

to a revision of the diagnosis. As a result the patient was told about the non-venereal nature of his disease. In the light of the present findings an enquiry was made as to any previous history of acute dysentery but the patient did not remember to have ever suffered from any dysenteric disorder. He was put on intramuscular injection of 3 lac units of procaine penicillin G in aqueous solution (Crysticillin-Squibb) daily for four consecutive days, and for his conjunctivitis he was advised to use (1) normal saline to wash both eyes every 2 hours, (2) protargol drops twice daily and (3) unguentum HOF. to apply at bedtime. There was marked clinical improvement on the third day of penicillin therapy inasmuch as the patient was afebrile, his purulent urethral discharge had totally disappeared, his conjunctival inflammation was gradually clearing up but there was no apparent improvement in the condition of his inflamed and tender right knee joint. Expecting to hasten his clinical improvement, the patient was subsequently given two injections of N.A.B. 0.45 gm. intravenously on the 7th and 14th February but arsenical therapy failed to effect any appreciable improvement of his arthritis. His joint condition was his most incapacitating trouble now. He was given a course of non-specific protein shock therapy starting with bi-weekly injections of milk with iodine between the period of 20th February and 11th March. Medication during the whole period of treatment was on symptomatic lines and consisted of administration of salicylates, aspirin, etc., and local applications to the affected joint. When examined on 19th March, the patient was greatly improved and could walk about, but a very slight limp was still detectable in his gait. His treatment was discontinued and he was advised to carry on with his routine duties. When last examined on 17th April, he was found quite fit, active and normal without any residual deformity. The total period of disability from the onset of illness to complete recovery was about thirteen weeks.

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A CASE OF ACCIDENTAL PALUDRINE POISONING

By PARESH CHANDRA SEN, L.M.P.

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A GENTLEMAN working in the forest had an attack of fever. His associate advised him to take paludrine tablets two at a time three times a day. Unfortunately none of them was aware

that nowadays the manufacturers of the said drug are supplying 0.3 gm. in place of 0.1 gm. tablets. The gentleman had with him 0.3 gm. tablets, and as advised took two at a time, six tablets on the 1st day and felt nothing untoward on that day. Next day in the morning he took again 2 tablets, after that he felt some burning sensation and griping pain in his abdomen. In spite of it he took 2 more tablets in the noon and 2 in the night. As a consequence he had a very restless night, passing frequent tarry stools with intense burning and griping in his abdomen. The urine became scanty, high coloured and thick, there was burning of hands and feet and also slight perspiration over his forehead. He stopped taking further the paludrine tablets and went on taking plenty of plain water as well as liquid diet. The intensity of troubles lasted for three days even after the stoppage of the drug, and it took about a week to be free from all troubles.

The above history shows that paludrine, if taken in massive dose, can produce poisoning symptoms. The pathological state is located in the intestine only, producing irritation of the mucosa to such a degree as to cause hæmorrhage even. Simple withdrawal of the drug and plenty of water can cure the trouble.

In this connection I like to draw the attention of the manufacturers that in my practice I had been using 0.1 gm. tablets 4 times a day for several days, and do not remember to have come across any patient who complained of any intolerance to the drug. But since I have been prescribing the 0.3 gm. tablets, two tablets a day morning and evening, many of my patients are complaining of frequent loose motions together with griping pain, and as a result I had to stop it and prescribe some other antimalarial drugs for those patients.

I do not know why the manufacturers have withdrawn the former 0.1 gm. tablets. Those tablets had distinct advantages, and one could control the dosage according to the individual necessity and tolerance to the tablets. While in case of 0.3 gm. tablets one has to powder them and divide the powder which becomes unpalatable. I therefore hope that the I. C. I. Company will again introduce the 0.1 gm. tablets for the convenience of the patients.

[From the facts given in this case it is noted that the individual consumed 1.8 gm. of 'Paludrine' on the 1st day and 1.8 gm. on the 2nd day. The toxic side-effects described by your contributor fall into two main groups :

- (a) Gastro-intestinal effects.
- (b) Urinary effects.

These toxic signs agree closely with the results observed when the original research work was done on 'Paludrine'. N. Hamilton Fairley found (*Trans. Roy. Soc. Trop. Med. & Hyg.*, Vol. 40, No. 2, Oct. 1946, p. 143) that similar

effects to those described in this case were caused by dosage in excess of 1.0 gm. daily, but he remarked that these toxic effects were not serious and could be relieved by diminishing the daily dose of 'Paludrine', or cessation of therapy for two to three days.

Another report of a similar type appeared in your journal in the issue of August 1948 (Vol. LXXXIII, No. 8, p. 397) when Chakrabarti reported toxic effects (mainly gastro-intestinal) following a single dose of 1.2 gm. You then commented editorially that gastric irritation after a single heavy dose (1.2 gm.) was not surprising, and we think that your remarks on that occasion also apply to the case reported above.

With regard to the remarks about the 0.1 gm. tablets of 'Paludrine', we should explain that the 0.3 gm. tablet was introduced at the request and on the recommendation of the highest authorities, and this is the size of tablet best suited to the dosage now recommended by most authorities in this country. A full account of the reasons for introducing this new tablet was given in your issue of April 1949 (Vol. LXXXIV, No. 4, p. 180). If for any reason it is desired to give less than 0.3 gm., the tablet can be halved or quartered easily by breaking it. To facilitate this division of the tablet, we are shortly introducing a tablet having a double bisecting line which will facilitate division into halves or quarters.—J. M. Mungavin, M.B., B.Ch., D.T.M. & H. (Eng.), Medical Service Dept., I. C. I. (India) Ltd].

[We appreciate the device for divisions—
Editor, *I. M. G.*]

A CASE OF MYIASIS OF THE NASAL CAVITY

By SURJYA KUMAR BHOWMICK, L.M.F.

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On the 30th March, 1950, a tea garden female labourer, aged 34 years, came to me with the complaints of epistaxis from the left nostril, swelling, pain, irritation and gnawing sensation in the nose. The trouble had started 3 days ago with slight pain and sanguineous running from the left nostril and on the day previous to her admission she had noticed a worm came out with the discharge. The patient gave a history of similar attack about 12 years ago. She had no fever on admission.

Irrigation of nasal cavities with turpentine in warm water was performed. Forty living worms were evacuated. The nose was plugged with a piece of cotton soaked in pure chloroform.

On 31st morning pain got worse and extended in the left frontal region of the head. Swelling

and gnawing sensation increased and bleeding from the nose was continuous. No temperature. The nose was irrigated with strong solution of pot. permanganate in warm water. This brought out some 25 larvæ. The same treatment was carried out in the afternoon and 20 more worms were evacuated. This relieved her a little but she was not completely free from her pain. The temperature rose up to 100.2°F. in the afternoon. The nose was plugged with cotton-wool soaked in oil eucalyptus, and sulphonamide 2 tablets every 4 hours, 3 doses, were given by mouth. In the night the pain and gnawing sensation were so great that the patient could not sleep and passed a restless night.

On 1st April, morning temperature 98.6°F., redness and swelling increased over left lateral wall of the nasal cavity. I irrigated the nose with strong solution of pot. permanganate with chloroform water about double the strength of aqua chloroform B.P. This brought out more worms. In the afternoon the temperature rose up to 101.4°F. The pain became severe, redness, tenderness, swelling and gnawing sensation increased excessively over the nose and extended over the whole left side of the face indicating extension of inflammation through the frontal sinus and lacronasal canal. The same irrigation was continued, sulpha drug given by mouth and penicillin 200,000 units intramuscularly was given in addition. The following lotion was used for nasal drops and the nose was plugged with cottonwool soaked in it:—

Camphor 30 gr.
Chloroform 30 m.
Oil turpentine 30 m.
Oil eucalyptus 30 m.
Aqua distilled ½ oz.

On 2nd April, temperature 100.2°F. in the morning and 99.4°F. in the evening. Redness, swelling, pain, tenderness and gnawing sensation became less. Six worms had come out of her nose in the night and 10 more worms were evacuated after irrigation. Sulphonamide 6 tablets during the day, penicillin 100,000 units morning and evening, and the same nasal plug and drops were put in.

On 3rd April, temperature remained normal and all complaints diminished markedly. The same treatment was continued and no more worms came out.

On 4th April, the patient did not have any rise of temperature and felt completely relieved of her trouble. The same irrigation and nasal drops were continued for about a week, and penicillin was stopped. The patient was cured completely.

My thanks are due to Dr. F. Mohler, Medical Officer, for permission to report this case.