sub-type sera. One hundred and sixty-one strains belonged to the Ogawa sub-type; the remaining three strains were found to be Inaba sub-type. No 'intermediate' type was recorded during the two outbreaks. Thus, the Ogawa sub-type infections were found to predominate during the recent outbreaks of cholera in this part of the country.

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# A Mirror of Hospital Practice

## IDIOPATHIC GANGRENE OF THE SCROTUM

By D. SHAMANNA

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The following case report might be of interest in view of Mair's article on 'Idiopathic gangrene of the scrotum' and the annotation on 'Regeneration of the scrotum' published in the *Lancet*, April 14, 1945.

A Muslim, aged 30 years, was admitted to the hospital for pain in the scrotum. He had noticed pain and a patch of redness in the scrotum on waking up one morning, and applied a poultice. Next day the patch sloughed out, leaving bare the corresponding area of the testes. The condition was growing rapidly worse and the patient came to the hospital on the third day.

On admission, the patient was dyspnœic and restless and complained of intense pain in the scrotal region. Temperature 102°F., pulse 110 and respiration 25. Locally, except a little fringe at the base of the penis, the whole of the scrotum had sloughed out and was dangling *en masse* leaving both the testes bare. The discharge from the wound was extremely fœtid. The inguinal glands on both sides were enlarged and threatening to suppurate. There was no difficulty in micturition and the other systems were normal.

Facilities for bacteriological examination of the pus not being available, the condition was treated on the assumption that it was gangrene of the scrotum. Removal of the slough, frequent irrigation of the wound with warm boric lotion, dressing it with cod-liver oil and sulphanilamide powder, and oral administration of sulphanilamide improved the general condition of the patient and checked the spread of infection. On the fourth day after admission, the patient was apyrexial, pulse and respiration rates almost normal, pain considerably lessened and the swelling of the inguinal glands had subsided.

Surprisingly, with the continuance of this conservative treatment, the whole of the scrotum was reformed within five weeks.

## MALARIAL INFECTION IN THE NEW-BORN

By R. N. VERMA

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I was called in to attend a baby 4 days old suffering from fever. The baby was very restless, with frequent retraction of legs on to the abdomen, and twisting of hands and arms.

The mother gave a history of fever 2 days before delivery, but the labour had been normal. The baby had been given a dram of castor oil, and there were 4 motions; it was also given 4 doses of a diaphoretic mixture on the previous day but with no improvement in the general condition.

On examination, the temperature was 103°F., the pulse too rapid to be counted, and the respiration hurried. A blood smear was taken at once and a large number of M.T. rings were found. The baby was put on mepacrine hydrochloride 1|16 mg. every 4 hours. Next morning the temperature came down to 99°F. but the general condition deteriorated and the baby died the same evening.

Clearly this was a case of congenital malaria, as M.T. rings were found in the blood 4 days after birth, and the incubation period of *P. falciparum* is 9 to 12 days. It is widely admitted that a healthy placenta will not permit malaria parasites to pass into the fœtal circulation, but a damaged placenta will. On enquiry, I found that the placenta in this case was apparently healthy, and there was no history of injury either before or during labour. It seems possible that malarial infection may set up certain pathological changes such as hyperplasia in the placenta, under which conditions malaria parasites may pass from the mother's to the fœtal circulation.

## PAPILLOMA OF THE BLADDER IN A CHILD THREE YEARS OLD

By GHULAM NABHI, L.M.P.

A Hindu male child, three years old, was admitted to hospital with difficulty in passing urine, and distension of the bladder. The symptoms were of two months' duration. The passage of a sound failed to detect the vesical stone. *X*-ray examination revealed no stone. Symptomatic treatment gave no relief. Suprapubic cystotomy was performed, and a soft growth about one inch long was found arising from the margin of the internal urethral orifice. The bladder was closed and a self-retaining catheter was left in place. Recovery was uneventful.