

temperature to 101.4° F., with pulse rate 100. The wound was therefore opened up and the pelvic drainage tube removed, the second one being left in position opposite a small fæcal fistula, which had formed where the incision was made in the sigmoid flexure, the gut having given way where it was sutured up with some silk of doubtful antiseptic properties, as all the prepared silk had been used up during the operation. Under this treatment patient's temperature soon became normal, and the fistula rapidly becoming closed with granulations, the wound also healing by second intention. The patient passed a well-formed motion six days after the operation, and is now able to take solid food. He has rapidly put on weight, and has always been in the best of spirits.

The growth was sent to the Army Pathological Department in London, from whence the following report was received :—

“Examinations of sections of this growth point to its being of a sarcomatous nature, the cells being chiefly of the spindle shape. Sections of one of the neighbouring glands showed one or two areas in which a similar sarcomatous infiltration appeared to be commencing. The bulk of the glands was healthy.”

I should like to add that much of the success of the operation was due to the kind assistance I received from Captain Challis, R.A.M.C., and Captain McCullum, R.A.M.C., to whom I feel much indebted.

SHORT NOTES OF SOME UNUSUAL CASES.

BY LIEUTENANT-COLONEL G. F. GUBBIN.
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MALINGERING.

“*Conjunctivitis*” *Caused by the Use of Nitrate of Silver.*—A soldier was under treatment for what appeared to be simple conjunctivitis; various remedies were used for its cure, but no improvement followed. On a certain Sunday morning I everted one of the lower eyelids, and saw on its inner surface an appearance which I thought was caused by lunar caustic. I caused the man's bedside table to be searched and a piece of lunar caustic was found in it. The man was tried by court martial for malingering and was rather severely punished.

“*Jaundice*” *Caused by the Local Application of Tincture of Iodine.*—At the time when his unit was under orders to proceed to another station in the colonies, a non-commissioned officer reported sick one morning, stating that he was suffering from jaundice; he exposed the front of his chest, the skin of which was of a yellow colour. On further examination I found that his conjunctiva was normal in appearance, and that the yellow discolouration of the skin was limited to the front of the chest; further, it was, to a certain extent, removable by washing, and, in fact, he had simply painted his chest with tincture of iodine. I had then to decide

whether to report the man for malingering, or to let him off with a caution. I took the latter course, after consideration, because he had a wife and eight children, and, I was informed, was in pecuniary difficulties. His was a very silly attempt at deception, and I felt rather sore that he should think me foolish enough to be so easily deceived.

"Gonorrhœa" Caused by Soap.—Some years ago, when in a station where orderly duty included a visit to garrison cells, prisoners there would, from time to time, report sick with "gonorrhœa," and, in consequence, were admitted into hospital. As there was no possibility of the disease having been contracted in the usual way, suspicion was aroused, and at last one of the prisoners was caught red-handed. On examining a man at the usual visit, a piece of yellow soap was found to have been placed in the fossa navicularis, and remaining there set up an acute urethritis. The discharge which resulted was copious, and in no respect distinguishable by the naked eye from that of gonorrhœa. Punishment of the offender, thus exposed, was successful in preventing the occurrence of further cases.

ERRATIC CHANCRES.

Chancre at the Anus.—A young soldier was admitted into hospital with enlargement of the lymphatic glands in both groins; he was looking rather anæmic and ill; there was no cause to be found on the genital organs. Some days afterwards, a more extended examination was made, and a chancre was found at the anus. The attack of syphilis which followed was very severe. The man now made a confession of misconduct, with the result that both he and another man were discharged from the Army, "their services being no longer required."

Chancre on the Finger.—The history of this case was as follows: A blister appeared on the palmar aspect of the right middle finger, after playing tennis; this was treated by simple remedies, but did not heal, and an ulcer formed which got gradually larger; he then applied for treatment. On examination, a circular, superficial ulcer was found, with some enlargement of the lymphatic gland at the elbow and of those in the axilla. Local treatment was applied, but after some time had passed there was no improvement; the specific nature of the sore was now suspected and it was dressed with a mercurial lotion, with the result that distinct improvement shortly began. After the usual interval a secondary syphilitic eruption appeared on the skin, and ulcers formed on the tonsils and soft palate; the usual internal remedies for syphilis were then commenced. The attack was not a severe one, and when the patient left the station he was making very favourable progress towards cure. How this chancre was caused remained a mystery. It was not denied that contagion had been risked in the usual way, but there was no evidence whatever to indicate how the palmar surface of a middle finger became the seat of infection. Hutchinson states that "erratic chancres, or

chancres on other than the parts usually affected, are much more common than is generally suspected." And further, "although in a few instances erratic chancres may result from immoral practices, yet it may be held that in a vast majority of cases they are matters of accident, and imply no fault whatever in those who suffer from them."

A "SPECIAL" ENLISTMENT.

Whilst in India, a man who was about to join the Army Reserve came to me to be medically examined as to his fitness for the Calcutta police. On inspecting his Medical History Sheet I found that he had been enlisted as a "special," as he was an inch under the chest measurement required at that time. This man was of very good physique and the champion light weight boxer of India of his time.

A CASE OF TRISMUS.

In India a woman came to see me complaining that she was unable to open her mouth, except to a very limited extent. On making an examination I found such to be the case; she did not complain of any other symptoms; she gave no history, except that the closure had come on gradually, nor did she look particularly ill. I examined her mouth, as far as possible, and saw that the lower wisdom teeth had not erupted (although she had passed the age of their usual appearance) and that there was fulness of the gums in the wisdom tooth region. As there was no further history I made a diagnosis of trismus due to reflex irritation. Finding that she did not improve, and knowing that I was ignorant about what she and her husband supposed was the cause of the mischief, and not wishing to enlighten me, the latter called on the Civil Surgeon of the station and told him their story, which was to the effect that the woman, finding herself pregnant, and not wishing to have another child, had called in a native midwife, who had procured abortion by instrumental means. The Civil Surgeon told the husband that it was his duty to make me acquainted with all the facts (which was done), after which we had a consultation on the case, but found no signs whatever of injury or disease of the uterus or passages. Recovery was gradual, but in the end complete. Whether the trismus was caused by local irritation or was due to instrumental abortion could not be determined with certainty, and our opinions differed. Personally, I continued in the belief that the ailment was a local one, for I cannot conceive it possible for septic matter absorbed from an injured uterus to have caused simple trismus without any other symptom of tetanus whatever.

INSANITY CURED BY AN ATTACK OF ENTERIC FEVER.

A man was in hospital for insanity (religious mania), and he had appeared before an Invaliding Board, which had recommended his transfer to Netley. Whilst awaiting a passage home, he was attacked

by enteric fever and went through a very severe illness. On recovery from this he was found to be no longer insane, and had quite lost his delusions. When convalescent he was sent home. Some time afterwards, on my return home, I met this man in the street; he was in robust health, and stated that he had been detained only a short time at Netley, and that since his discharge he had always been in good health, and was in good employment in Woolwich Dockyard.

TREATMENT OF CHOLERA BY THE INFUSION OF NORMAL SALINE SOLUTION INTO THE SUBCUTANEOUS TISSUES.

Four years ago, in India, three soldiers were attacked with cholera within a few hours of each other. The first case was treated with the usual remedies, and ended fatally within a few hours, and I felt that what we did for him had little effect on the symptoms. On the admission of the second case I, having in the meanwhile contemplated how the disease ought to be attacked, decided to infuse normal saline solution into the subcutaneous tissues, with the object of replacing the enormous discharge of fluid from the circulation by the evacuations. For this purpose the reservoir of an irrigator apparatus was hung on the pole of the tent in which the case was treated, and a large-bore hypodermic needle was fixed into the end of the indiarubber tube connected with it; the needle was passed into the subcutaneous tissue in one of the armpits and the solution allowed to run in until the skin was distended to the size of a small orange, when the needle was removed and inserted into the opposite axilla. During the treatment the hypodermic needle was changed from side to side, by the time one axilla had become full the fluid from the other had become absorbed. Notwithstanding this treatment, the second case also died, but made a better fight for life than the first. I believe this man died because we began the saline treatment too late. However, it was not long before we had another case, and directly the diagnosis was certain, saline infusion was commenced and the man recovered. All the cases were equally severe; they occurred within a few hours of each other, and got the microbe, in all probability, from the same source, viz., the coffee shop. My reasons for this conclusion were as follows: the men were abstainers and regularly used the coffee shop; they had not been recently into the bazaars; the coffee shop was infested by rats, which came to eat the portions of food left overnight for consumption next day, and which were not kept in a safe or otherwise protected. The place was cleared of rats, food was ordered not to be kept overnight, and proper covers obtained for substances which had necessarily to be kept. There was no further case of cholera during my stay in the station, nor had I another chance of testing the saline treatment during my tour in India.
