

(5) This case is of interest as bacillary dysentery is not common in these parts. This is the first case seen by me here. Other local doctors also confirm this.

(*Note.*—The above case is of interest in view of the almost universal habit of administering emetine in India in almost all cases of dysentery, irrespective of their causation. We believe that if Dr. S. C. Chatterjee would have the stools of all his cases of dysentery at Nagpur examined bacteriologically, he would find that what holds good for Calcutta, for most of India, and for the tropics generally, also holds good for Nagpur; that bacillary dysentery is some five to six times as common as is amoebic dysentery. The clinical features of the above case are those typical of bacillary dysentery.—*Editor, I. M. G.*)

UNUSUAL SYMPTOMS FOLLOWING THE ADMINISTRATION OF UREA-STIBAMINE.

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A MALE patient, aged about 60 years, came to me for treatment with a history of chronic fever, the spleen enlarged to 3 finger-breadths below the costal margin, and the liver to 1 finger-breadth. The aldehyde reaction was positive, and the case appeared to be one of kala-azar.

He received an injection of 0.05 gm. of urea-stibamine on the 23rd September 1925. There was no marked rise of temperature that day; the

urine was normal and free, but of a high colour; the bowels were normal. The next day however the patient became delirious and tried to run out of the room. On examining him I found that the temperature was 103° F.; pulse 130 to the minute and of low tension; respiration rate 40. He had passed neither urine nor faeces that day and the eyes were red and congested. I applied cold water to his head, injected 0.5 c.c. of pituitrin, and gave rectal injections of an alkaline solution, 4 ozs. at a time, repeated every hour.

After five such injections the patient passed about two ozs. of very highly coloured urine. This was acid, of normal reaction and did not contain any albumin. He now gradually became conscious.

The rectal injections were continued, and next day the temperature had fallen to 101° F.: urine was passed freely and the bowels were opened once. The urine was normal in all respects. A peculiar symptom shewn was that the patient continually dipped his face and head into water. On being questioned he explained that he felt as if

something was passing under the skin of the hands, face and head, and that the application of cold water relieved him. These symptoms persisted for some seven to eight days, during which period no further injections of urea-stibamine were given. An alkaline mixture was given orally and syrup of hæmoglobin. The symptoms wore off gradually, though there was obstinate constipation. The urine was normal.

With the subsidence of the symptoms I began injections of sodium antimony tartrate, a 2 per cent. solution, starting with a dose of $\frac{3}{4}$ c.c., and increasing it by $\frac{1}{2}$ c.c. at every fourth injection. There was no further trouble, and the fever subsided after the 15th injection. He was given a further 12 injections and then discharged cured. The aldehyde test after recovery was negative.

A ONE-MAN APPARATUS FOR INTRA-VEINOUS SALINE INFUSION.

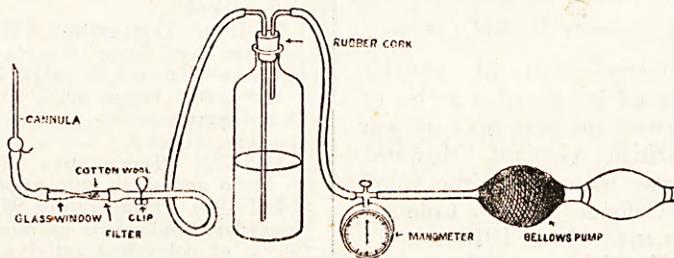
By CAPT. P. BARDHAN, M.B. (Cal.),

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THE necessity for giving intravenous saline infusion under circumstances where any assistance is out of the question prompts us to make the following apparatus known to our brother practitioners.



Description.—The apparatus consists of a four-pint bottle, marked in pints by etching the side of the bottle with an ordinary steel glass cutter. The cork is of india-rubber and is perforated with two holes. Through these holes two glass tubes are passed, tightly fitting on the same principle as in an ordinary wash-bottle. The longer tube which reaches within half an inch of the bottom of the bottle is for the cannula portion of the apparatus. The shorter tube is for the bellows air-pump and is connected with the manometer.

The cannula portion is made of a cannula, pointed or blunt, a glass window, rubber tubes connecting them together and with the bottle and a clip. The glass window is for a twofold purpose. Firstly, it is to show, when a pointed needle is used, that the needle is in the vein by noticing the flow of blood in it. Secondly, it is used as a filter to the solution by narrowing the middle portion of the glass tube and lightly stuffing the bottle-end of the tube with a piece of dry sterilised or boiled cotton-wool.