

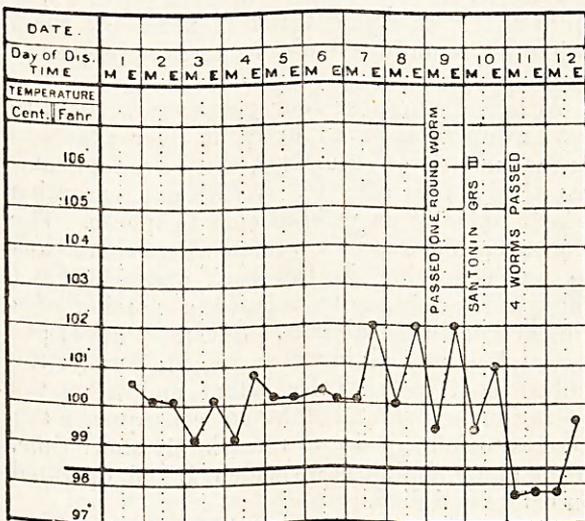
there was no colic or tympanites, his temperature 99.4 and his tongue clean. Next day the temperature was normal with a slight evening rise. On the 14th day he again had some abdominal pain—3 grs. Santonin were again given and four worms passed on the evening.

After this recovery was uneventful, no more worms being passed. This man's blood gave a positive Widal Reaction of 1 in 50—and he was diagnosed enteric fever. I should have been more convinced had I been able to cultivate the bacillus from his blood. Unfortunately I had not the apparatus convenient. I have no doubt, however, in the light of other cases I have seen, that though there may have been a specific typhoid inflammation as well, the major part of the condition was due to the presence of the *Ascaris* and when these were got rid of, the serious condition collapsed.

Case II.—In this case, which came to hospital about the same time as No. I, the condition was discovered earlier. He suffered from fever and diarrhoea on admission, but his spleen was of normal size. His fæces were examined on the 4th day and showed numerous ova. Next day he passed two worms, with severe colicky pains. Santonin 3 grs. was given in the evening and next morning he passed three worms, his temperature having fallen to 99. On the 7th day he had again colic. Santonin being given in the evening, the result being six worms were expelled next morning. After this, recovery was uneventful.

Cases III and IV.—These were admitted this year and are sufficiently illustrative. Fever and occasional colic attacks were their only symptoms. The condition was recognised in Case III

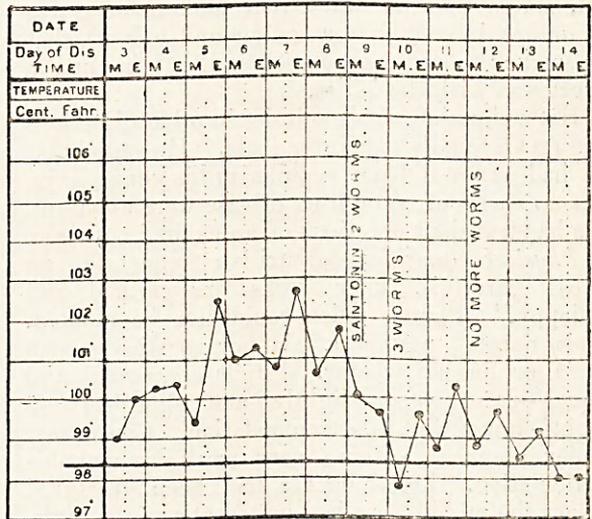
Case III.



by his passing a worm on the 9th day, next day Santonin was given, and on the following day four worms were passed and the febrile condition came to an end. In case IV the fæces examined on the eighth day showed numerous ova.

Santonin was given and the fever fell at once, though there was a slight recrudescence for a day or two. There is no doubt that a more timely recognition of the condition would have resulted in its yielding at once to the exhibition

Case IV.



of Santonin. I now make it a rule that every case admitted with fever for which there is no manifest cause, is given a dose of Santonin, the fæces of necessity being at the same time examined.

A CASE OF GENERAL PARALYSIS OF THE INSANE IN A NATIVE OF INDIA.

BY P. HEFFERNAN,

CAPT., I.M.S.,

Superintendent, Madras Lunatic Asylum.

In common with the inhabitants of Iceland and the rural parts of Sweden, Norway and Ireland, the Native of India has been credited with a complete immunity to general paralysis. This immunity has always been somewhat of a puzzle to the Pathologist; because, whereas in the cases of the European countries mentioned above the absence of G. P. I. runs *pari passu* with the absence of syphilis; in India no such relationship obtains.

Some evidence has, however, been forthcoming of late, which tends to throw some doubt on this supposed immunity. Captain W. S. J. Shaw, I.M.S., of Rangcon Asylum, reports three cases of G. P. I. in two years. Of these, one was a Madras Brahmin, and two were Burmans.*

The writer begs to bring forward the notes of a case which died in the Madras Asylum during the present year, and which case, although by no means typical—he believes to have been one of G. P. I.

* "Notes on Lunatic Asylums in Burma," 1909.

Case II—E. —, a Pariah, said to be aged 50, but looks younger, coachman; was apprehended by the police for theft, and committed to the Lunatic Asylum on May 2nd, 1909. On admission, was unkempt and untidy in appearance, excited and boisterous in demeanour, and rather amusing and jolly in conversation. Very boastful, stated that he drank four Madras measures of *arrack* daily (about a gallon and a half), that he smoked tobacco and *ganja*, and that he had a great way with the ladies.

His estimation of his abilities in other directions was on an equally expensive scale. He stated that he had suffered from syphilis in his young days, but no traces of syphilitic disease were apparent. He had transient delusions of an exalted nature.

Physical condition.—Nutrition moderate, no gross paralysis, knee jerks exaggerated and "floppy." Plantar reflex could not be elicited. Gait normal, neither ataxia nor spasticity. No facial or lingual tremor. Pupils contracted and equal—react very slightly and sluggishly to light—fairly well to accommodation. Consensual reflex absent. Nothing very marked about his articulation. Left humerus had been fractured about the middle, and had united at a slight angle.

Six months afterwards.—November, 1909.

Physical health now very poor. Knee jerks still exaggerated. Pupils markedly unequal, and light reflex completely lost, although both pupils still react to accommodation. Face smooth and expressionless—flabby and greasy. Articulation indistinct and "sloppy" or blurred.

Mental condition: Still expansion and exalted. Is subject to sudden emotional outbursts from time to time, but is rapidly becoming demented.

On 11th November, 1909, patient found in his single room in hospital, with a fracture dislocation of his left elbow joint. Was now too demented to give an account of how the accident occurred, but it must have been caused by a slip and fall, *i.e.*, very slight violence. Patient laughed loudly while the necessary manipulations for reducing the injury were being carried out. At this time there was a very general anæsthesia due to his demented condition.

Patient developed acute tuberculosis, and died, quite demented, on January 20th, 1910.

Post-mortem.—Old fracture left humerus. Much thickening and callus, left elbow. A thickening on right humerus, towards upper third. Pleura adherent both sides, and lungs in advanced state of tubercular infection. Several ribs showed evidence of old fractures.

Skull normal thickness, dura mater thickened and tough. Pilo-arachnoid opaque. Sub-arachnoid fluid turbid. There appeared to be a good deal of diapedesis from blood vessels into serous fluid, and membranes were stained in places. No clot or false membrane.

Brain shrunken and atrophied. Weighed 38 ozs. Atrophy more marked in right than in left hemisphere. Portions of brain were hardened and sections cut and stained at the Pathological

Laboratory, Madras Medical College, by Capt. A. C. Ingram, I.M.S.

The microscopic examination of motor cortex, showed general atrophy of nervous elements, vacuolation of nerve cells with loss of staining reaction in nissl bodies. There was some endothelial proliferation of the intima of the arterioles, but the most marked feature was a very general small round celled infiltration of the peri-vascular spaces, extending in places some distance into the surrounding nervous tissue.

Unfortunately no facilities exist in Madras for the estimation of the Wasserman reaction.

THE IPECACUANHA TREATMENT IN LIVER ABSCESS.

By E. MUIR, M.D.,

Mission Hospital, Katna.

I WAS surprised upon reading the discussion of the treatment of hepatitis by ipecac. in the September number of the *I. M. G.* to see that nothing definite was said with regard to the effect of ipecac. when an abscess has actually formed in the liver.

Now from cases of my own I have not the least doubt that ipecac. is also very useful when an abscess has actually occurred.

About two years ago I had a case where there was distinct fluctuation below the ribs and intense pain in the same region.

After giving a dose of 20 grains of pulv. ipecac. there was so much relief of pain that I determined to persevere with this treatment and delay operation. In three or four days the abscess had very much diminished, and in about a fortnight the liver could hardly be palpated below the ribs.

I unfortunately did not make a puncture, as I did not at the time think it necessary there being no room for doubt as to the presence of abundant pus.

Although three or four years ago we used to have as many as seven or eight liver abscesses in the month on occasions, we have had comparatively few of late. With one exception I have found them yield at once to ipecac. The one exception was in a woman where there was so much bulging in the back and side that I thought it advisable to remove a portion of a rib, and drain the abscess. Several pints of pus were taken out. I, however, kept her under the influence of ipecac. both before and after the operation, and found that in consequence the abscess dried up in a remarkably short time, while many similar cases which I had operated on before had died.

About a fortnight ago, however, I had a case which enabled me to absolutely prove the effects of ipecac. in curing liver abscess.

Bhusan, aged 18, a Hindu, was admitted having suffered for about eighteen days from a swelling and pain in the right hypochondriac and epigastric regions. On examination the