

in our diagnosis. At the same time we are aware that further investigations are necessary.

With regard to the interpretation of symptoms we have differed considerably from Weingarten. He has argued against an allergic state, and has based his contention, among others, on the high eosinophilia, the characteristic sign of the disease.

From our observations on this case we are drawn towards the view that tropical eosinophilia is an allergic phenomenon.

We wish to convey our thanks to S. Subodh Nath Roy Chowdhury for the laboratory help in this case.

A CASE OF PSEUDO-TUBERCULOSIS OF THE LUNGS WITH EOSINOPHILIA

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A HINDU male, aged 22 years, was seen by me on 27th January, 1943. He had fever for two days with slight cough and aching all over the body. Occasional wheezing sounds were audible in the lungs. The temperature was 100°F. One injection of quinine, 10 grains, along with a diaphoretic expectorant mixture was given.

Next day the temperature in the morning was 99°F. but in the evening it went up to 103°F. with severe rigors. Thinking it to be malaria, another quinine injection was given. On the third day in the morning the temperature was normal, but again in the evening it went up to 103°F. with severe rigors. A third injection of quinine was given to rule out the severe type of malarial fever.

At this stage his blood and urine were examined. The blood culture was negative after four days' incubation. Leucocytes 13,125 per c.mm., neutrophils 54 per cent, lymphocytes 26 per cent, monocytes 6 per cent, eosinophils 14 per cent. No parasites were found. Urine showed no abnormality.

Fever was more or less continuous, with congested throat suggestive of influenza. Injections of S.U.P. 36, 1 c.cm., were given successively on the 3rd, 4th, and 6th February. After the third injection the temperature was normal for six days, but again it went up every evening up to 100°F., till the 24th February when the patient had a sudden asthmatic attack. Râles and ronchi were audible all over the lungs, and the patient had severe dyspnoea. An injection of adrenophedrine was given with relief in a very short time.

Two days previous to this attack his blood and stool were examined. The Widal test was negative. Leucocytes 19,200 per c.mm., neutrophils 22 per cent, lymphocytes 16 per cent, monocytes 2 per cent, eosinophils 60 per cent. Stool report showed no abnormality.

A skiagram of the chest taken on the 18th February showed peribronchial infiltration. Two direct smears of sputum showed no acid-fast bacilli. The temperature gradually increased to 101°F. in the evening but was normal in the morning. Another blood count done on 14th March, 1943, showed a leucocytosis of 21,600 per c.mm. with 71 per cent eosinophils.

A reference to the literature led me to think that the patient might be suffering from pseudo-tuberculosis of the lungs with eosinophilia as described by Rudolf Treu (1943). Fridodt-Möller and Barton (1940) had however previously drawn attention to 'eosinophile lung' with a comparatively good prognosis although the skiagram simulated that of pulmonary tuberculosis of the miliary type.

Different doctors were consulted, and the case was investigated to exclude other possible causes. The patient was then put on acetylsarsan injections as suggested by Rudolf Treu. He gradually improved and was quite well after 12 injections, though slight eosinophilia persisted. He was completely free from all the

symptoms. The temperature came to normal after seven injections, and the blood count on 10th March, after ten injections, showed total leucocytes 8,600 per c.mm., neutrophils 52 per cent, lymphocytes 28 per cent, monocytes 4 per cent, eosinophils 16 per cent.

The case presents two important features, viz, eosinophilic leucocytosis and pulmonary signs, with fever, cough and expectoration. Acetylsarsan is worth a trial in such cases.

I am obliged to Dr. G. B. Mamkad for his guidance in writing this case report and for the references.

REFERENCES

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 BARTON, R. M. (1940).
 TREU, R. (1943) .. *Ibid.*, **78**, 70.

[Note.—Why quinine was given at all, why injections of quinine were used, and why blood examination for malaria parasites was done only after these injections is not clear.—EDITOR, *I. M. G.*]

A SYMPTOMLESS CASE OF RENAL CALCULUS IN BOTH KIDNEYS

By B. L. CHOPRA

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A CLERK of this railway, 34 years of age, came about a month ago suffering from a cold abscess in the lumbar region—duration two months. He also had cough and evening temperature of 6 weeks' duration. The cold abscess was aspirated but still he did not show signs of improvement in his general condition. He was, therefore, sent by me on 28th May, 1943, for x-ray pictures of his lumbar spine and both lungs. (see figures 1 and 2, plate XXIX).

To my great surprise the radiologist's report read as under:—

1. No radiological evidence of disease of lumbar spine.

2. Radiological evidence of multiple stones in the right kidney and a big stone in the left. Size of kidneys not properly visualized, but the lower poles are at lower level than normally seen.

3. Of lungs—Hilar shadow with calcified glands. Infiltration right lung particularly middle zone. Right apex also looks infiltrated. Left is free. Costophrenic angles are free. Cupolas regular. Heart shadow is normal.

After x-ray examination his urine was examined and the result is noted below:—

Urine.—Pale yellow colour, strongly acid, specific gravity—1024, deposits of yellow colour ++ present, albumin +, pus +, no sugar or acetone.

Microscopically there are large deposits of pus.

The case appears worthy of record as during my experience a case with such large and multiple stones without any renal symptoms has never occurred and is hard to believe. For his lung condition he has been sent to a sanatorium.

Recently two small stones were discharged through a small opening in the skin near the lower pole of the right kidney.

My thanks are due to Dr. C. D. Newman, Chief Medical and Health Officer, N. W. Railway, for permitting this article to be published.

A STUDY OF 'CHOLERIFORM' DISEASE IN THE TYPHOON AREA OF CONTAI

By A. P. JANA, M.B.

Contai

It was on the 16th of October 1942 that the great cyclone passed over Contai. One result