one hears that the serum treatment of plague in India has proved a failure. Its great expense is an undoubted drawback to universal use; the amount administered to me cost over £3.

Last, but by no means least, as a fitting wind-up to this egotistical discourse, the thought of the great kindness and attention received from my brother officers who looked after me so well, and the skilful nursing bestowed on me, a debt is contracted which will never be sufficiently repaid. My profession, however, gives a better chance of returning their kindness to some other unfortunate beings—I trust never in a like manner to them. I hope those readers of this article who prefer a bald statement of medical facts instead of a storyette will be a little lenient and less critical to the account of one who, naturally, being himself the victim, must find it somewhat morbid and painful. Let the many grammatical errors and the lack of concise and experienced medical knowledge be put down to the effect of the plague toxins on the cerebral centres. I hear rumours of a board, and must say there is a longing for home, a walk down Piccadilly and the scent of the dear old London street.

L. V. T.

FOREIGN BODY IN THE STOMACH.

By Major F. W. Begbie.

Royal Army Medical Corps.

Private T., East Surrey Regiment, was admitted to the Station Hospital, Mhow, Central India, on May 26th, 1907, complaining of inability to swallow his food and of a feeling of suffocation at his meals. He gave a history of having swallowed a fish bone some six months previously, which stuck in his throat, and was only released through the help of a comrade. Since this incident he has suffered at times from the above-mentioned "feeling of suffocation and inability to swallow solids."

With a view of ascertaining whether or not there was a stricture in his oesophagus, I obtained a whalebone probang from the capital case, having a sponge at one end and a coin catcher at the other. I joined together the two pieces of the instrument and tested its bending capacity. I then soaked the sponge in glycerine and standing behind the patient, so as to straighten his oesophagus, proceeded to gently push the instrument towards the stomach. This was accomplished with little difficulty, and I felt the sponge pass the cardiac valve and enter the stomach. I then told the patient that his fears of a stricture of the oesophagus were groundless and proceeded to withdraw the probang, when, to my intense horror, it broke just below the middle silver joint, leaving the sponge end and 7 inches of whalebone inside the patient.

Grasping the seriousness of the situation, preparations were made for instant gastrotomy. An emetic of tinct. sulph. was tried; but I thought
this would fail, as the sponge end would only swell out more. I sent for the Senior Medical Officer, Lieutenant-Colonel S. Westcott, C.M.G., and Captain Hudleston, R.A.M.C., to assist, and in less than an hour after the accident, with the assistance of the Senior Medical Officer, I performed gastrotomy and removed the sponge-end of the probang from the abdominal wound. An incision parallel to the cartilages of the ribs was used, the rectus muscle split so as to make a valvular opening, should such be required, and the stomach drawn into the wound in the usual way.

Patient has made a good recovery up to date, ten days after the operation, and is now eating boiled fish. The probang, on examination of the whalebone of the broken ends, was found to be very dry and brittle, evidently due to the heat of the Indian climate. It has been sent to the War Office, with a view of ultimately finding its way to the new Royal Army Medical Corps Museum at the College, Millbank, to serve as a warning to all future members of the Corps, as to the effects of climate on whalebone.

DISSEMINATION OF ENTERIC FEVER BY MEANS OF THE URINE.

By Colonel W. J. Rainsford, C.I.E.

A good deal has been said on the above subject as regards ambulatory cases of enteric fever disseminating the disease in the vicinity of camps and barracks, but I believe I am right in saying that less stress has been laid on the possible, or even probable, spread of the disease by means of cases discharged from hospital "cured." The latter must be my excuse for a few notes on a case of enteric fever in St. George's, Bermuda, that seems to me an instructive one.

Private S., 2nd Hants Regiment, aged 22, was admitted to hospital on November 22nd, 1906. The case was a more or less ordinary one of enteric fever attended with a relapse. He developed spots on the abdomen on or about the tenth day, and had some diarrhoea during the first period of pyrexia, after which his bowels were constipated. Widal's reaction could not be got on admission, but a 1 in 50 + result was obtained the twenty-fourth day of the disease. The temperature became normal on the twentieth day, and remained so up to the thirtieth day, when he had a relapse, which lasted to the forty-sixth day of the disease (January 3rd). During this relapse there were no untoward symptoms, except that his constipation was obstinate and required more or less frequent enemata. From January 4th, 1907, his temperature remained normal, and he was allowed up on January 16th, when he was found to have lost 2 stone 2½ lbs. since admission to hospital.