

THE OCCURRENCE OF HÆMOGLOBINURIA DURING TREATMENT OF MALARIAL FEVER WITH ATEBRIN AND PLASMOQUINE

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and

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The following case is published not with the idea of showing any causal relationship between the development of hæmoglobinuria and the combined administration of atebtrin with plasmoquine, but to point out that these drugs failed to avert an attack of hæmoglobinuria in the patient during their administration.

(1) Patient, B. K. M., had an attack of fever with severe rigors in the third week of last September while staying at the Sunderbans. He was treated with quinine sulphate which was continued up to 1st October. On this day he had another attack of fever with rigors. He then came under the treatment of one of us (N. G. B.) and was given three successive injections of five grains of quinine bihydrochloride after which the fever stopped. He had another attack of fever about ten days after the second, and was again treated with intramuscular injection of quinine bihydrochloride. After four days, he was free from fever and no further quinine was administered to him.

He was put on combined treatment of atebtrin and plasmoquine, two tablets of each being given per day. This was continued for five days. On the fifth day of treatment, he again had fever followed by jaundice and hæmoglobinuria. Next day, he had intense jaundice, the liver was enlarged and tender. There were very marked hæmoglobinuria, severe prostration and some amount of difficulty in breathing. Altogether 15 tablets of atebtrin (gr. 1½ each) and ten of plasmoquine (gr. ½ each) were given to the patient. As soon as hæmoglobinuria appeared, these drugs were stopped. The attack lasted for three days. The patient recovered and is under the observation of one of us (N. G. B.).

During the attack of hæmoglobinuria, the patient was treated with cholesterin, adrenalin chloride, alkalies, and intravenous injection of calcium chloride.

Blood examination—

3-11-32. Red blood cells 2,280,000; Hæmoglobin—32 per cent.; no malarial parasites found.
10-12-32. Red blood cell 3,910,000; Hæmoglobin 60 per cent.

The reticulocyte count was made by one of us (P. N. B.) and is given below:—

3-11-32. Reticulocyte percentage	..	7.2
5-11-32. Ditto.	..	4.92
10-12-32. Ditto.	..	4

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Tubercular iritis is as a rule to be found in association with some latent tubercular affection of the lungs, whether active or cured, as evidenced by calcareous foci at the hilus, fibrous bands, etc.

Treatment.—The treatment of ocular tuberculosis is divided into the general invigorating treatment and the complete local treatment of the eye.

- (1) Climatic and constitutional treatment in the mountains.
- (2) Tuberculin treatment—Incipient dose small, beginning with (1/100,000 mg.) and increasing up to (1/1000 mg.). The interval between the doses being from 4 to 8 days.
- (3) Light therapy by Finsen light or better Röntgen raying with frequently graduated doses.
- (4) Subconjunctival sodium chloride injections from 1 to 4 per cent. once or twice a week.

The following points are noticeable in the present case—

- (1) No hæmoglobinuria developed when patient was having treatment with quinine.
- (2) An attack of hæmoglobinuria took place when patient was being treated with atebtrin and plasmoquine.
- (3) The administration of the above drugs failed to avert an attack of hæmoglobinuria.

A CASE OF ACUTE LUPUS ERYTHEMATOSUS DISSEMINATUS

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A PARSİ girl aged 12 was admitted for an eruption over the nose, cheeks and palms; fever and cough.



Origin, duration and progress of the disease.
—The present complaint started about 1½ months back. The patient used to get (as she described) low fever intermittent in character. Along with this there was general weakness and lassitude. About a fortnight back she noticed erythematous patches over both cheeks. In spite of treatment, the eruption increased and new patches also appeared forming the typical butterfly or bat's-wing patch across the face.