

TETANY FOLLOWING MEASLES.

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History.—A Hindu boy, aged 5 years, had measles-like eruptions in February last when an epidemic of measles was raging. The eruptions faded away after 4 days and the boy was given normal diet. On the night of 24th February, 1931, he suddenly became delirious with a temperature of 103°, tympanites, suppression of urine, etc. Next morning he began getting fits and as there was no abatement of symptoms, the writer was called in in consultation.

Signs.—The boy presented the following signs:—Partial trismus, tetany-like spasms of the arms (fingers flexed at the metacarpo-phalangeal joints, extended at the terminal joints and pressed closed together), wrists and elbow joints flexed and the arms folded crosswise on the chest; neck retracted backwards, lower limbs extended and toes abducted. Knee-jerk was present, pupils normal; he appeared rational though he had not spoken since the 24th. There was no history of trauma.

Trousseau's sign was elicited, strong pressure on the arms, compressing the vessels, brought out spasms. Chvostek's sign was tested for the next day, but as there was a permanent trismus with drawing up of the corners of the mouth, this sign was not positive. Up to 5th March, 1931, the boy remained in this condition getting fewer spasms, which resembled neither tetanus nor epilepsy but had the characters of both. There was never complete trismus or spasms of the lower extremities, nor unconsciousness, and although he spoke not a word and remained in one position, his looks were never wandering nor altogether meaningless.

From the 6th, the spasms became few and far between but a new sign developed; he was found smiling occasionally and imitating the cries or laughs of children around him. This was so marked that the attending doctor brought out a smile from the boy by smiling himself. Twice the writer heard a loud laugh from the boy's lips, but all the while he was lying like a statue.

Treatment.—He had to be catheterized on the first two days but thenceforth passed urine normally. The bowels were loose in the beginning but latterly he had to be regularly relieved by enemas. At first feeding by the mouth was somewhat difficult and he had to be partially fed by the rectum; but from 3rd March he took liquid food by the mouth and swallowed easily in spite of the trismus.

Parathyroid gland tabloids, calcium lactate and *Makaradhaj* checked the spasms for three days and allowed him to take nourishment by the mouth. But there was an aggravation of fits and *santonin* was tried as there was a history of teeth-grinding and worms; this did not give any relief. Then big doses of ammonium chloride with glucose were injected into the rectum. Luminal was also given. No marked action was visible but the disease seemed to pursue a milder course and gradually it spent itself.

From the third week of March he began to manifest interest in his surroundings and voluntary movements commenced very soon. As his limbs had been all along massaged with cod-liver oil and sunned regularly from the beginning, he recovered fully without loss of any function.

Interesting features.

1. The onset suggests a parasitic origin.
2. Fever was present during the first week of the attack only. The rest of the period was afebrile.
3. Reflexes were normal and there never was any sign of catalepsy present.
4. Spasms were confined to the arms, chest, neck and face; they were paroxysmal. The arms were so rigidly bent that it was difficult

to straighten them even in the interval between the spasms.

5. His imitation of laughing and crying was a unique feature.

DEATH FROM ACUTE PULMONARY OEDEMA DUE TO SCORPION BITE.

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THE report by Dr. H. T. Ince in the *Indian Medical Gazette* of April 1931 of acute pulmonary oedema resulting from scorpion bite reminded me of a similar but fatal case I had in March 1930.

P., a boy of 18 years, was admitted into my wards in the Rajah Mirasdar District Headquarters Hospital, Tanjore, on the 2nd March 1930 with a history of scorpion sting on the left index finger five hours previously. On admission, the boy complained of pain in the chest and spitting of blood. The dominant feature on physical examination was marked coarse and fine râles all over the chest and the constant bringing up of blood-stained thin frothy expectoration. In spite of a variety of circulatory and respiratory stimulants given in quick succession and repeated injections of atropine, the patient died on the 4th March 1930.

Post-mortem Notes. The pericardium and heart show a few petechial spots on their surfaces. The surface of the heart is slightly reddened. All the cavities contain partly clotted and partly liquid blood. The mitral and tricuspid valves show slight thickening. Both the lungs are congested, especially at the bases. Section exudes liquid blood and froth. The liver is mottled on section. The spleen and kidneys are slightly congested.

ANGIONEUROTIC OEDEMA.

By J. N. GHOSAL, L.M.S.,
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N. K., AGED 32 years, narrated the following history:—About five years before he observed intermittent "swellings" of his hands, forearms, and arms. This went on for a year. He then had an attack of cholera after which there was no recurrence of the "swellings" for a year and half. Since then however the following symptoms have appeared:—

(1) Swellings on the arms, forearms, and back. These were painless and did not pit on pressure. They never lasted for more than 3 days at a stretch.

(2) The swellings on the back always caused a sensation as of a pillow, and he felt very uneasy on changing sides because "the oedema used to change sides with him."

(3) For the last two years he has been suffering from rheumatic pains, flitting from one part of the body to another.

In spite of a normal full pulse, the blood pressure was very low, systolic 90, diastolic 65, pulse pressure 25. This did not prevent the patient from cycling 30 to 40 miles at a stretch without much exertion. His urine was normal.

Treatment.—Yatren-Casein (Strong) was regularly injected once a week and internally he was given calcium lactate gr. 10, Tabloid thyroid gland gr. $\frac{1}{2}$, and