SPONTANEOUS EXTRUSION OF A SALIVARY CALCULUS.

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The patient, a private soldier, aged 23, reported sick on June 6, 1925, complaining of a sore throat of less than twelve hours' duration.

When first seen at 5 p.m. his condition, as described in notes which accompanied him to hospital, was as follows: "Left jaw and left side of neck swollen. Left tonsil tender and enlarged with a small white follicular patch visible. Difficulty in swallowing and speaking. Somewhat restless. Temperature 100° F. Pulse 90. A throat swab was taken and treatment as for a suspected case of diphtheria (serum, etc.) administered.

On admission to hospital, about 11 p.m. the same night, the most salient points in his condition were great restlessness and anxiety, and marked swelling of the tongue.

The patient was pale, extremely anxious and worried, very restless and continually spitting out a thin, watery, glairy fluid which trickled out of his mouth (in a fairly copious quantity in the aggregate) whenever he held his head down over a basin; unable to articulate properly and unable to give a coherent account of his symptoms. He seemed frightened of having his mouth examined.

There was great pain referred to the left side of the throat, and pain and difficulty in swallowing saliva.

The patient was unable to take nourishment by the mouth.

Externally diffuse swelling, which was very tender, was observed behind the angle of the left mandible. The patient shied away from attempts to feel it. Some degree of trismus was present.

The tongue was so swollen as to appear almost to fill the mouth, and obscuring the pharynx. It was almost immovable and intensely tender.

A whitish slough was seen in the floor of the mouth on the left side between the tongue and the gums, and extending antero-posteriorly for about an inch and a half. The patient resisted examination.

The left fauces were very swollen and inflamed, with marked oedema, and very tender. No membrane was detected, but a whitish exudate seen.

A view of the tonsils could not be obtained. Fœtor of the breath was noticed, but not marked. There was no dyspnœa. The pulse was good, full and steady. The next morning the patient was quieter, appeared less worried, but said he felt worse.

The swelling showing externally on the left side was slightly less, but possibly this was apparent only as compared with the right side where some swelling was now noted. There was less tenderness both externally and internally; otherwise the patient's condition was unchanged.

Bacteriological examination of throat swabs, both direct and, subsequently, after culture and incubation, revealed Micrococcus catarrhalis and staphylococci.
About noon the patient indicated that he felt something sticking into his tongue, and a foreign body, which on extraction was removed quite easily with a pair of forceps and had the appearance of a date stone, was found underneath the front of the tongue to the left side of the frenum, sticking into the tongue by one end, and apparently in process of extrusion. Subsequent to the removal of the concretion a small quantity of pus was spat out.

Within a few hours an amazing improvement in the patient's condition and comfort had occurred. The change was quite dramatic, and very obvious and marked.

Two days later (June 9, 1925) the swelling of the tongue had practically subsided; the tenderness had disappeared permitting free examination of the floor of the mouth.

The opening of the left Wharton's duct was widely patent, dirty and sloughy looking.

The plica-sublingualis appeared somewhat uneven and inflamed, and at the posterior end of it very small slight remains of whitish slough were seen.

There was nothing abnormal to be found in the right half of the mouth.

Absolutely nothing abnormal was found in the throat except slight congestion of the fauces, more noticeable on the left side.

There was no sign of recent inflammation of either tonsil.

Recovery was rapid and uninterrupted, the only signs remaining five days after the onset of symptoms being slight swelling still apparent externally and a few lymphatic glands just palpable, but not tender, below the horizontal ramus of the left jaw.

After removal of the stone treatment had consisted of mild antiseptic mouth washes.

A description of the stone, which has been sent to the Museum of the Royal Army Medical College, is as follows:

General appearance and shape closely resembling those of a date stone: Surface: Rough but regular. Colour: Grey. Texture: Firm and hard, not crumbling, easily broken in two by fingers with clean fracture. Length: 25·40 millimetres (approximately one inch). Breadth: At broadest part nearer one end than the other 11·43 millimetres (nine-twentieths of an inch).
Weight: 192.9 grammes (12¼ grains). On cross section shows concentric layers of deposit. Microscopical examination of a small scraping from the surface revealed an appearance resembling that of calcium salts.

The points of interest in this case would appear to be:—

1. The entire absence of symptoms even in the presence of a good-sized stone which presumably must have been growing for some considerable time.

2. The severity and rapid ingravescence of the symptoms when they did appear.

3. The apparently grave condition of the patient—contra-indicated however by the state of the pulse—within a few hours of the onset of the symptoms (such a serious view of the case was taken that the patient was reported as "Seriously ill," and instruments for tracheotomy were kept in readiness by the patient’s bedside).

4. The extreme rapidity with which symptoms subsided after passage and removal of the stone.

I am indebted to Lieutenant-Colonel K. H. Reed, R.A.M.C., Officer Commanding, British Station Hospital, Kamptee, for permission to report this case and for suggestions in the preparation of the notes.

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Travel.

JOTTINGS FROM A DIARY.

By Lieut.-Colonel C. R. L. Ronayne (Retired Pay).

Friday, December 7, 1923.—Left the Royal Albert Dock (London) about 8.30 a.m. yesterday. Light breeze from north. Unhappy and uncertain time from 11.30 p.m., blowing the fog-horn for four hours. When the fog cleared we narrowly escaped a collision with a German ship which held on and tried to cross our bow, though repeatedly warned by us. All day to-day a fresh gale blowing on our port quarter. Arrived off Dundee at 7 p.m. Rolled heavily whilst waiting and manoeuvring for the pilot, as the weather at first was too bad for him to come out.

Tuesday, December 11.—Had a look round yesterday and to-day. Dundee is a fine town, but many parts are very hilly. The place is swarming with churches, also with jute, jam and chocolate factories. The two latter are quite close to the quays, and on Sunday crowds of young ladies with high heels climbed up our precipitous gangway. I am told it is the “recognized thing” for these jam and chocolate young ladies to inspect the neighbouring big ships on Sundays.

Many of them were very well dressed. All wore silk stockings—at least, I was told so. Went to the Museum to-day—small, but quite good. Amateur