

I took him in hand with great misgiving, and for three days there was no result whatever. The father was inclined to discontinue treatment; the patient himself was much discouraged, but was persuaded to persevere. On the fourth night he woke up, as I had suggested, on each occasion when the bladder was about to empty itself, and succeeded in reaching the lavatory before micturition occurred, except on the first occasion when he slightly wet his pyjamas. Since then he has had no incontinence at all. He now complains of frequency of micturition. I have explained to him that his bladder has never developed, that its capacity is only a few ounces; but that there is nothing to worry about, as the organ will gradually develop to normality. He is continuing to undergo suggestion treatment to remedy this defect, but this a matter of mechanics. He is cured.—Yours, etc.,

W. NUNAN, M.D.,
Police Surgeon, Bombay.

BOMBAY,
1st August, 1927.

Quite recently the girl, child of a "bairagi" (beggar), aged 9 was discovered by one of the Board's staff travelling on the high road while suffering from a distinct pustular eruption which was particularly well marked on the face. In this case the date of outbreak of the eruption was readily ascertained, but the date of onset of fever could not be elicited as the guardians of the child asserted that the child had never been ill. Further enquiries revealed that this child was the second case of a series of four in the same family—details of which are given below. As no diagnosis could be made in any of these cases by means of the time-interval elapsing between the onset of fever and the outbreak of eruption—since it was asserted that none of the patients had suffered from any malaise or sickness whatever—resort was had to test vaccination of the four cases immediately after recovery. As will be seen from the appended table all the cases proved to be chicken-pox. I would draw the attention of Public Health authorities both in this country and elsewhere to this method of differential diagnosis in those very rare cases of "alstrim," "mild small-pox," and chicken-pox where there is no history of sickness or

Name of Patient.	Sex.	Age. (years).	Caste.	Date of onset of fever.	Date of outbreak of eruption.	Cause.	Previous protection if any.	Date of primary or re-vaccination.	Result.
1 Sanaton Das	M.	1½	Hindu	Nil	16-6-27	Unknown	U. P.	15-7-27	Successful in 4 points.
2 Uma Dasi	F.	9	Hindu	Nil	21-6-27	Contact	S. V. at age of 1 year.	2-8-27	Successful in 2 points.
3 Habu Dasi	F.	4	Hindu	Nil	28-6-27	Contact	S. V. at age of 1 year.	2-8-27	Successful in 1 point.
4 Putu Dasi	F.	30	Hindu	Nil	1-7-27	Contact	S. V. C.	2-8-27	Successful in 2 points.

U. P. Unprotected. S. V. Successfully Vaccinated. S. V. C. Successfully Vaccinated in Childhood.

THE DIFFERENTIAL DIAGNOSIS OF SMALL-POX AND CHICKEN-POX.

To the Editor, THE INDIAN MEDICAL GAZETTE.

SIR,—With reference to the two letters in your August issue, criticising my article on "The Differential Diagnosis of Small-pox and Chicken-pox," which appeared in your April number, in which I concluded from observation and experiment that the time-interval between the onset of fever and outbreak of eruption in the two diseases is of primary diagnostic importance, I should like to remark that while the labour resident on collieries may be considered to be more or less under medical observation, this does not hold good for the great majority of the inhabitants of the Mining Settlement who live in villages and follow occupations other than mining. The mining population of the settlement consists principally of Santhals, Kols and Bowries, who are amongst the most primitive tribes in India; yet experience has proved that these simple-minded folk, as well as the agricultural population of the settlement, are able in practically every instance to furnish the necessary information regarding fever and eruption correctly. The organisation for the immediate notification of epidemic disease which exists in the settlement assists no doubt to some extent in this regard. All the textbook points of differential diagnosis quoted by your correspondents are, I submit, notoriously unreliable in doubtful cases.

Since writing my article the differential diagnosis of a fresh series of cases of the two diseases has been verified by test vaccination of the cases immediately after recovery, and in all instances the original diagnosis has been thus confirmed.

malaise, due regard being had in each case to "previous protection."—Yours, etc.,

J. W. TOMB, M.D., D.P.H.

ASANSOL,
17th August, 1927.

PLASMOCHIN IN MALARIA.

To the Editor, THE INDIAN MEDICAL GAZETTE.

SIR,—In your issue of the Gazette for August 1927 I find a very interesting article on "The Place of Plasmochin in the Treatment of Malaria" by Drs. Vad and Mohile of Bombay. In their series of experiments they have very carefully observed the crescenticidal effect of the new synthetic compound and have confirmed the claims made for Plasmochin in the treatment of malaria; but as the number of cases in their series is very small, being only 16, I do not think their concluding remarks that "it has no untoward or after effects" are safe to make at this stage of our knowledge about the drug. Fortunately for them there were no alarming after effects, but, as the mass of evidence quoted in this letter shows that such alarming symptoms do happen and that even death has taken place, while admitting that Plasmochin may have so many advantages over our time-honoured standby, I feel it urgent that all these alarming consequences should be brought to light before the Calcutta market is flooded with the newly discovered specific.

The facts and figures stated below are taken from the 15th Annual Report of the Medical Department of the United Fruit Company of Boston, Mass., U. S. A. As this volume of wonderful literature, compiled by

Dr. William E. Deeks is, I presume, by no means available to the profession at large I feel it imperative to bring to light the reported alarming consequences.

Under the general supervision of Dr. W. E. Deeks, various Medical Superintendents of the United Fruit Co. carried on experiments with Plasmochin in the various hospitals, and treated 101 cases with Plasmochin Compound and 93 cases with Plasmochin. Out of these 194 cases treated, unfavourable results from the use of Plasmochin were—

Death from toxic effect	1	(Dr. Cordes' series)
Milder toxic effect (recovered)	3	
Cyanosis	4	
Epigastric pain or cyanosis	11	
Transient hæmoglobinuria (lasting less than 24 hrs.)	1	

Among the various doctors of the United Fruit Co. was Dr. Wilhelm Cordes, M.D. (Germany), who treated 76 cases of malaria in two series of experiments, with one death reported above. His experiments were as follows:—

Drugs used in the series (36 cases in each series.)	Gametes found on the 1st day or so after admission.	Gametes found on the 8th day of treatment.	Cases positive for Gametes on the day of discharge (12th day.)
Quinine control cases.	47·2 p.c.	36·1 p.c.	30·5 p.c.
Plasmochin Compound Series.	63·8 "	2·7 "	0·0 "

Thus his findings confirm Prof. Muhlen's statement that Plasmochin has a decided influence on the gamete forms of æstivo-autumnal malaria, and that they disappeared from the peripheral blood in the majority of cases in their series from 3 to 7 days, and he thinks that Plasmochin will be an important drug in the prevention of malaria. Dr. Cordes finally concludes that, as little is known about the toxicity of Plasmochin, it is advisable that the drug be given only under strict medical supervision; but on this latter point the opinion varied greatly among the different Medical Superintendents of the U. F. C. who carried on the experiments. The following case of death which occurred in Dr. Cordes' series is copied verbatim, with the pathological findings and remarks of Dr. F. B. Malley of the Harvard University.

*A Death in a case of Malarial Fever undergoing treatment with Plasmochin.**

"The patient was a male negro, 35 years of age. He was admitted suffering from a severe attack of æstivo-autumnal malaria and was treated with the new drug, Plasmochin Compound. On the 4th day of his treatment, after fever had disappeared and the blood film was negative for malarial parasites, he developed a profound anæmia, leucocytosis, jaundice, nausea (vomiting) and somnolence. The urine was negative for hæmoglobin. He died within 48 hours of the onset of this sudden attack. The toxic influence of Plasmochin Compound was suspected to have played an important rôle in the cause of death.

Microscope Examination by Dr. F. B. Mallory, (U. F. A. 75).

Heart.—Negative.

Spleen.—Numerous lymphocytes and plasma cells in the pulp; many endothelial leucocytes in the blood sinuses containing red blood corpuscles, often in great

numbers (10 to 20 and more). Malarial pigment occurred occasionally in the red blood corpuscles, both free and in phagocytes.

Liver.—Endothelial cells lining sinusoids were prominent, occasionally phagocytic, and some contained pigment. Some of the liver cells in the centres of the lobules contained vacuoles in which were dots and occasionally threads of fibrin (hydropic degeneration). Rarely a liver cell was necrotic and was being invaded by endothelial leucocytes. There was slight lymphatic infiltration of the peri-portal connective tissue.

Kidney.—Moderate œdema of tubules.

Cerebrum.—Negative.

Microscopic Diagnosis.

Malarial infection of spleen.

Marked phagocytosis of R. B. C's in spleen.

Early stage of central necrosis of liver lobules.

Remarks:—It is unfortunate that no bone-marrow was included with other tissues. The anæmia may have been due to the destruction of red blood corpuscles by the malarial infection. The phagocytosis in the spleen would seem to indicate this. The early necrosis of liver cells is probably due to the toxic action of Plasmochin, but it is not nearly so active as with chloroform or carbon tetrachloride. Possibly Plasmochin has a destructive action on the red blood corpuscles."—Yours, etc.,

D. K. L. BASU MALLIK, M.B.

CHENGALI, P. O. CHACKASI, HOWRAH.
26th August, 1927.

A CASE OF ŒDEMA FOLLOWING CHOLERA.

To the Editor, THE INDIAN MEDICAL GAZETTE.

SIR,—On the 4th July, 1927 I was called in to attend a patient in the coolie line on this tea garden who manifested all the clinical signs and symptoms of cholera. I placed him on a combined treatment of Tomb's essential oils mixture and potassium permanganate pills (P. D. & Co.'s 'Enteric, coated'). He showed marked improvement within 24 hours and was all right after 3 or 4 days.

He then resumed his ordinary duties, but after a few days, i.e., one week after the attack, he noticed some œdema of both his legs, then of the face. When he came to me, I found œdema present in both lower extremities, face and hands. I could not ascertain the cause of this œdema. I examined his heart, and found it normal. His urine was normal and showed no albumin. I prescribed urotropine, gr, x.b.d., and to my surprise the œdema disappeared completely after 5 or 6 days of treatment.

Can any of your readers throw any light on this case? Could the dropsy have been due to nephritis, caused by the toxins of cholera? But, if so, why was there no albuminuria?—Yours, etc.,

A. K. GHOSH, L.M.P.

Medical Officer, Ambari Tea Estate.

JALPAIGURI,
24th July, 1927.

LEECHES IN THE THROAT.

To the Editor, THE INDIAN MEDICAL GAZETTE.

SIR.—There have lately been such a number of patients presenting themselves at this hospital, suffering from symptoms due to leeches in the throat, that I write to bring to notice the fact that this condition is not uncommon in India, and to enquire whether any of your readers can suggest an efficient remedy. The chief symptoms are irritation in the throat, and spitting of blood. The leech is usually concealed from view by the soft palate, or the back of the tongue. By pressing on the back of the tongue, some portion of the leech usually comes into view, and it is most easily removed with artery forceps. The leech will not normally leave the body until it is forcibly removed in this way.

* (Clinical notes by Dr. Wilhelm Cordes, M.D. Germany, Preston Hospital, Cuba, c/o United Fruit Co., Boston, Mass., U. S. A.)