A SERIES OF CASES OF PAROTID TUMOUR.

[WITH SPECIAL PLATE.]

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The following cases were reported by me at the meeting on June 20th, 1912, of the Bombay Branch of the British Medical Association, but as there was a full account of one such case reported in the JOURNAL of June 8th from China I think these, with the accompanying photographs, may be considered of sufficient interest to be published in the JOURNAL.

They were all operated on by me at the Jamsetji Jeejeebhoy Hospital, Bombay, and all recovered without any troublesome symptoms. The four operations were all performed under chloroform, and the dragging and weight of the tumour in no way caused difficulty in its administration. During the removal of the tumour very little difficulty was experienced, and afterwards the main trouble was that nearly all the veins required ligature, the walls being too thin to stand torsion, and if only clamped were liable to restart bleeding when sponged. The amount of skin that needed removal was more than one would have expected at first, and owing to only a small piece having been removed in the first case there was some bagging and collection of serous fluid which delayed healing till it could be drained away. The duration and the weight of the tumour had completely destroyed the elasticity of the skin, and the amount of stretching it had undergone is well shown in Fig. 2 by the distance between the pores.

The clinical history was much the same in all; one had existed for forty years, two for ten, one for five. The growth of the tumours had been slow and even, except in No. 3, which had spurted the last year. The tumours were painless, not tender, freely movable, and the skin was only adherent in places where cauterization and then healing had taken place; but the skin in all showed where cauterization as applied by the native Hakims had been tried. One man came from Ratnagiri in the south, one from Poona in the east, one from Surat, and one from Cutch in the north. They were all Hindus and males. They gave their ages as 48, 40, 35, 25. Two, at all events, confessed that the reason they wanted operation was that they were waiting to get married. Their clinical history and description was practically the same, and the naked-eye section did not reveal much difference, some being more nodular both on the surface and on section than the others; very few, and small, cysts were found in all. No glands were found enlarged in any case.

A portion of each growth was sent to the pathologist of the hospital for examination, with the statement that it was part of a parotid tumour. His report, however, showed very considerable difference. No. 1 was stated to be perithelioma; No. 2, endothelioma; No. 3, round-celled sarcoma; No. 4, myxoma—a mixed tumour. No. 1 weighed 7 lb. 3 oz.; No. 2, 5 lb. 4 oz.; No. 3, 6 lb. 8 oz.; No. 4, 2 lb. 12 oz.

This series seems interesting on account of the large size of the growths, and the fact that they should come from north, east, and south within a period of six months.

PROFESSOR BLANCHARD reported recently to the French Academy of Medicine the occurrence of a tapeworm in man previously known as infesting the orang-utang only. It was passed by a girl aged 8 in Mauritius. It belongs to the genus *Bertia* (now *Bertiella*) formed by Professor Blanchard in 1891 to receive two cestodes of the anthropoid apes, *B. studei* of the chimpanzee, and *B. satyri* of the orang-utang. Apart from the interest of the communication due to the addition it makes to the ever-growing list of human parasites, it raises a curious point in zoological distribution. This parasite has now been found on opposite sides of the Indian Ocean, in the ape in Borneo and in man in Mauritius, and so far in these localities only; but Professor Blanchard points out that this is not a solitary instance of the wide distribution of a cestode. *Davainea madagascariensis* (a parasite of man) first identified in the Comoro Islands north-west of Madagascar, has also been found by Leuckart in Siam, and by Daniels in British Guiana.

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CHRONIC ARTHRITIS:

THERAPEUTIC EVIDENCE OF THE INCIDENCE
OF STREPTOCOCCAL INFECTION.

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It is a commonplace that accurate bacteriological diagnosis is essential to the successful treatment of bacterial infections by specific therapy. Yet in many cases this diagnosis is so difficult that it is abandoned, and frankly empirical methods of bacterio-therapeutic treatment are adopted, with necessarily variable results; still, some information of diagnostic value may be gathered from the results obtained in a series of empirically treated cases.

In practice, bacteriological diagnosis for therapeutic purposes is made by direct or indirect methods, or a combination of the two. The direct method consists in the recovery of bacteria of known infective nature, such as the *Bacillus tuberculosis*, from any part of the body, or of bacteria of any kind from sites normally sterile, such as the blood stream or the joints.

The indirect methods consist in the estimation of "reactions," either "immunity reactions" or "constitutional reactions." The "immunity reactions" depend on the power of the tissues to elaborate antibodies to any foreign albuminous substance introduced into them which is capable of solution in the body fluids. The antibodies are produced in excess of the amount required to neutralize the foreign substance, and the residue passes into the blood and can be demonstrated by suitable methods in the drawn blood serum. The bactericidal, bacteriolytic, or agglutination reactions are those most generally available. The opsonic reaction is similar, but presents certain differences.

The "constitutional reactions" depend on the peculiar sensitiveness of a person suffering from certain specific diseases to inoculation with minimal doses of the infecting organism or its products, a rise of temperature and local signs at the site of inoculation occurring in a susceptible person which do not arise in healthy people; this is the basis of the various tuberculin tests.

These two methods are applicable to infections with bacteria of known virulence, and are comparatively straightforward procedures, but much of the difficulty in bacteriological diagnosis is due to the fact that many organisms are only potentially infective, since they are constantly present on the mucous surfaces of quite healthy persons as harmless parasites, and only occasionally give rise to disease. When definite pathogenic bacteria cannot be found, organisms of potential infectivity may be taken from any breach of surface or from one of the mucous membranes, and the immunity reactions of the patient's blood may be investigated. Instructions to carry out these tests so often turn out to be a counsel of perfection, that treatment is frequently invited with a general recommendation to do the best one can.

To do this it is necessary to hazard a bacteriological diagnosis on clinical grounds, and in these circumstances it is as well to give a guarded prognosis, nevertheless the clinical diagnosis of some bacterial infections is made every day with tolerable accuracy. Such a diagnosis, however, can only be made on the strength of numerous previous observations, in which a group of symptoms and physical signs have been demonstrated by recognized bacteriological methods to be constantly associated with a certain infection. Any bacteriological evidence, therefore, which associates a disease of obscure causation with a definite infection is an addition of some value to the knowledge of the etiology of that disease.

In reviewing the indirect methods of bacteriological diagnosis, mention was made of "constitutional reactions," meaning general and local disturbance set up in susceptible subjects by small doses of bacterial substances. Another form of constitutional reaction is complete or partial recovery from a given disease under treatment by specific antibacterial methods, but since diagnosis should precede treatment this method is not available for purely diagnostic purposes. However, the records of results of similar cases treated empirically by the same specific remedy afford

PAROTID TUMOURS (PROFESSOR A. STREET, I.M.S., BOMBAY).

CASE I. Hindu, aged 48. Tumour had existed since childhood. Weight, 7 lb. 3 oz. Perithelioma.

CASE II. Hindu, aged 35. Weight, 5 lb. 4 oz. Ten years' history. Endothelioma.

CASE III. Hindu, aged 40. History, 5 years. Weight, 6 lb. 8 oz. ? Round-celled sarcoma.

CASE IV. Hindu, aged 25. Weight, 2 lb. 12 oz. Ten years' history. Myxoma.