

Correspondence.

PHYSALOPTERA LARVÆ IN THE PERITONEUM.

To the Editor of "THE INDIAN MEDICAL GAZETTE."

SIR.—Major Milne ends his interesting article in the September number of the *Indian Medical Gazette* by asking me to account for the presence of *Physaloptera* larvæ in the peritoneum. As Major Milne states, I received from him for identification a piece of peritoneum from a squirrel containing a number of cysts in each of which lay a *Physaloptera* larva; and shortly afterwards some adult members of the same genus from the stomach of a cat. The normal habitat of the adult members of this genus is the lumen of the alimentary canal, usually of the stomach, of Carnivora. Regarding the development, I have by me no book of reference in which this is described, so that it is merely conjecture to say that I believe this genus to follow the line of development of some other genera of nematodes, and to have two hosts, as distinct in their relations to the development of the parasite as are the two hosts of the strobilus and cysticercus of an ordinary tape-worm. That is to say, the products of conception of the adult worms pass from the alimentary canal of the primary hosts into the outer world; and the larvæ, reaching and penetrating the secondary host, come to rest and encyst in some suitable part, in this case the peritoneum. Development would cease at this point, unless the affected portions of the secondary host were devoured by a suitable carnivora; but when in this way the larvæ have reached the stomach of their primary host they will develop into adults.

I should like to take the opportunity to state that I shall be glad to identify, to the best of my ability, all worms sent to me, and that I shall deem it a favour to receive them. The last applies even in the case of the commonest worms, as will, I think, be evident when I add that in the case of the last prisoner treated in the local jail for ankylostomes, out of 32 worms recovered 31 were *Necator americanus* and only one was an *Anchylostoma duodenale*. The average proportion here seems to be about 1 of the former to 4 of the latter, but the absolute percentages and the case percentages remain to be worked out for these worms, so far as India is concerned; and I should be glad to receive material from other parts of India to help in doing so.

I desire to add a word on the methods of preservation. Nematodes are best killed by hot spirit, because, if dropped into this alive, the worms stretch themselves out straight at the moment of death, and can be rolled round between cover and slide, and examined from all aspects. The spirit should be of the strength of 70%, which for all practical purposes is made by mixing 3 parts of rectified spirit with one of water; it should be raised to the boiling point in a test-tube or other convenient vessel, and should then be taken off the flame, and as soon as bubbles have ceased coming off, the worms should be dropped in one by one. They should not of course be dropped in while boiling is actually going on, nor should the fluid be raised again to the boiling point while worms are still in it, or bubbles will form inside them, and bursting them, render them more or less unsuitable for examination.

I am, &c.,
CLAYTON LANE,
Major, I.M.S.

DENGUE FEVER.

To the Editor of "THE INDIAN MEDICAL GAZETTE."

SIR,—I shall be highly obliged if you will kindly allow a small space in your esteemed journal for the few lines on Dengue Fever which may interest your readers.

Probably it was about the year 1902 an epidemic outbreak of Dengue Fever occurred (which is common in Lower Burma). I was then in subordinate charge of the European wards at the Rangoon General Hospital and had ample opportunity to watch the course and progress of the malady, specially of the different types of rashes which I noted down carefully. If I remember well, more than one hundred cases came under my observation, but I did not meet with such a case as that treated while I was doing duty at the Thayetmyo Hospital in 1910.

The patient was a Burmese girl, aged 7 years, of higher class. She was brought into the hospital on the second day of her illness and was treated as an out-patient by the assistant-surgeon. I saw that her body was covered with urticarial eruptions.

About 2 or 3 days after this I was called one evening to attend her.

The history shows that about 2 days previous to her attendance at the hospital, she was playing with her play-mates, she suddenly felt a severe pain in the knees and could not walk, so she was carried home by her parents who thought that the child might have met with an accident. On the same night she had high fever and on the morrow her body showed the rash as previously mentioned.

Rashes—Initial—commenced to appear on the second day in one crop and disappeared on the third day. They were not itchy at all.

Terminal.—I found her body was covered with diffused Erythema; this, I was told, started on the evening of disappearance of the initial rashes. The erythema commenced from the upper part of the body (from the clavicular regions) and extended downwards as far as below the knee-joints and on the upper extremities as far as the back of the fingers. The head, face, legs, feet and palm of the hands were free from any rash.

As the Erythema began to fade away by becoming darker in shade, the discolouration stopped and the desquamation started in the same way from the starting places. Scales came off in large patches, very thin and dry with minute holes, resembling "Pin holes" desquamation of Scarlet Fever as stated in the text books.

Temperature—Ranged from 102° to 104° till the sixth day of attack; on the seventh day went up to 105° which persisted for next four days, i.e., a day or two after the Erythema had set, reducing one or two degrees for a short period. Cough now increased and a small patch of pneumonia at the base of the left lung developed. On 11th day T. came down by crisis and fell to 97°. Resolution began in the lung. Inflammation of the tonsils and the lymphatic glands took a favourable turn and she was cured within a few days. The treatment was adopted according to the symptoms which prevailed.

Remarks.—Had I not known that Dengue Fever was prevalent in the town, this case might have been confused with Scarlet Fever or Measles, but then, Scarlet Fever is unknown in this country, at least I have not seen any case. In Measles one finds the running of the nose, injection of conjunctiva, etc., and the rashes do not desquamate in such a manner as described above.

This troublesome, though not dangerous, malady plays an incongruous part amongst the diseases accompanied with rashes.

I beg to remain,
Sir,
Your most obedient servant,
U. N. DEY,
Sub-Assl.-Surgn., Civil Hospital,
Tharrawaddy, Burma.

"EMETINE AND TROPICAL DIARRHŒA.

To the Editor of "THE INDIAN MEDICAL GAZETTE."

DEAR SIR.—During the past three years there have been in this district a considerable number of cases among Europeans of a kind of diarrhœa which closely resembles Hill Diarrhœa. It is characterised by pain and distention of the lower abdomen, dyspepsia, large, white, liquid and often frothy stools passed mostly in the morning, loss of appetite and weight.

Treatment: this was unsatisfactory, no drug seemed to have any effect. Santonin, mercury, and the so-called intestinal antiseptics all failed; a milk diet when rigidly followed resulted in a slow recovery after several weeks, sometimes months; several cases went about their work on a milk diet, the disease wearing itself out gradually while the patients remained below par for several months after apparent recovery. The cases generally occurred in the first half of the year.

Some weeks ago I had a severe case under my care, a strong young planter who had all the above symptoms. Though spruce and Hill Diarrhœa are not supposed to be amoebic diseases, the extraordinary potency of emetine recently demonstrated by Major Rogers, I.M.S., suggested its use in this case. Emetine Hydrochloride grain $\frac{1}{2}$ was administered hypodermically in the abdominal wall twice on the first day, and $\frac{2}{3}$ grain on the morning of the second day. Milk diet continued. The patient found the pain of the injection trifling though tenderness remained at the sites of injection for several days.

The result was good: the second injection was on the 11th September. He stated that he felt distinctly better after the injections; had only one stool per day, semi-solid and a tinge of returning bile; on the 13th the stool was