I gave him at once a powder containing calomel, thymol, and sodium bicarbonate, and a mixture containing adrenalin, strophanthus, and glycothymoline. Both the liver and the spleen were enlarged, and I hesitated before prescribing a routine dose of santonin.

The parents stated that the child had had occasional attacks of malaria, had had broncho-pneumonia a month or so previously, and was always ailing, with bowel complaints and the passing of mucus and of offensive stools for the previous week.

Shortly afterwards the child became violently delirious, began to scream, had to be held down in bed, refused to take any food, and remained in this state for four days. The prescriptions given above were continued. On the third day, however, a round-worm about 6" in length was passed and immediately the child's condition began to improve.

Throughout his whole illness the one hopeful feature of the case was that the child's condition remained afebrile, but on the fourth day the temperature rose to 100°F and remained elevated for 4 subsequent days. Once the fever had abated and the child was recovering, I administered santonin in fractional doses and five further round-worms were expelled. During his illness a bland fluid diet was prescribed with occasional rectal salines. Later on a general tonic was given and the patient made a slow but uneventful recovery.

A FATAL CASE ASSOCIATED WITH FILARIAL INFECTION.

By KISHORI MOHAN KHAN, M.B.,

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A HINDU male adult, aged 18, was admitted to hospital suffering from fever and rigors at 5 a.m. on the 4th September, 1926, and I was first called to see the case at 1-30 a.m. on the 5th September. I found the patient lying in a restless, semi-conscious state, irritable, with a temperature of 105°F. The pulse was soft and feeble.

On examination, the spleen and liver were not enlarged, there was no neck rigidity or head retraction, Kernig's sign was negative, and the heart and lungs appeared to be normal. The patient had given a history that he had had two previous attacks of a similar fever with rigors at weekly intervals, each attack lasting for 2 days. The last of these two attacks was 7 days previous to the present one.

The blood was taken for examination, but as this was not possible at night, examination of the films was deferred till next morning. In the meantime the temperature rose to 106.8°F, and did not come down on cold sponging. As it was impossible to examine the films at night a provisional diagnosis of malignant tertian malaria was made, and an intramuscular injection of 10 grs. of quinine hydrochloride given. The temperature then dropped to 103°F, and by 5 a.m. in the morning to 100°F.

On examining the blood films the next morning, no malarial parasites could be found, but a fair number of microfilariæ were present. At 11 a.m. the patient suddenly developed all the symptoms of severe collapse, and in spite of administration of pituitrin by injection, he died at a little later. No post-mortem examination was possible.

The diagnosis is rather obscure, but a condition of septicæmia secondary to filarial infection suggests itself. During the previous 18 years of his life the patient had shewn no symptoms of filarial infection until about 15 days prior to his death.

INTRAVENOUS SODIUM IODIDE IN GOITRE.

By A. V. J. REDDI,

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I WAS an eye-witness of the fruitful experiments conducted in the Headquarters Hospital of this district during 1924 by Lieut. E. A. Davies, I.M.D., and Assistant Surgeon Dr. P. Bell, I.M.D. (now Civil Surgeon). After taking over charge of this hospital I repeated these experiments on some patients of this subdivision and obtained good results. Unfortunately the Chins here do not consider goitre a disease at all, inasmuch as it does not incapacitate them from doing their ordinary daily work, and some difficulty is experienced in obtaining a fair number of cases for carrying out the treatment. The following cases have successfully undergone the course, and presented themselves for re-examination also as originally requested:—

Case No. 1. Shewe Lian, aged 12, Chin female, a local resident and so treated as an out-patient. The goitre was of the size of a small mango and is said to be of less than one year's duration. She received six intravenous injections, one every alternate day of six grains of sodium iodide in 5 c.c. of sterilized rain water. Re-examined on 7-12-25. Tumour had disappeared completely.

Case No. 2. Kiem Sei, aged 15, Chin female, local resident and treated as an out-patient. Goitre of the size of a big marble

and of nearly 10 months duration. Treatment the same as in case No. 1. Re-examined on 7-12-25. Swelling had disappeared completely to all appearance, but a little can be felt on pressure.

Case No. 3. Ning Lian, aged 10, Chin male, admitted as an in-patient on 16-11-25 with a soft goitre of six months duration and of the size of a walnut. Treatment the same as in case No. 1. Discharged on 29-11-25. Re-examined on 5-5-26. No trace of the gland seen.

Case No. 4. Hang Thin, aged 18, Chin female. Admitted on 16-11-25 with a goitre of five months duration and of the size of a small marble. Treatment the same as in case No. 1. Discharged on 10-5-26. The goitre disappeared completely.

Case No. 5. Gin Ching, aged 15, Chin female. Treated both as an out-patient and in-patient. The goitre was of two years duration and the size of a big lemon. Treatment the same as in case No. 1. Discharged on 30-4-26 and re-examined on 30-5-26. The tumour was reduced to nearly the size of a small marble, and may still further be reduced in a month's time.

I publish these cases to show that the introduction of small quantities of iodine into the system reduces the size of the thyroid gland in cases of recent goitre.

In conclusion I am much indebted to Lieut. E. A. Davies, I.M.D., Civil Surgeon, Chin Hill Districts, for affording me the facilities for these trials and for sanctioning permission to publish these notes.

VOMITING CAUSED BY MORPHIA: A NOTE OF WARNING.

By Y. S. ROW, L.M.P.,

Government Headquarter Hospital, Kurnool.

THE action of opium and morphine when given either orally or hypodermically is in many cases to produce a condition of irritability of the stomach and intestine. I have given it and have seen others give it with good success in many conditions due to nervous irritability of the stomach and intestine. But it is not sufficiently realised that it may induce nausea and vomiting.

Hale White in his *Materia Medica and Therapeutics* writes "With a dose of 1|2 or 3|4 gr. of morphia the skin is slightly flushed and often perspires gently, while there may be nausea or even vomiting and a transient increase of intestinal peristalsis." In another passage he writes, regarding the causation of these symptoms, "These are probably due to the morphia being excreted into the stomach and bowel and there irritating, or stimulating the neuromuscular apparatus." W. E. Dixon in his *Manual of Pharmacology* writes "A big injection of morphia may induce nausea and vomiting, and in rare cases even purging." R. Ghosh in his *Materia Medica* writes "At the outset it (opium and morphia) may sometimes cause nausea and vomiting from irritation of the gastric nerves."

From the above authorities it is evident that bigger doses of morphia may set up nausea and vomiting; but in my own experience I have known smaller doses, such as 1|4 gr. to 1|6th gr. set up nausea and vomiting, in some cases with disastrous results. One should be especially careful about giving morphia in cases after operation on the eye and abdomen, for instance. I have even seen the same thing happen when the morphia was given together with atropine, which is supposed to counteract the bad effects of the morphia.

The following two cases are illustrative;—

Case 1.—A patient admitted to a district hospital where I was working in 1920 for cataract, for which he was successfully operated on by the civil surgeon of the district. Half an hour after the operation the patient complained of very severe pain in the operated-on eye, perhaps due to the iridectomy which had been carried out. As he was very nervous and complained of the pain being intolerable, an injection of 1|6th gr. of morphia with 1|200th gr. of atropine was ordered and given. Half an hour later the patient got persistent nausea and severe vomiting set in, with the disastrous result that the eye soon filled with hæmorrhage and had to be enucleated subsequently.

Case 2.—A lady six months pregnant complained of very severe pain down the back of the thighs and along the course of the sciatic nerve, more especially on the left side. One night the pain was so severe that, in consultation with another doctor, I decided to give her morphia 1|6th gr. with 1|200th gr. of atropine hypodermically at about 2 a.m. A quarter of an hour after the injection she was much relieved of the pain and slept soundly for two hours. At 4 a.m. she was seized with severe nausea and vomiting, which lasted till noon that day. I became afraid that she would miscarry and made all arrangements to meet that emergency. Fortunately the vomiting subsided at noon, but for three days I was not satisfied that the danger of miscarriage had passed.

These are only two cases of several in which I have seen the hypodermic administration of small doses of morphia with atropine followed by nausea and vomiting. I now use morphia with the utmost caution and only in cases where subsequent vomiting may not be the cause of disaster, either directly or indirectly.