

(2) There was not a heavy infection of malignant tertian or other forms of malaria parasite as one would expect in such a case and the temperature was not unusually high on admission.

(3) Complete recovery in a relatively short space of time.

A CASE OF PYÆMIA TREATED WITH SULPHATHIAZOLE

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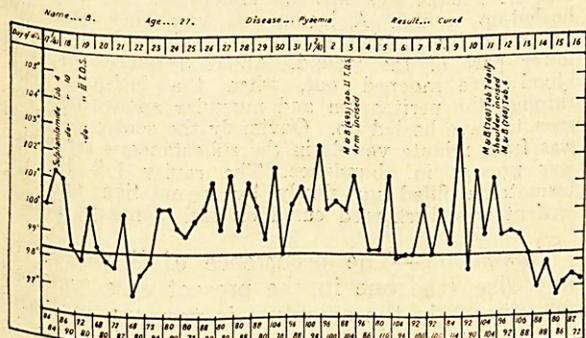
UNTIL recently sulphathiazole (M. & B. 760) has not been readily obtainable in the Indian market. In Great Britain and the U. S. A. it has been employed against streptococcal and staphylococcal infections with some success.

Paterson and Walker (1940) cured a case of osteomyelitis and pericarditis with this drug. The experimental work of Wagle, Sokhey, Dikshit, and Ganapathy (1941) in the use of sulphathiazole against plague, and of Rao and Ganapathy (1941) in its use against *B. typhosus* show that it has some effect against these organisms. These latter workers, as a result of experiments on mice (1940), believe that sulphathiazole 'is distinctly superior to sulphanilamide and sulphapyridine in streptococcal infection and is as good as sulphapyridine in pneumococcal infection'.

The following case which was diagnosed as pyæmia probably of staphylococcal origin and treated by sulphathiazole (M. & B. 760) may be of interest.

Captain B., aged 27 years, was admitted into hospital on 17th January, 1941, complaining of pain and swelling of his nose. He stated that three days previously he had picked a black-head on his nose and squeezed it. It became very painful so he called in the doctor next day who gave him tablets of sulphanilamide to take (2 *t.d.s.*). The following day he was given eight tablets but as he was slightly worse and the swelling and redness of his nose had increased he was admitted into hospital.

Previous illnesses.—He stated that in May of last year he developed blood-poisoning from septic heels after a route march. Also he had suffered from an undiagnosed fever when on leave in England in 1939.



Examination.—The patient was found to have a temperature of 101°F. and a raised pulse rate. The nose was red and inflamed and the area of inflammation extended on to the left cheek. The skin was unbroken. On general examination nothing of significance was noticed, except that he had a pigeon chest.

Investigations.—The white blood count was 8,200 per c.mm. and the red blood count 4½ millions per c.mm. The Wassermann was negative. Urine and stools normal.

Treatment.—The sulphanilamide tablets were continued in hospital for three days in a dosage of 10, 6, and 4 daily.

Progress.—The sulphanilamide did not have any appreciable effect on the course of the disease and was stopped on the fourth day in hospital. His condition became worse, but by fomenting his nose some thick discharge came away at the end of a week.

On the eighteenth day of hospital treatment a swelling of his right upper arm which had given him pain for four days was opened under local anaesthesia and thick chocolate-coloured pus was drained out. The arm was fomented, his bowels were regulated with liquid paraffin and he was given Ostomalt. In addition he was treated with sulphapyridine (M. & B. 693) for the next seven days, giving two tablets three times a day. This also had no appreciable effect on the course of the disease.

After 26 days in hospital he was given sulphathiazole (M. & B. 760) starting with four tablets the first day and 2 *t.d.s.* for the next five days. Another painful swelling had meanwhile appeared over the right shoulder and this was opened and drained of chocolate-coloured pus, as in the case of the arm. On the third day after starting sulphathiazole the patient's temperature became normal and remained normal. His general condition also improved remarkably and he made an uninterrupted recovery.

Summary

A case of pyæmia successfully treated with sulphathiazole (M. & B. 760) is described. The blood culture was sterile, but it is thought that the causal organism was probably a staphylococcus. Sulphanilamide and sulphapyridine were employed but did not have any appreciable effect. Sulphathiazole combined with surgical drainage resulted in cure.

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BLACKWATER FEVER IN THE HILLS

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BLACKWATER fever is pre-eminently a disease of the plains, where malaria is endemic, but recently a case has been encountered at Tindharia, an industrial town on the Himalayas, 2,800 feet above sea level, where indigenous cases of malaria are very seldom met with.

A Nepali boy, *æt.* 10, was admitted as an in-patient on 11th February, 1941, for treatment of a sprained elbow. He was otherwise healthy and had no other complaint till 16th February, when he was found to have suddenly passed about 6 ounces of dark urine in the early morning. The temperature was found to be 100°F. and it rose to 100.5°F. towards the afternoon. Spleen or liver was not enlarged. He complained of pain in the loins and nausea, but could retain food and drugs by the mouth. Passage of urine was free,