follow the disease from the very onset, the result has been satisfactory. In both these cases the onset was like that of typhoid fever and I was called in in the second week to look specially for Widal's reaction to enteric; the hæmolytic test was found positive and gradually the clinical picture began to take on the characteristics of kala-azar with a typical blood picture after about four months.

It is only in certain cases of severe anæmia that this hæmolytic test gives a positive reaction, and it is in these cases also that Dr. Brahmachari's "globulin test" is equally unsatisfactory.

PERMANGANATE PILLS IN CHOLERA.

By A. R. MOJUMDAR, M.B.

THE efficiency of permanganate pills in cholera is no longer a matter of controversy, and several firms have made coated pills, and are making a good business of it. While working in the cholera ward of the Medical College Hospital, Calcutta, where I had the opportunity of treating a lot of cases, both in the hospital and outside, I noticed that fresh soft pills made in the hospital gave me much better results than the imported pills—the former being less frequently vomited, or passed with the stool undissolved. The pills in the Medical College Hospital were made in my time with kaolin and vaseline and coated with gum sandarac. These pills were very much cheaper than the imported pills, which was also a matter of consideration for one who had to treat a large number of patients.

So, when I was transferred to a mufassil station, I took some soft pills with me for my use there. But, to my disappointment, in a few months these became mouldy and useless. So I started experimenting with different substances, and have at last found a coating satisfying the following conditions, *viz.* (1) the pills are softer, less bulky, and more easily soluble than the imported pills; (2) the cost of production is a trifle; (3) they keep in good condition for a very long time.

I make the pills in the usual way with kaolin and vaseline and, instead of giving them a separate coating, I keep them in a bottle containing kaolin in fine powder. The powder immediately forms a coating and, when subsequently dried, forms a thin crust. The pills are kept in the powder and used therefrom when necessary. I have been using these pills for the last three years with excellent result. Without claiming any special virtue for kaolin itself having some specific action in controlling the course of the disease as reported by Stumpf, the cost of production at least may make the process attractive. So I invite the attention of all medical men to it who have the opportunities to put my process to test.

A CASE FOR DIAGNOSIS: A DEVELOPMENTAL DEFECT OF UNKNOWN ORIGIN.

By A. J. NORONHA, M.D.,

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THE case under consideration is one of great interest. It is published in order to invite discussion in the Medical Press.

The patient, a Mahomedan, aged about 18, was admitted into my wards for fever and cough. The fever proved to be malaria, and the cough, a bronchitis that has lasted for some time. For the purpose of this paper these affections may be disregarded as they were of recent development and cannot, to my mind, have any relation to the facts that attracted my attention, which he says are of much earlier date. It must be noted, however, that the patient's statements cannot be relied upon as he is mentally very dull. A point of interest in this connection is that, being an orphan, he was not circumcised according to the tenets of his religion, although Mahomedans are very punctilious in these religious observances. He gives no history of specific disease, and this seems correct as there is no evidence of either syphilis or gonorrhœa, the Wassermann reaction being also negative. He says he used "ganja" moderately when he was working as a farmer. It is also interesting to note that he apparently disliked work and has taken up the profession of a street beggar. His state of nutrition is not very good and his development is very faulty as we shall see directly. The attached chart will show his temperature, pulse and respiration during his stay in hospital.

Routine general examination showed the following:—

Face puffy and sallow suggesting œdema, but there is no pitting on pressure.

The head flattish and the skull sloping backwards and upwards on the left side, while it is more prominent on the right.

The left extremities and left side of the trunk larger than the right.

The skin over the abdomen loose, and the muscles more flabby than those of other parts of the body. There is also an umbilical hernia.

There are marks of injury on the front of the ankle-joint and the left thumb nail. The latter scar extends to the terminal phalanx.

There is an eczematous rash on the left leg.

The skin on the whole is dry.

As regards the upper extremities the difference is not so apparent as in the case of the lower ones, and was best determined with the tape.

It is evident, therefore, that while the *face is bigger on the right side*, the trunk and limbs are larger on the left. A look at the