Correspondence.

MALARIAL URTICARIA.

To the Editor of "THE INDIAN MEDICAL GAZETTE."

DEAR SIR,—As the following case may be of interest to the numerous readers of your esteemed journal, I request you will allow (if you can) a little space for it in the paper.

A patient, M. Kutty (Serial No. 2427), a male, aged 36 and a palm climber, was admitted into my wards for "Shivering Fever" on the evening of the 4th instant. The patient had fever every alternate day from the 31st of March. On the morning of the 3rd instant (he had fever on the 2nd instant) he noticed a few swellings on the lower part of the left side of his abdomen running in a line from the anterior superior spine of the ilium to the umbilicus. He did not mind it much. But again on the morning of the 4th instant a fresh row of swellings appeared on the upper part of the abdomen on the same side, starting from the 10th costal cartilage and reaching the ensiform. On admission I found the swellings, five on the lower line and four on the upper, were each about the size of a marble, oval in shape and rather hard to the feel. They involved the skin only. They had a pale central area and red margin round. The patient had a temperature of 103°F. and pulse 80 per minute. I examined the blood microscopically and found Benign Tertian (Plasmodium Vivax) in large numbers. A dose of 20 grains of sulphate of quinine was given at the sweating stage. The next day (5th April) the fever had left him, and the swellings had disappeared more rapidly than they had come. I record this case as it is a remarkable case of "Malarial Urticaria" of which I have seen only three cases in all including the above.

GENERAL HOSPITAL; I remain, Dear Sir,
Trivandrum, 16*th April* 1909. Yours faithfully,

N. LAKSHMANA IYER,
M.B. & C.M.,
Officer in Charge of Medical Wards.

LYCETOL AND GOUT.

To the Editor of "THE INDIAN MEDICAL GAZETTE."

DEAR SIR,—Will you kindly make room for the following in your next issue?

Turning over the pages of Dr. Rakhaldas Ghosh's Materia Medica, I came across a statement that ¾ gr. of Lycetol may be injected for the dissolution of tophi in gout. Will some of the more informed readers of your journal tell me whether the statement has stood the test of experience? Has any such treatment of the tophi by lycetol or any other solvent been found effective? No standard book to my knowledge recommends treatment on similar lines. In the *Indian Lancet* I remember to have read of a clean removal of a tophus on the great toe by a surgical operation. Surgical procedure may be permissible where there is one single prominence to be dealt with. But in those with a number of tophi in different parts of the body, solvent treatment such as is suggested by Dr. Ghosh would be positively a godsend, *if effective*. Will some of your numerous readers who have had occasion to work in this line, inform me of their experience in this matter through your columns and oblige.

LUNAWADA, Yours, &c.,
Via GODHA,
10*th April* 1909. INQUIRER.

BLACKWATER FEVER, HÆMOLYSIS AND QUININE.

To the Editor of "THE INDIAN MEDICAL GAZETTE."

SIR,—In the February number of the Gazette you give a short summary of the recent work on Black-water Fever by Christophers and Bentley, and you note that these authors do not support McCay's hypothesis of the part taken by the sulphates of quinine.

The evidence put forward by McCay in support of his hypothesis (*Indian Medical Gazette*, February 1908) is far from convincing. The assumption that the limiting membrane of the red blood corpuscle is impermeable is untenable. Although normally impermeable to the large hæmoglobin molecule, this membrane is generally regarded as permeable to sodium, potassium, etc., and their salts. The experiments—given in tabular form only—are too few in number and too indefinite in character. The mode of administration, dilution, fasting or otherwise, and the time that elapsed between administration and estimation of the salt concentration of the serum are not stated. As regards the quinine salts, their relative absorbability might explain the results got. According to Binz, the chloride is absorbed much more rapidly than the sulphate; so, to observe the corresponding effects of the two salts on the plasma, the serum, after administration of the latter salt, would require to be examined after a longer interval than in the case of the former salt. Lastly, as acknowledged by McCay himself, the red blood corpuscles can withstand a dilution of the plasma to below ·47 per cent.—a point never approached after administration of the sulphates.

Osmosis explains the hæmolysis that occurs under the action of distilled water; but it does *not* explain the hæmolytic action of saponin, cyclamin, or even the acid salts of quinine. Some of the results obtained by me while studying the hæmolytic action, *in vitro*, of quinine salts in the Materia Medica Department of Edinburgh University may be of interest and practical value to readers of the Gazette. The said salts of quinine (bihydrochloride, bisulphate, bihydrobromide, urea bi-hydrochloride) are strongly hæmolytic: stronger still is the Indian hypodermic injection of quinine sulphate and tartaric acid. The sulphate and hydrochloride are about equal in hæmolytic power. The quinine alkaloid itself is not only non-hæmolytic, it delays autolysis. Non-hæmolytic salts are the arsenate, phosphate and arsenite. Quinine carbonate, in which form quinine probably circulates in the blood, is very feebly hæmolytic.

My results are very suggestive of a diminished alkalinity of the blood in Blackwater fever; and if such be found clinically, the causation and probably the peculiar distribution of Blackwater Fever would find a simple explanation.

Yours truly,

EDINBURGH UNIVERSITY, 4*th March* 1909. } A. C. MACGILCHRIST, *Captain, I. M. S.*

SPECIAL ARTICLE.

ON SOME OLD EIGHTEENTH CENTURY LISTS OF THE I. M. S.

BY D. G. CRAWFORD,
LIEUT.-COLONEL, I.M.S.,
Civil Surgeon, Hooghly.

I.—BENGAL.

IN the *Indian Medical Gazette* of September 1889, page 327, will be found an unsigned article* on the Bengal Medical Service one hundred years ago, winding up with a list of the Service as it stood on 1st May 1789, which, it is stated, had been recently discovered. The compiler has added to the list a column of remarks, showing the dates of death or retirement of the officers whose names are given in the list.

During my researches in the Record Office in Calcutta, I have come across, and taken copies of no less than five manuscript lists of the Bengal Medical Service of an earlier date than 1789, the oldest being contained in the Original Public Consultations of 30th May 1774, and so being just fifteen years earlier than the list published in the *Indian Medical Gazette* twenty years ago.

These lists may, for convenience, be named as follows:—

First, the list of 1774;

* I do not know who was the author of this article.