

smoked 'huqqa.' It was suspected that tobacco amblyopia may be an aggravating factor in the visual symptoms. About 8 per cent cases were purely cases of tobacco amblyopia. Most of the smokers had dirty conjunctiva; the pupils were normal in size and reactions; the peripheral fields of vision were practically normal and the optic disc in some cases showed temporal pallor. In testing the visual acuity of these cases an interesting feature was observed, *i.e.* they invariably confused letters in several successive lines of the chart before reaching the line they could not read; thus they are superficially simulated cases of astigmatism; some of them were using astigmatic corrections with equally indiscreetly prescribed concave glasses.

All the smokers were advised not to smoke. The great majority agreed to submit to the regime but a few insisted on continuing the

habit. Such cases of genuine tobacco amblyopia did not give up smoking, showed no improvement in spite of their being put on vitamin B<sub>1</sub> rich or on any other supplement. This result does not coincide with the opinion of Yudkin and Carrol who claim to have treated cases of toxic amblyopia (tobacco and alcohol amblyopia) with vitamin B<sub>1</sub>, allowing the patients to continue smoking and drinking moderately, and got excellent results.

In the preparation of this article, very little literature could be consulted as none was freely accessible in the prisoners of war camps. By the co-operation of certain friends in the vicinity and the prisoners who used to go out of the camps for fatigues, the following were smuggled in and were of great help.

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## A Mirror of Hospital Practice

### PENETRATING INJURY IN A PREGNANT WOMAN

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A MULTIPARA, 30 years, 8 months pregnant, sustained injury due to a fall from a staircase from a height of 25 feet, and was reported to have bled profusely per vagina. No further details of the fall were available. The patient was in a state of severe shock and almost pulseless, looking blanched and exsanguinated.

Vaginal examination showed intense bruising, tenderness, and swelling of the labia and the inner side of the left thigh. Morphia was given to combat shock, and to check bleeding, hæmostatics were given and the vagina was packed. Two pints of serum were given by transfusion.

The patient's general condition improved. A second vaginal examination, under anaesthesia, revealed a big lacerated tear in the right wall of the vagina going deep through the right fornix. Efforts to clamp and ligature the bleeding points failed as some big venous sinuses appeared to have been torn. Deep stitches were therefore inserted on both sides, the wound was packed and a tight binder given. The patient's general condition again became very low. Two pints of whole blood were given by transfusion, the first pint at a continuous rate and the second at 80 drops per minute. The pulse and colour returned gradually.

Next morning labour pains started; these were temporarily controlled by sedatives. Repeated examinations failed to show any audible heart sounds, and the patient herself complained of cessation of all fetal movements. Labour again set in within the next 12 hours, but fortunately the bleeding was not severe and a dead female child was born.

The patient's general condition again became low. Transfusion of one pint of serum and 1½ pints of blood was given at a slow rate of 40-20 drops per minute. The temperature rose up to 102°F. indicating sepsis of wound; this was treated by sulphanilamide, soluseptasine injections and vaginal douches, and painting with mercurochrome. The patient has since completely

recovered, except for a prolonged convalescence on account of severe anæmia.

My thanks are due to the Lieut.-Colonel G. D. Malhoutra, I.M.S., Civil Surgeon, Moradabad, for guidance in treatment and for permission to publish this report.

### PURPURA CAUSED BY VITAMIN K DEFICIENCY

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and

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PURPURA is a condition whose chief feature is a tendency to bleeding into the skin and from the mucous membranes. It can occur in diverse diseases. Broadly speaking, it can be classified as secondary or symptomatic purpura on the one hand, and primary thrombocytopenic purpura on the other. Deficiency of vitamin K as a cause for this condition is rare, and the following case will therefore be of interest.

A Muslim male child, aged 7 years, was admitted into the children's ward with complaints of bloody stools for four days and epistaxis for one day. The onset was sudden and febrile. There was a history of a similar attack a year ago.

On examination, the patient was markedly pale; temperature 100°F.; pulse 110 and respiration 20 per minute. There were epistaxis, bloody stools, purpuric patches on the body and right-sided subconjunctival hæmorrhage; spleen not palpable, liver not enlarged. Clinical examination revealed no abnormality in any system.

*Blood examination.*—Rh negative; culture sterile, tourniquet test negative; results of blood count, etc., before, during and after treatment are given in the table appended.

Stool and urine showed no abnormality.