

This test was positive for all the distillates obtained from the viscera, most marked in the distillates from the stomach and intestines and faint in the distillates from the liver, spleen and kidney. The test was negative for the preservative spirit.

Test II.—The substance, on treatment with manganese dioxide and sulphuric acid on the water-bath retained its smell of bitter almonds. The same result was obtained by this test on the distillates from the viscera, i.e., the smell did not disappear.

It was evident therefore that bottle A. found on the deceased contained nitrobenzene, of which presumably about half an ounce had been taken with milk. I reported that nitrobenzene was found in all the organs sent for analysis as well as in the small phial found on the deceased. No poison was found in the sample of spirit.

The almond oil obtained from the suspected chemist's shop (bottle B) proved to be oil of sweet almonds.

On this report the case came up for trial, but was finally dismissed on the following grounds:—

(1). Although a label bearing a certain chemist's name was on the bottle, some of the smaller shops in the bazar possess no labels of their own and so they retain the original label placed on the bottles.

(2). No nitrobenzene was found in the shop of the suspected chemist (search was made some days later).

I have reported this case for two reasons:—

(1). Its toxicological interest. I believe it is the first case reported in the Punjab and possibly in India.

(2). The importance of providing qualified dispensing chemists. At present there is nothing to restrict any one starting a dispensing shop or from selling poisons. The amount of bad dispensing all over India is only too evident, and I would venture to suggest that the cases of accidental poisoning occurring are more numerous than one might care to believe.

It may be noted that the test for aniline was positive only after the nitrobenzene had been reduced by nascent hydrogen. This shows that nitrobenzene is very stable in decomposed viscera.

Nitrobenzene appears to have a direct action on the blood, upsetting its oxygen-carrying capacity. Some toxicologists have described the nitrobenzene haemoglobin spectrum. I was not able to identify the spectrum. This may have been due to the condition of the blood (which was chocolate in colour and decomposed) during the hot weather when the case was examined.

A CASE OF SYPHILIS OF THE LIVER SUGGESTING LIVER ABSCESS.

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SUCH cases being by no means uncommon, the following may be of interest to the readers of the journal.

Mr. M., aged about 40, in robust health before his illness, had been suffering from fever with rigors and pain in the hepatic region. This continued for a period of about 2 to 3 months, with occasional remissions of fever and pain. Lately, he began to have paroxysms of shivering with fever and this was followed by profuse sweating. He complained of very severe pain in the whole hepatic region and the whole area below the costal margin was very tender to the touch, so much so that even very light palpation was extremely painful. He was unable to lie on his back or on his left side. Even while trying to sit he had great dyspnoea, and it was with great difficulty that he could be made to sit up even for a few minutes. He was much emaciated and he was very anæmic. Before consulting me, he was treated for malaria and hepatitis for about three months, and he had received about one dozen injections each of quinine bihydrochloride and emetine at different intervals.

Examination of blood films failed to show any evidence of malaria. The leucocyte count which ranged from 7000 to 9000 showed only 16 per cent. mononuclears and 76 per cent. polynuclears.

The upper margin of hepatic dullness was somewhat irregular and as the liver was obviously enlarged it was thought there might be a hepatic abscess.

While closely questioning the patient about his past history and whether he had suffered from any venereal infection, he confessed he had a small sore, which as he said, was immediately cured by three intravenous injections of neosalvarsan.

Before puncturing the liver for confirming the diagnosis of abscess, I thought it fit to put him on antisyphilitic treatment for a few days, and strange as it may seem, there was very marked and rapid improvement from the third day. In about a week's time the patient felt very much better, and in about a fortnight's time he was well on the way to recovery. Fever and pain entirely disappeared after the third day of treatment.

The possibility of a syphilitic infection of the liver may well be borne in mind while treating such cases, where the symptoms often simulate those of malaria or of amœbic liver abscess.

INTRAVENOUS IODINE IN A CASE OF ABORTION COMPLICATED WITH SEPTICÆMIA.

By B. J. BOUCHÉ, I.M.D.,
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AN Anglo-Indian lady was admitted to the Station Hospital, Kasauli, on the 24th December 1925.

History of Present Illness.—She was 14 weeks pregnant, and on the 22nd December had developed fever, 101°F., with pain in the uterus and adnexa and a slight "show." On the 23rd the temperature rose to 102.4°F., after which a