of the hand, on the whole, began increasing.

The dressings as usual were changed twice daily and a little slough and dead tissue were removed from inside the wound but the swelling did not show any sign of abatement.

On the 26th morning the patient looked very pale and ill. The swelling had almost extended to the elbow joint and the general constitutional symptoms were very marked, with temperature 103°F., pulse 110 per minute and the local examination of the wound revealed a good deal of fairly thick slough and necrotic tissue in and around the wound, some of which was clipped by a pair of scissors, and eusol dressings were applied with a gauze drain about ½ inch deep and the patient was detained in the hospital. At the same time he was put on prontosil album 2 tablets (gr. 5 each) thrice daily after meals, *i.e.*, 6 tablets were given on the 26th.

On 27th, the patient appeared slightly better. Temperature 100°F., pulse 96 per minute. The slough inside and around the wound had softened and there was a free flow of purulent discharge from the wound. It was dressed with eusol twice and eight tablets of prontosil album were given. Bowels were constipated. He was given an ounce of liquid paraffin at night and a soap and water enema next morning.

On 28th the patient had markedly improved and the swelling had considerably diminished and it was now confined to the hand only. He was given six tablets. Temperature was normal, pulse 76. Patient looked cheerful.

He was kept in the hospital for another seven days, wound dressed morning and evening with eusol. Gradually the swelling of the hand subsided and healthy granulation tissue appeared and the wound was practically healed up by the 5th July, when the patient was discharged much improved.

Summary

A case of cellulitis of the hand treated with eusol dressings along with oral administration of prontosil album is described. It is evident that the actual improvement of the case started from the day he was put on prontosil. It is difficult to say whether the successful issue of the case was due to this agent, as the treatment was certainly combined with gauze drainage and change of dressings twice a day. But clinically it seemed to appear that possibly the timely use of this drug did considerably help in improving the general as well as the local condition of the patient. Bacteriological examination of the pus could not be made and hence the causative organism was not identified.