

A Mirror of Hospital Practice

A CASE OF DIPHTHERIA OF THE GLANS PENIS

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THE common sites for the occurrence of local lesion of diphtheria are the fauces, laryngeal and nasal mucous membranes. It is mentioned in books, however, that diphtheria may involve the genitals and the skin on any part of the body. I have not read the description of a case of diphtheria of the glans penis in the literature. The case described below is, therefore, of unusual interest.

History.—B. K., a Hindu boy of 5 years, was sent by his parents for an ulcer on the glans penis and sleeplessness. The ulcer was of 12 days' duration. Constant irritation interfered with the child's sleep.

Clinical examination.—On examination the child did not look seriously ill. There was slight sanious discharge from the orifice of the prepuce. Inguinal glands on both sides were moderately enlarged but not tender. The prepuce could be retracted without difficulty but it caused a good deal of pain to the little patient. There was an area $\frac{3}{4}$ by $\frac{1}{4}$ inch on the dorsum of the glans penis extending from the corona glandis to within a short distance of the external urinary meatus, covered with the typical greyish false membrane. The case was diagnosed clinically to be one of diphtheria. There was no lesion in the throat. The temperature was 98°F. and pulse 100 per minute. Smears were examined microscopically and bacilli morphologically resembling diphtheria bacilli were identified. No other micro-organisms were seen.

Treatment.—Anti-diphtheritic serum 30,000 units was administered intramuscularly but no local treatment was carried out.

Subsequent progress.—The symptoms began to subside gradually. The child had better sleep the same night. The following morning when the child was examined, the membrane was found to be broken up and thinner. It cleared up completely in 5 days. On account of satisfactory progress the serum was not repeated.

Summary and comments

1. Diphtheria of the genitals is mentioned in books but cases involving the glans penis are very rare.

2. There seems to be very little toxæmia associated with such lesions.

3. A single dose of anti-diphtheritic serum of 30,000 units was followed by healing.

4. The possibility of an ulcer being diphtheritic should always be kept in mind.

Acknowledgment

I am thankful to Dr. Amarjit Singh for bacteriological examination.

A BRIEF NOTE ON THE USE OF CONGO RED IN PROTOZOAL DYSENTERY

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DURING the epidemic of protozoal dysentery among troops evacuated from Burma, most of

whom had come through the so-called 'Dry Belt', some had severe hæmorrhage *per rectum*. These cases had vegetative forms of *Entamoeba histolytica* in large numbers in the stools and these could be found even in the almost pure blood passed. The usual routine treatment of emetine, bowel washes, salines, etc., had no effect on the hæmorrhage nor had the ordinary hæmostatic serum. In one case, the patient had had thirty-four motions in twenty-four hours, all of which were pure blood containing a few amœbæ.

It was decided to try the effect of intramuscular Congo red in the abovementioned case. 10 c.cm. of a 1 per cent solution in water were injected deeply into the buttock, 3 inches below the iliac crest, in the evening. The following morning there was a distinct improvement and the hæmorrhage had practically ceased. The injection was repeated the next evening (10 c.cm.) and again the next (5 c.cm.), a total of 25 c.cm. being given. By this time the general condition had greatly improved and there was no fresh blood in the stools, which had greatly decreased in number. The patient has improved since that time and is now almost fit for discharge—one month after the injections. There was slight discomfort at the site of injection but no real inflammation or abscess formation.

Another case was admitted in a bad condition, generally bleeding profusely. The same treatment was given with exactly similar results so far as hæmorrhage was concerned, but the patient died from pure exhaustion.

A third case admitted in a serious condition improved remarkably under the same treatment, and it almost fit for discharge.

Three other cases less serious than the others, and requiring less Congo red (15 c.cm. or 1 per cent solution), have been cured.

In none of these cases has any other treatment been used, and there has been no reaction of any kind, apart from some local tenderness over the site of injection.

It is now proposed to try the effect of Congo red on all types of protozoal dysentery in order to find out if it has any effect in controlling the diarrhoea. It is also intended to try the effect of this drug on the living amœba, and on cysts.

My thanks are due to Lieut.-Colonel J. A. C. Kidd, R.A.M.C., Officer Commanding The British Military Hospital, Shillong, for permission to publish this note.

A CASE OF MULTIPLE FRACTURES

By A. L. SOM, F.R.C.S. (Ed.)

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A SEPOY, aged 36, was involved in a lorry accident, as a result of which he sustained 25 fractures involving 18 bones. He was admitted to a field ambulance and treated for shock, and splints were applied. On the fifth day after the accident he was evacuated to a casualty clearing station and came under the care of the author.