A COMPLICATION OF OPERATION FOR VESICAL CALCULUS.

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A CHILD, aged 4 years, was admitted to the Egerton Hospital, Peshawar, at 10 a.m. on the 23rd March 1927, suffering from retention of urine of 24 hours' duration. There was a history of painful micturition of one month's duration. On examination the bladder was found to be distended and its upper border reached to the umbilicus.

The child was anæsthetised with chloroform. On sounding a stone was felt, impacted at the internal urethral meatus, and was easily pushed into the bladder. A No. 6 catheter was passed, and the urine which was drawn off was found to contain pus. The bladder was thoroughly irrigated with hot normal saline until the returned fluid was quite clear. The stone was then crushed and was found to be quite soft and its debris was evacuated. Nothing untoward happened during the operation which took about 20 minutes and was quite bloodless.

At 4 p.m. the same afternoon the child was quite comfortable, with a temperature of 99°F, and had passed urine once since operation.

On the following morning, the 24th March 1927, the child complained of sudden pain in the calf of the right leg, which was tender to the touch, but no swelling was noticed. Hot compresses were applied every four hours. The child had vomiting, however, and had a normal stool and passed urine. At 7 p.m. he still complained of pain in the leg. The second toe of the right foot appeared to be blue and rather cold. A hot phenyl bath was ordered every four hours. The patient was restless and the breathing rather rapid, but nothing else abnormal was detected. The lungs and heart appeared to be sound and the temperature was subnormal, and had remained so the whole day.

On the 25th the whole of the right foot up to the ankle joint appeared bluish in colour and was very cold: a line of demarcation also appeared about the ankle. The temperature was 100°F, and the child was in a toxæmic state. An alkaline diuretic mixture had been given throughout since the day of operation.

On March the 26th the child's condition was worse, with a temperature of 102°F, and he was practically in a moribund state. The parents unfortunately insisted on removing him from hospital, and thus no further observations could be made on the case, but on enquiry, I was informed that he died the same evening at 10 p.m.

The child had cystitis of some standing, following on chronic irritation due to the stone in the bladder, and acute retention causing overdistension of the bladder, due to impaction of the stone at the internal urethral orifice. There was presumably simultaneous venous engorgement of the vesical plexus. Possibly some laceration was caused at the neck of the bladder when the stone was pushed inside it, with the subsequent entry of germs into the vesical veins; such microbes being carried to the right side of the heart, thence through the arterial circulation to get caught in the posterior tibial artery, with thrombus formation, occlusion of the circulation, and gangrene.

I should be grateful if any of the readers of this journal could throw any further light on such an obscure case. Further, the case causes one to hesitate with regard to the line of procedure in such cases. Is it better to operate immediately, or to be content with catheterisation and irrigation of the bladder for a few days, until the condition quietens down, and then crush the stone?

THE TREATMENT OF FILARIAL FEVER BY NEOSALVARSAN.

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THE article on the necessity for a Commission of enquiry into the filariasis problem by Sir Frank Connor in the *Indian Medical Gazette* for May, 1927, has been of great interest to me, since the disease is so common on this side of India, and any efficient method of treatment is most eagerly sought for. The following are notes on three patients whom I have treated with neosalvarsan, with encouraging results.

Case 1.—M.L.L., male Hindu, aged 29 years, used to get attacks of filarial fever with rigors, vomiting, and painful swelling of the inguinal glands on both sides, almost every month for two years. In spite of treatment the attacks became more frequent, and when he consulted me he was getting the attacks every 8 to 10 days. I gave him an injection of 0·6 gm. of neosalvarsan. Since then he has been completely free from the attacks: I have had him under observation for more than two years now, and during the whole of this period he has had no further attack of filarial fever. The glands are much reduced in size.

Case 2.—K. N. K., male Hindu, aged 28 years, was suffering from attacks of filarial fever with swelling of the right forearm and hand, and enlargement of the right epitrochlear gland. He was treated with domestic remedies for about a year and then with injections of antimony, without any improvement. After a single injection of 0·6 gm. of neosalvarsan he became free from fever and the other symptoms. A second similar injection was given a few days later. I have now had him under observation

for two years; the swelling still persists, but is much reduced as compared with its former state.

Case 3.—J. I. P., Hindu female, aged 21 years, had her left leg and foot swollen. The swelling had come on gradually and had increased to a considerable degree in the course of about three years, but without attacks of fever. About ten months before I saw her, she commenced to get regular attacks of fever every month, with rigors, vomiting, and increased swelling and pain and redness of the affected parts. The inguinal glands on the same side became enlarged and painful during the attacks. Four such attacks occurred, each accompanied by marked increase in the swelling of the leg and foot, before I saw her. I gave one injection of 0·6 gm. of neosalvarsan only; and since then—a period of six months—she has been entirely free from fever, whilst the swelling of the leg and foot has been definitely reduced.

Have any of the readers of the *Indian Medical Gazette* tried neosalvarsan in such cases, and if so, with what results? Also what are the best measures to take for the swelling which persists after the fever has disappeared?

GUINEA-WORM INFECTION; A PERSONAL EXPERIENCE.

By PRAMODRAI MOTILAL BHACHECH,

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As guinea-worm infection of the upper extremities, and especially of the eye, is rare, the following notes on my own personal case history may be of interest to the medical profession in this country. As is well known, the disease is contracted by drinking or bathing in water containing infected Cyclops, and where the same source of drinking and bathing water is used by several members of a family, some or all of them may become infected.

I first suffered from guinea-worm infection in 1908, when two worms appeared in the right lower extremity, one in the lower part of the right buttock and one in the middle of the right thigh. Both came out in pieces and caused suppuration. Later, in 1912, when in charge of the Shree Raghunath Dispensary in Pratabgarh State, Malwa, I was again attacked with the disease in the middle of the dorsum of my left foot. The worm was palpable under the skin from the left knee to the ankle, and the whole of the leg was swollen and subsequently suppurated. After an illness of about three months the worm was slowly discharged, its exit being hastened by pouring hot water over the part. With the help of my compounder, who kept pouring hot water over the part, I finally extracted the worm after some three-quarters of an hour's effort. The worm was entire, about 2½ feet in length, with head and tail. It was afterwards burnt in grass.

As I had no one to relieve me, I had to carry on the work of the dispensary as best I could, giving instructions to the compounder from my bed as to how to treat different cases.

Recently, fifteen years later, I have had a recurrence of the infection, when a worm appeared at the inner canthus of my left eye. This time the worm was a small one, only about three inches in length, and its appearance was not heralded by previous urticaria or fever, as in the two previous instances. The condition started as a simple conjunctivitis with pain, which increased until—for 48 hours—it was so severe that it was almost impossible to bear. The left cheek was swollen, and, not knowing what the condition was due to, and having a loose carious first upper molar tooth on that side, I had the tooth extracted by Dr. Romer of the Civil Hospital, Ahmedabad. I had no suspicion that the symptoms might be due to guinea-worm infection, until one day I noticed the worm beginning to extrude itself from near the supra-orbital foramen. I then kept the part treated with cold boracic compresses and the worm was delivered easily and without pain. The pain in the eye subsided the same day, and I got my first sound night's sleep for several days. There is still, as I write, some haziness of vision and a little painfulness on reading, but the symptoms are quickly subsiding.

During the last three years I was first at Dungarpur, a station in the hilly area in South Rajputana: then was on sick leave for chronic tachycardia, and for the last year have been at my home near Ahmedabad. I left Dungarpur in June, 1926, and the worm appeared in the eye in March, 1927.

A CASE OF TOXIC HEART-BLOCK DUE TO *CERBERA THEVETIA*, (YELLOW OLEANDER SEEDS).

By BHUPENDRA MOHAN ROY, L.M.F.,

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HARIA DHOBA, Hindu male, aged 22, a young Ooriah coolie, working in a jute mill, was brought to me for treatment for poisoning from seeds of *kanir* (yellow oleander) on the 17th April, 1927.

Condition of the patient.—On examination, the patient was in a semi-stuporose state and could not raise or hold up his head. The arms and legs were flaccid, and saliva and ropy mucus were flowing from the angles of his mouth. At intervals he tossed his head from side to side and threw up his arms and legs. He could not answer questions.