

Both the above to be mixed and finely powdered. To the powder add a sufficient quantity of fresh cow's urine to make a thick paste and apply externally, frequently.

I was frankly sceptical about the result, but the cure was speedy and sure. In a fortnight all the three patches completely disappeared, and though it is nearly a year now since I used this treatment I have not noticed these patches again.

Both the drugs are to be had in every bazar in India. The seeds are called *Bavanchi ginjalu*, *Kralugechha vittulu*, *Karubogi vittulu*, and *Kala ginjalu* in Telugu and *bhavanchi*, *vakuchi*, *soma-rajee*, *Somavalli suvalli*, *avalunga*, *Krishna phala*, *Puti phala*, *Chandra-rekha*, *soma*, and lastly *kushthughna* (a very suggestive name) in Sanskrit.

Ayurvedic physicians recommend that the juice of the seeds be given internally for a lot of other diseases, but I have no experience about its action.

Before concluding I wish to add that any pure drinking water appears to be as useful as cow's urine, in the treatment of this condition. The total cost of the treatment is only half an anna.

[*Note.*—*Psoralia corylifolia* is better known as *Bouchi* seed. It is well known as a "remedy" for leucoderma. It has been used in the treatment of this condition for some years at the School of Tropical Medicine, Calcutta. It has beneficial results in certain types of leucoderma.

We think with the writer that pure drinking water is probably as useful as cow's urine, even when the latter is available. *Editor.*—*I.M.G.*]

AN UNUSUAL CASE OF MALARIA.

By NISANATH GHOSH, M.B. (Cal.),
Civil Assistant Surgeon, Assam.

IN 1922, while I was at Kohima, the following case of malaria came to my notice:—

S. L., Hindu male, aged 30, a 'Naik' of the Assam Rifles, was brought to hospital on 5th October, 1922, at midday in an unconscious condition. He had complained of headache and malaise that morning and dropped down unconscious about an hour before admission.

Condition on admission.—The patient was lying flat on his back, unconscious, and he did not respond either to a call or touch. His eyes were closed; pupils contracted, equal, and sluggishly responsive to light; conjunctivæ responsive to touch. Respiration was deep and stertorous at times, 16 per minute; pulse somewhat quick and soft, 88 per minute; temperature 97°F. There was nothing abnormal about his heart, lungs and bowels; the spleen and liver were not enlarged, and he was passing urine involuntarily at times. A catheter specimen of the urine showed no trace of albumin, sugar, diacetic acid, acetone or tube-casts. The odour of his breath and the condition of his eyes, ears, nostrils and mouth supplied no clue to the cause of his comatose condition. The knee-jerks were exaggerated; Rabiniski's sign absent, and Kernig's sign present.

The patient had four convulsive seizures on the left side of the body at irregular intervals.

Kohima was a very malarious (mostly M. T. infections) place at that time, so peripheral blood films of all febrile and doubtful cases were examined for malarial parasites. This was done in this case and about 2 to 4 malignant tertian rings were detected in almost every red blood corpuscle, so a diagnosis of malignant tertian malaria was made.

Treatment and Progress.—Quinine bihydrochlorid grs. viii in 10 c.c. intravenously, and $\frac{1}{2}$ c.c. pituitrin subcutaneously (to counteract the fall of blood pressure) were administered at 4 P.M. on the day of admission. Next morning the temperature rose to 103°F. but the patient regained consciousness and the convulsions ceased. Intravenous quinine in the same dose was continued for six days altogether. The temperature dropped to normal on the third day and recovery was uneventful.

From 11th October, 1922, quinine, grs. x.b.d., was given by mouth and on 14th October, 1922, when the parasites had disappeared from the peripheral blood the patient was discharged from hospital.

NOTEWORTHY POINTS.

1. Sudden onset with unconsciousness and convulsions.
2. Absence of fever and no enlargement of the spleen at the onset,—especially the former.
3. Rise of temperature but recovery of consciousness after first dose of intravenous quinine.
4. Presence of fever for one day only.
5. Presence of parasites in peripheral blood films even after 8 days' administration of quinine (including intravenous quinine for 6 days at grs. viii per day).

PNEUMONIA AND CELLULITIS TREATED WITH INTRAVENOUS IODINE.

By S. N. DATTA, L.M.P.,

Titabar Tea Co., Ltd., Titabar P. O., Assam.

I HAVE had the opportunity of treating some cases with intravenous injections of tincture of iodine and have had very satisfactory results.

The first was an adult female with the typical signs and symptoms of lobar pneumonia affecting both lungs. I applied anti-phlogistine to the chest, gave 1|30th gr. of strychnine sulphate hypodermically every two hours, an alkaline mixture with digitalis four hourly and 5 grs. of quinine sulphate in solution twice daily. The patient was put on a fluid diet and given brandy occasionally. In spite of eight days of this vigorous treatment I could detect no signs of improvement, so determined to give intravenous iodine a trial. So in addition I gave tincture of iodine in $\frac{1}{2}$ c.c. doses with 5 c.c. of distilled water on

alternate days intravenously. After two such injections the dose of iodine was gradually increased by 3 or 4 minims to 1 c.c., as also was the amount of diluting water until its maximum of 10 c.c. was reached. Immediately after each injection she had a slight rigor when she was given hot tea or milk to drink. The day after the third injection there was marked improvement and after the 5th or last injection an uneventful convalescence set in. She was discharged from hospital after about three weeks.

The second case was a coolie woman, aged about 30, who was admitted to hospital with severe spreading inflammation of the right leg with threatening gangrene and well marked pyrexia which resulted from a small perforating wound acquired while manuring tea bushes a few days before. I made several free incisions but despite these measures the patient's condition remained the same, in fact the ulcers formed by the incisions tended to slough. Then I put her on intravenous iodine as above and from the second injection the improvement was pronounced. After four or five injections she made a satisfactory recovery.

In four or five other septic cases I tried intravenous iodine with uniform success.

It would be interesting if other readers of this journal who have tried this simple remedy in similar cases were to record their findings.

NOTES ON CASES OF ACUTE YELLOW ATROPHY OF THE LIVER.

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

Alipuram Jail Hospital, Bellary.

Case 1.—The patient, a Moplah, aged 25 years, was admitted into hospital on 17th February, 1925, with a history of severe vomiting and jaundice. He was talking well at the time of admission. In the night at about 10 P.M., i.e., about 14 hours after admission, he became restless in bed and very irritable; tried to get up from bed and did not answer any questions. It was with the greatest difficulty that he was kept down in bed. His pulse was very slow, 58 per minute. As he did not pass urine after noon, it was drawn through a soft catheter. The urine was very dark coloured and contained bile; there was neither blood nor hæmoglobin. Next day there was slight rise of temperature to 100°F.; pulse became rapid. The liver dullness was greatly diminished. Leucin and tyrosin were present in the urine. The patient was still in the same unconscious state from which he did not recover. He died on 19th February, 1925.

A post-mortem examination was conducted and the following signs were noted:—

All the abdominal organs were deeply stained with bile. Small patches of hæmorrhage were present over the outer surface of the large intestine. The liver was very small, flabby and greenish-yellow in colour, and weighed 30 ozs. There were also small hæmorrhages in the substance of the liver. The organs of the thorax were normal except for being bile-stained. The meninges of the brain were highly congested and there were also minute hæmorrhages in the substance of the brain.

The case was diagnosed as acute yellow atrophy of the liver, by our medical officer, Dr. V. J. Lopez, I.M.D., and to confirm the diagnosis, a portion of the liver was sent to the Professor of Pathology, Madras, who confirmed the diagnosis.

Case 2.—The patient, a Moplah, aged 35 years, had been in previous good health. He gave a history of slight fever and jaundice since 1st April, 1925. His bowels were constipated. On 6th April, 1925 his temperature was 102.4°F.; pulse rapid and 120 per minute. He had severe vomiting. Convulsions soon set in on the same day. Later on he became unconscious, passing into a deep coma. The liver dullness was greatly diminished; urine was highly coloured and bile-stained. There was congestion of the bases of both lungs. The patient did not recover consciousness and died on 7th April, 1925.

Post-Mortem Signs.—All the internal organs were deeply bile-stained. Small hæmorrhagic patches were present over different parts of the small and large intestines. The liver was small, soft, flaccid and dark-yellow in colour with lighter yellow nodules in its substance and weighed 34 ozs. There was slight consolidation of the bases of both lungs.

The case was diagnosed as acute yellow atrophy of the liver, by our medical officer, and a section of the liver was sent to the Professor of Pathology, Madras, who confirmed the above diagnosis.

The above two cases occurred within a period of two months of each other. On referring to the old case sheets, I found another case which occurred in July 1923, which though diagnosed as acute toxæmic jaundice was most probably another case of the above disease. The notes are given below.

Case 3.—The patient, aged 25, was admitted into hospital on the evening of 17th July, 1923, with a temperature of 101.8°F. with a little abdominal pain, the latter of 4 days' duration. The bowels were constipated and there was tympanites present. The blood examination was negative to malaria. He developed severe jaundice the next day, became restless and unconscious, and the pulse was rapid. Urine was greenish-yellow; retention of urine was present. He did not recover from