

on till the vital powers were sapped by the constantly recurring fever.

I would further put on record that as I have found the spores of this bacillus in well water, it would appear that this is one mode of its access to the body; it is, however, evidently so widely spread in the air that I doubt whether much is to be hoped from precautions such as boiling the water used for watering the animals, the more so as the spores resist prolonged exposure to boiling temperature. Still where "Surra" is prevalent, this precaution and the prolonged exposure of all dry fodder to high temperature should certainly not be neglected, as an accessory measure.

My research is still going on, and I hope in the course of a few weeks to be able to publish the results *in extenso*, bearing as they do both upon ague in the human subject and its equivalent in the animal hitherto known by the name of "Surra."

The relation which appears to be indicated between the *Plasmodium Malariae* and the *Bacillus Malariae* (Klebs) will be seen to be not the least interesting part of this investigation.

LUCKNOW, 20th March, 1891.

*Note.*—I have only occasionally found the flagellated organism of Vandyke Carter and only the abovementioned form of Laveran's sickle-shaped bodies, either in the blood of "Surra" animals or in that of ague of which I have examined some hundreds of specimens. Once only have I found what appeared to be the rosette forms described by Golgi.

Since the above was in print, I have obtained further evidence in support of the opinion I have formed as to the identity of the *Plasmodium Malariae* and the *Bacillus Malariae*. I am aware that this is an opinion which will be severely criticised as the *Plasmodium* has hitherto been considered as a Protozoon, but I see at present no other possible deduction from the facts observed.

## A Mirror of Hospital Practice.

### A CASE OF URÆMIC POISONING—RECOVERY.

By ASSISTANT-SURGEON PURNO CHANDRA DAS,  
In Charge of I. C. Ray's Dispensary at Maluchi.

SHOSHI BHUSAN GUHA, an adult Hindoo male, *æt.* about 35 years, by profession a patshala guru (teacher), of robust constitution, came to the Maluchi Dispensary on 5th November 1890, complaining of dimness of sight, a dull frontal headache, flashes of light in the field of vision, and other symptoms of retinal irritation. On questioning him it was elucidated that he has been occasionally getting œdema of the upper and lower limbs since two or three months, for which he took some kobiraji medicines and was now perfectly free from it, it was only two or three days since that he has got the dimness of sight. From the above history, retinitis and chronic Bright's disease were suspected, but there

being no arrangements for an ophthalmoscopic examination being made then and there, the patient was directed to come on the next day to get his eyes examined as well as to bring his urine for examination. The patient, however, did not return on the next morning; on the evening of the third or fourth day, a friend of the patient came to me and told me that the patient while washing his face in the morning fell down suddenly insensible and was getting fits. A young homœopathic practitioner was treating him for hysteria without any abatement of the symptoms, consequently he had come to me for some medicines which might cure the hysterical fits. Having been previously, though only partially, informed as to the previous history of the case, I told his friend that it was not a case of hysteria and that it seemed to me to be a serious disease, so I should first see the case and then prescribe the medicine, but the friend of the patient insisted that I should give some medicine, as he did not come to me quite prepared to take me to see the patient; so I was placed in a very awkward position to ascertain what to do, a homœopathic practitioner having been engaged previously. On a further consideration, however, I prescribed a dose of compound jalap powder and some bromide of potass in a mixture, and gave them to the man with directions to use them. Next morning the same friend of the patient came to me again and told me that my medicines had done much good to his friend, his bowels had been opened two or three times and that the fits had become less frequent, so he wished me to go and see the patient. On enquiry, I came to know that although the fits had lessened, the patient had become more unconscious, for previously the patient, as stated by his friend, would show more or less signs of consciousness during the intervals of fits, but now the stupor had become profounder and there were no signs of consciousness in the intervals of fits. So I told the friend of the patient that it was very doubtful whether I should be able to do any good to the patient, and that what he thought to be an improvement was no improvement at all, rather his friend had become worse. The man however persuaded me to go and see the patient on which I made a call and found the patient, in the following state:—Patient lying on his back perfectly insensible, cannot be roused even temporarily by calling aloud, both the eyes congested, pupils normal, but insensible to the stimulus of light, breathing normal, occasionally deep and sighing; is very restless, occasionally moaning as if from some agonising pain somewhere, no dropsy or œdema anywhere, no hemiplegia or paralysis; tactile sensibility, dull all over the body, so also is the reflex irritability, occasionally shows signs of pain on pinching, though, not readily; pulse full, bounding rather quick and hard 90°, heart beating vigorously

but not hypertrophied, the pulsation of the carotids and temporal arteries visible; temperature 99.5°F., urine scanty, surcharged with albumen, passed only twice last night when the bowels have been moved and once just now which was collected and examined; there is no delirium now, but said to have been delirious at night, which was not of a violent character; medicines are only partially swallowed; no vomiting or retching now, said to have vomited two or three times at night; no stertor in breathing yet, but the stupor is profound, seems to be gradually culminating into coma; no more stools since last night, no collection of urine in the bladder; no history of any narcotic poisoning, nor any ammoniacal smell about the patient, which is said to be characteristic of uræmia; no general convulsions, now only occasional twitchings of the muscles of the face; the forehead seems hotter than the other parts of the body, puts his hands occasionally on the forehead or scalp as if to remove something; on the whole the case looks more like that of an apoplectic fit than anything else. Dry cupping was immediately applied to the loins, and a cold lotion was applied assiduously on the shaven scalp, and considering the high tension of the pulse, the heat of head, the vigorous and forcible action of the heart, and congestion of the eyes, about 2 ounces of blood were also taken off from the nape of the neck by moist cupping. The bowels having been previously opened by the jalap powder, a mixture containing liquor ammoniæ acetatis ℥i, spirit. æther. nitric. ʒss., magnesiæ sulphat. ʒss., and aquæ ʒi., was ordered every three hours, in order to keep up a gentle action of the bowels, and to promote the secretion of the kidneys and the skin, and an exclusively milk diet was enjoined.

The effect of the bleeding seemed at first to be very satisfactory, for the patient showed some signs of returning consciousness on calling aloud but only transitorily, for the stupor became more and more profound gradually, so much so that the patient could no longer be fed by the mouth, consequently the medicines in double doses with three ounces of milk for vehicle was directed to be injected into the rectum every four hours, an intelligent friend of the patient having been taught to administer the enema. The coma having by this time further increased, I put a blister on the nape of the neck, and then left the patient with very little hopes of his recovery. On the following morning I was again sent for to see the patient, when I found him so much improved as to be able to take his medicines by the mouth, his bowels have been moved twice and he made water in his bed clothes freely. Dry cupping to the loins was again resorted to, and the same medicines and exclusive milk diet was ordered to be continued. From this day the patient gradually improved, consciousness returned on the follow-

ing morning, with abundant secretion of urine and a continuous and a gentle action of the bowels. The vigorous action of the heart ceased, the pulse became tranquil, and all the signs of a high state of arterial tension disappeared, headache, dimness of vision and other retinal symptoms, which were now understood to be only the precursors of the present illness and not due to retinitis, vanished. In short, the patient came round as a new man, quite forgetful of what had happened to him.

*Remarks.*—That this was a case of uræmic poisoning seems to be undoubted, for there were no other causes to which such an attack could be ascribed. Cases are occasionally met with in patients suffering from chronic Bright's disease, who get convulsions and become comatose, not due to uræmia, though simulating it in every respect and difficult of being diagnosed, but in such cases dropsy is always present and the symptoms are due to an effusion on the brain, which is a part of the general dropsy, while in uræmic poisoning cases dropsy is generally absent, the occurrence of which seems to be an attempt of nature to get rid of the poison from the blood by pouring out the serum into the cellular tissue. While a clinical clerk in the late lamented Dr. Chuckerbutty's wards I remember to have seen such a case with him in his private practice. The patient was suffering from chronic Bright's disease, attended with general dropsy, who became suddenly comatose and was seized with convulsions, when an eminent homœopathic practitioner was called by the friends of the patient, removing him from Dr. Chuckerbutty's care; but as the homœopathic practitioner diagnosed the case to be of uræmic convulsions and gave no hopes of his recovery, Dr. Chuckerbutty was again sent for. He came and told me that the case was not a case of uræmic coma, and that the symptoms were due to an accumulation of serum in the brain. He accordingly ordered a drop of croton oil in sugar to be put on the patient's tongue, and made a few incisions into the patient's feet, which drained off an immense quantity of fluid from the system, and the bowels having been at the same time moved briskly, the convulsions ceased, and the patient came round. In the present case there was total absence of dropsy and the symptoms could not be thus accounted for, so it is very probable that the case was of uræmic coma. I have heard some eminent physicians say that uræmic coma is always fatal, but this case shows that it is not necessarily so. Those cases which are generally fatal are, in my opinion, cases in which both the kidneys are so damaged that no treatment can make them work again, whereas cases like the one under report are of adventitious origin in which the diseased kidneys are not totally unfit to perform their functions and are only exhausted or over-

powered to get rid of an increased nitrogenous waste from the body, which supposition was borne out in this case by the patient's own story. The patient told me that contrary to the general mode of living of the Hindoos, he was a great meat-eater, more or less meat always formed a principal ingredient of his daily diet, and that a few days before his present illness he indulged much in meat diet, having purchased a gun for shooting birds and taking their flesh. That this unusual consumption of meat was the cause of his present illness seems to me most probable, the kidneys having been disabled by previous disease to perform even their ordinary work were brought to bear an undue exertion to excrete an unusual quantity of nitrogenous waste produced by consumption of an unusual quantity of meat in which they failed and consequently there was an accumulation of nitrogenous waste in the blood, which can only account for the violent action of the heart, without any febrile reaction or hypertrophy of the organ, which bye-the-bye takes place in Bright's disease for the same pathological reasons. This seems to me to be the correct interpretation of the case, and should this interpretation be correct, we should be careful how we prescribe a meat and egg diet to men suffering from diseased kidneys, which we are tempted to do for the debility and anæmic state which characterise these affections. As far as my experience goes, an exclusive milk diet is always very efficacious in these cases. I have seen dropsy to disappear, as if by magic, on the adoption of an exclusive milk diet and to reappear as speedily as any other diet is substituted. I cannot say whether milk has any curative effect on the disease, though I have seen a case decidedly cured by taking milk only continually for six months, without a single drop of medicine. That a milk diet promotes the excretion of nitrogenous waste, by its mild diuretic and laxative action, and at the same time improves the blood by its tonic effect, is an undoubted fact. My only apology in sending this case for publication somewhat in detail is to show how a rational treatment, based on scientific principles, can cure an apparently hopeless case, and what a great deal of harm can be done, or is being done, to the public by the quacks, specially by the so-called homœopathic doctors, who swarm over the country and thrive upon the credulity of the people in general without the slightest claim to a proper scientific training even in the rudiments of medicine. Their only armamentarium is a few phials of arsenicum, veratrum, and belladonna, &c., and a book of homœopathic practice of medicine, published in Bengali, with which they assert to combat with and defeat the direst of human enemies (disease). When will the public try to have the Medical Registration Act passed, as proposed by

the Calcutta Medical Society? Is it less important than the Bill for raising the age for consent?

### CASES OF HYSTERIA,

BY NIBBOWUNDAS MOHEISH, *Chief Medical Officer,*  
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1. Parvati Aditram, Hindoo female, aged thirty years, is subject to hysterical symptoms since ten years. In the beginning she suffered from mental grief on account of some disagreement with her mother-in-law. With a view to commit suicide she ate twice powdered glass, shortly after which she brought up blood by mouth for about seven days, next she passed blood with stools for four or five days, and meanwhile menstrual discharge set in. On the fifth day of this discharge she had a regular fit of convulsions and unconsciousness. She had these fits for eight days successively. Bleeding per mouth, and fits recurred after a month. Ever since she is subject to hæmorrhage by mouth preceded by pain in stomach. Her husband, who is a native Vaid, says the source of blood is not the mouth, but the stomach. She suffers also from fits or temporary loss of consciousness. The fits assume various forms, last for longer or shorter time, and recur at longer or shorter intervals. Fits and unconsciousness may occur together or separately.

Since about three years an additional symptom has been added. She gets up and walks a longer or shorter distance until progress is stopped by something in her way or until she tumbles down. While walking her eyes are kept closed, and, therefore, her gait is unsteady, as if of a drunken person. She has in this condition proceeded occasionally a few miles, and there found lying unconscious or conscious. While proceeding if she comes against a wall or some other hindrance, she falls down there, and then she regains consciousness immediately or after a short time. She may go a long distance if there is no hindrance.

This walking symptom is often preceded by slight shock of fright, but sometimes there is no such premonitory symptoms. She may go away during day-time, or she may get up from sleep and proceed. She may descend downstairs, open the door and proceed on; while in this state she is not in her senses and does not feel. She may be led from one direction to another by holding her hand and she offers no resistance. She thus escapes from the house, and is therefore kept under constant watch. During night she is restrained by being tied to her bedstead, and during day either the doors are locked, or a watch is constantly kept upon her.

Patient belongs to a respectable family. Suffers from leucorrhœal discharge since several