REFERENCES

BESSEY, O. A., and WOLBACH, S. B. (1939). *J. Exper. Med.*, **69**, 1.

BOURNE, M. C., and PYKE, M. A. (1935). *Biochem. J.*, **29**, 1865.

COSGROVE, K. W., and DAY, P. L. (1942). *Amer. J. Ophthalmol.*, **25**, 544.

DAY, P. L., LANGSTON, W. C., and O'BRIEN, C. S. (1931). *Amer. J. Ophthalmol.*, **14**, 1005.

JOHNSON, L. V., and ECKARDT, R. E. (1940). *Arch. Ophthalmol.*, **23**, 631, 899, **24**, 1001.

KRUSE, H. D., and CLECKLEY, H. M. (1940). *Pub. Health Rep.*, **55**, 157.

WARBURG, O., and CHRISTIAN, W. (1932). *Biochem. Zeitschr.*, **254**, 438.

A Mirror of Hospital Practice

AN UNUSUAL FRACTURE

By M. S. MAHMOOD

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A GANG-MAN, aged 34 years, was brought on a stretcher to the out-patients' department for pain in the left knee joint and inability to move it, or stand on it.

History.—As stated by the patient, he ran to attend to his roll-call when his foot slipped and he fell down on his knees injuring the left knee joint.

Physical examination.—Diffuse swelling of the left knee joint, slight local rise of temperature, and rigidity of the muscles around it. Marked signs of fluid in the joint. The movements were very painful and limited. There was no marked tenderness of its bony points.

X-ray examination revealed two linear vertical fractures through the condyles of the femur and extending to the junction of lower third with the upper two-third of the shaft (*see* plate VIII).

Treatment.—The knee was bandaged and put on a back splint for six weeks. The patella was moved daily by the hand to prevent ankylosis. The swelling of the knee gradually disappeared and after six weeks the back splint was removed and the limb was put daily on an iron bar for flexing the knee. Such exercises were given morning and evening, and within a fortnight full movements of flexion and extension were restored. Two weeks later the patient was advised to walk with the help of crutches, which he used for about three weeks, and then he began to walk normally.

Points of interest

1. Clinically this type of fracture was never thought of; only *x*-ray examination revealed it.
2. Since the line of fracture passed through the condyles of the femur, which are in the joint capsule, bony ankylosis was expected, but it did not occur.

I am indebted to Dr. C. D. Newman, Chief Medical and Health Officer, N. W. Railway, for kindly allowing me to report this case.

AN EARLY CASE OF PELLAGRA

By N. C. DEY, M.B., B.SC.

PELLAGRA is not common in Bengal where the staple food of the general population is rice. It is difficult to detect early cases, as the signs and symptoms are not pronounced. It has been rightly pointed out by Napier that 'if medical officers in India were more familiar with the signs and symptoms of pellagra, it is probable that more cases should be diagnosed'. I had the opportunity to treat a patient with early skin manifestations of pellagra but with few gastro-intestinal and nervous manifestations.

A Bengali widow, aged 79 years, had suffered several family bereavements within a very short time. She was taking sun-dried rice once a day, and was fasting frequently. She was practically without food for three or four days in a week.

On the 12th March, 1942, I was called to see this patient. She complained of intense itching sensation all over the body. Erythematous patches were seen on the radial side of the wrists, dorsum of the feet and lower parts of the legs. The patches were almost symmetrical and oval, varying from one to two inches in length, with erythematous spreading margins, superficial scaling and slight pigmentation, but without any atrophy of the skin.

A few days later, she developed numbness of the tongue and itching between the fingers and toes with thickening of the skin of these parts and of knuckles. She gradually lost her appetite and the sense of taste became impaired. There were denudation of the epithelium and fissures on the dorsum of the tongue. She did not complain of any other gastro-intestinal symptom except slight diarrhœa occasionally.

Except general irritability of the skin, a feeling of depression, and occasional giddiness and insomnia, there was no nervous symptom. The depression was sometimes marked and the patient felt morose and prostrated. There were a slight tremor of the tongue and weakness of the limbs. The knee jerk was normal.

The blood pressure was 110/80.

The blood picture—red cells 2,480,000 per c.mm., white cells 6,400 per c.mm., lymphocytes 32 per cent, monocytes 6 per cent, polymorphonuclears 60 per cent and eosinophils 2 per cent. Hæmoglobin 51 per cent (Hellige).

Treatment.—The patient was advised a balanced diet. Calamine liniment was applied locally when there was itching or irritation. She was also given a course of nicotinic acid, two tablets 50 mg. each twice a day, followed by one tablet three times a day for the next week.

As the patient improved, she began to have pain in the epigastrium after taking the tablets. The pain was so severe that the patient refused to take any more. Livogen (liver extract with yeast, nicotinic acid, etc.) B.D.H. was therefore prescribed, two teaspoonsful three times a day after meals. The patient improved within three weeks with this treatment, but then showed signs of recurrence which was however controlled by proper dieting and medicine. The patient has been well since July.

In this case the following points are of interest :—

1. The patient developed mild symptoms of pellagra due to food deficiency.
2. The skin manifestations developed earlier and were more marked than gastro-intestinal and nervous symptoms.
3. The symptoms subsided after the administration of nicotinic acid followed by liver extract.
4. The patient developed intolerance to nicotinic acid.