great distress and his pulse was weak and quick. I tried taxis but failed. Atropine sulphate 1/50 grain was then injected hypodermically and Goulard's lotion applied over the herniated mass, and a hot compress over the inguinal canal. In fifteen minutes the pain had disappeared and the patient fell asleep. The hernia gradually became reduced and after six hours it had completely disappeared.

EIGHT CASES OF PLAGUE TREATED WITH 'BAYER 205'*

By RAO SAHEB R. D. PARULKAR, M.B., B.S.
Medical Officer of Health, Municipal Borough, Bijapur

In the last plague epidemic of 1932-33 the routine treatment of plague cases at the Municipal Infectious Diseases Hospital was intravenous iodine and a stimulant mixture. After reading the successful results with 'Bayer 205' reported by Dr. B. R. Ranganatha Rao, L.M.P., in the *Indian Medical Gazette* of November 1932, I treated the following eight cases at the hospital by this method. All of the patients were given an intravenous injection of 'Bayer 205' in 10 c.cm. distilled water, and an injection of 1 cubic centimetre of 1/1000 adrenalin on the day of admission. In addition they had a stimulant mixture, were kept in bed on a milk diet, and had belladonna plasters applied to the buboes.

Case 1.—Hindu male, aged 55. History of two days' illness. Removed from his house to hospital on 6th December, 1932. On admission his temperature was 103°F., pulse 135 of low volume and easily compressible and respirations 25. He had diarrhœa the previous day. Tongue—partially paralysed and dry; speech—not clear, delirious at night. There was a tender bubo in the right groin. The next morning the temperature fell to 100.5°F. and pulse to 90 and it was of fairly good volume, and he had no delirium the previous night. On 8th December, 1932, he was given 1 c.cm. adrenalin injection and stimulant mixture and there was no change in his condition as his temperature was 100.5°F. and pulse 100. His relatives were unwilling to keep him in the hospital and so he was removed to his house on the evening of the same day. I examined him in his house on 9th December, when he had a temperature of 103°F., pulse—140 and respirations—30. On 10th December he had a temperature of 104.5°F., irregular pulse—145 and respirations—50. He died on 11th December at 9 A.M.

Case 2.—Mahommedan female, aged 30. History of illness—three days. Removed to hospital on 7th December, 1932. On admission her temperature was 102.5°F., pulse—20 and respirations—20. She was conscious and her speech was clear but her eyes were congested. There was a tender bubo in the left axilla. Next day her temperature came down to 99.5°F. and pulse to 90. She was given 1 cubic centimetre of adrenalin injection and routine stimulant mixture. But on 9th December the disease took a serious turn and she had a temperature—103°F., pulse—120 and respirations—24. Her pulse became rapid and irregular and respirations were 45 on 10th December although her temperature was 100.5°F. She died on 11th December, 1932.

Case 3.—Mahommedan female, aged 25. History of illness—three days. Removed to the hospital on 8th December, 1932. On admission her temperature was 103.5°F., pulse—135 and respirations—20. There was a tender bubo in the left axilla. Next day her temperature came down to 103°F., pulse—135 and respirations—18. On 14th December her temperature was 99.5°F. with pulse 120 and respirations 20. She had normal temperature on 15th December. Her relatives removed the patient to their home in the evening of 15th December. She died on 19th December, 1932, in her house.

Case 4.—Mahommedan male, aged 55. History of illness—two days. Removed to the hospital on 8th December, 1932. On admission his temperature was 103.5°F., pulse—135 and respirations—20. There was a tender bubo in the right groin. Next morning his temperature was 103°F., pulse—130 and respirations—22. On 14th December his temperature fell to normal, and he was discharged cured on 15th December, 1932.

Case 5.—Hindu female, aged 30. History of illness—three days. Removed to the hospital on 20th December, 1932. She was unconscious; eyes—congested; temperature was 105°F., pulse—145, irregular, and respirations—45. There was a tender bubo in the right groin. She died the same night.

Case 6.—Hindu female, aged 30. History of illness—two days. Removed to hospital on 4th January, 1933. There was a tender bubo in the right groin. Her temperature was 103°F., pulse—140 and respirations—30. Next day she had the same temperature but respirations were 35. On 7th January her temperature was 104°F., pulse—145, irregular, and respirations—55. She died in the evening of the same day.

Case 7.—Hindu female, aged 15. Removed from the jail premises to the hospital on 11th January, 1933. Her temperature was 103°F., pulse—150, respirations—25. Next day her temperature came down to 100°F., pulse—130 and respirations—25. But on 15th January the temperature rose to 105°F., pulse—140 and respirations—40. Her lungs showed signs of patchy consolidation. She was given a six-gramme camphor injection in the morning and six grammes in the evening. On 17th January her sputum was rusty, temperature—104.5°F., pulse—150, irregular, and respirations—55. Her relatives removed her to her village 12 miles away, where she died the next day.

Case 8.—Jain male, aged 40. History of illness—two days. Partial paralysis of tongue. Eyes—congested. Admitted to hospital on 13th January, 1933. His temperature was 105.5°F., pulse—140 and respirations—30. Next morning his temperature was normal with pulse 120 and respirations—25. Till 18th January he had a normal temperature and pulse—100 but respirations increased to 30. On 19th January he lost the power of speech, the tongue became dry, temperature—98°F., pulse—100 and respirations—40. On 21st January, 1933, his pulse became rapid and irregular and respirations—55, and he died in the evening of the same day.

Only one out of eight persons treated by 'Bayer 205' recovered, therefore the drug does not appear to be of much use. At the same time it should be stated that most of the patients had severe pneumonic complications, so it is not possible from these results to express an opinion on the value of 'Bayer 205' in uncomplicated bubonic plague.

* Rearranged by Editor.

CONGENITAL ABSENCE OF THE EYES*

By P. R. PRABHAKAR
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In the course of out-patient work in the above hospital a child aged two months was shown

* Rearranged by Editor.

to me by the mother, who gave the history that it had never opened its eyes. At first it seemed that the two eyelids were adherent, but on further examination it was found that they were retracted and that both eyes were completely absent. This condition must be extremely rare because I have not been able to find any mention of it in the books at my disposal.

I wish to thank Dr. Fazel Rahman for permission to publish this note.

[*Note.*—Professor M. N. De, Professor of Pathology, Medical College, to whom we showed the above report, has kindly supplied us with the following note on this condition:

Complete absence of the eyes, which is usually a bilateral condition, is met with in healthy well-developed children, and is often associated with other malformations, such as hare lip, supernumerary digits, etc. As a rule, the eyelids are well formed but may be adherent at the margins. The orbit is usually smaller than normal and is lined by conjunctiva. In all such cases, digital examination will reveal either a cystic or a hard mobile nodule at the extreme apex. The lachrymal gland is usually present. The nodular mass is composed of the subsidiary parts of the eye derived from the mesoblastic elements. There is, however, a complete absence of the essential nervous elements constituting an eye.

This condition, though very rare, is occasionally met with in the out-patient clinics of any big hospital and is a well-recognized form of developmental anomaly of the eyes.—EDITOR, *I. M. G.*]

SPASMODIC STRICTURE OF THE GULLET

By M. A. KRISHNA IYER, L.M.P.
Medical Officer, Tirutani, Chittoor District

THE following case seems worth recording:—

A woman, aged about 30, was brought to me with a history of some difficulty in swallowing. She was partaking of dinner at a marriage party at 11 P.M., when suddenly, at the end of the meal, she thought she swallowed a big ant or beetle when drinking water. Immediately she felt a choking sensation. She tried to drink more water but could not swallow a drop. Many attempts to force water down her throat not only failed but produced an intense feeling of suffocation. She was brought to me at about 11-30 P.M. I gave her a cup of water and asked her to sip, but she could not swallow and the few drops of water practically choked her. By means of an electric torch I examined the throat and found nothing abnormal. I introduced my finger and inserted it as far as it would go, and found no obstruction. The patient appeared to be of a nervous temperament. When asked to shut her mouth firmly and breathe through her nose, she did so for about five minutes without feeling any discomfort. I brought a rubber tube and told her that I was going to introduce it into her mouth and push the obstructing material down. She tried to resist, but her relatives held her firm. Though I tried many times I could not put the rubber tube through the mouth. Therefore I introduced it through her nose. When the tube had gone in about one foot, she began to cry out and say that she was better and that the tube could be removed.

I removed the tube and gave her a cup of water. She drank it freely and asked for more, which was given. She was taken home quite recovered.

The points for note are :—

(1) She could not swallow even a drop of water.

(2) The act of swallowing apparently sent the water into the trachea and hence produced a feeling of suffocation.

(3) The symptoms were real and not feigned.

(4) The tubing went in freely and there was no obstruction felt.

(5) Though nervous, she could not be considered hysterical.

On these grounds I made a diagnosis of spasmodic stricture of the œsophagus.

AN UNUSUAL STRANGULATED HERNIA

By C. H. REINHOLD
LIEUTENANT-COLONEL, I.M.S.
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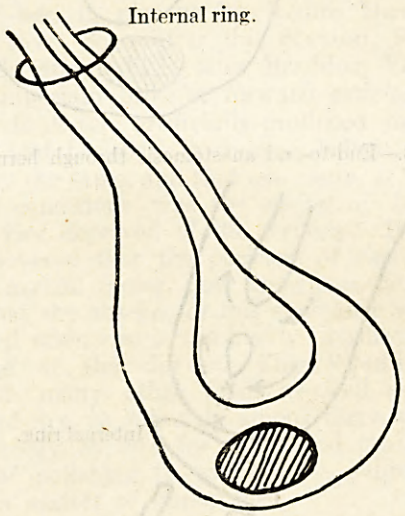
PURBU DIN, aged 35, a Parsi villager had an inguinal hernia of several years duration which became strangulated about the end of April. After eight days of harsh village treatment his scrotum ulcerated and relief came with the formation of a fæcal fistula. He was admitted into the Balrampur Hospital on 4th May, two days after.

He was very emaciated and showed marked toxæmia and the surroundings of his wound were unhealthy. After feeding and cleaning him up for a few days to improve his condition, I decided to do a lateral anastomosis above the herniated loop, and this was effected through a para-rectal incision on 15th May; the hernia was of the small gut. The patient made an uninterrupted recovery, the wound healing by first intention; but unfortunately, the fæces continued to pass through the fistula.

Fig. 1.—Fæcal fistula in scrotum.



A second operation was done on 24th May through an incision along the upper half of the inguinal canal, the herniated loop in the canal was cut across and an end-to-end anastomosis of the two upper ends of the gut was effected. This wound also healed without incident, and the bowels at once began to move naturally.