

evidence of congenital syphilis in the remaining three children. Her fifth conception terminated in miscarriage. Her parents are in good health. Her younger sister has pigmentary syphilides; she is mentally 'overstrung' and the Wassermann and Kahn tests are strongly positive. She has had a miscarriage. Her husband's blood gave negative Wassermann and Kahn reactions.

She had four patches of scaly psoriasis with pigmented margins situated in the regions of the elbows and ankles. She complained of unusual dryness of the skin of the lower parts of her legs. The epitrochlear lymph nodes were palpably indurated.

Her Wassermann reaction was 4 to 10 and Kahn test positive. She was given twelve injections of arseno-paritran and bismo-paritran with interruptions, as she had to leave Calcutta for three weeks and discontinue treatment. On her blood being tested one month after the last injection, it was noticed that Wassermann reaction had gone up to 10 to 10 and Kahn still positive though the patches of psoriasis had disappeared leaving the skin smooth. The dry feeling of the skin was also less. She was now put on an intensive course of twelve injections each of arseno-paritran and bismo-paritran bi-weekly. On the blood being tested one month after the completion of this course, Wassermann and Kahn tests were both negative. Psoriasis never returned after its first disappearance though she thinks that there is still a slight dryness of the skin of her leg.

#### CASE 2

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C. K. J., aged 40 years, was an assistant to a medical practitioner who has an extensive venereal practice. His wife conceived on six occasions, one resulting in miscarriage and one in death due to neo-natal asphyxia; the four remaining children are apparently healthy. His wife is in fairly good health. He had an exposure sometime before his marriage, resulting in a mild form of urethritis. Neisserian organisms were not found in the discharge which disappeared with local treatment. Some time later he noticed weakness in his control over micturition which developed into incontinence. Later still he suffered from vague nervous symptoms such as insomnia, twichings of the extremities and loss of concentration.

When he consulted me in March 1937 he said that he never had syphilis and the object of his visit was for the relief of incontinence of urine. His Wassermann reaction was 6 to 10. On examination his prostate was not found enlarged though it was soft and boggy; there were evidences of prostatorrhœa, and his urine collected after prostatic massage yielded streptococci. A full course of autogenous vaccine, lavage, instillations and diathermy gave some relief to the urinary symptom and helped to clear streptococci, but incontinence continued. He was recommended an intensive course of arseno-paritran injection. He took these injections and called in January 1938, some time after the course was completed, to report that though the dribbling and incontinence were definitely less, he has not had complete relief. There was a marked improvement in his general condition. His blood was tested for Wassermann reaction with negative results. He was then given prostatic extracts, orally and by injection, but without relief. He was now given some bismo-paritran injections; thereafter he got further control over his bladder.

#### A LYMPHO-SARCOMA IN THE BLADDER

By J. F. HENRIQUES, L.M. & S., F.C.P.S., B.M.S.  
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A boy, age 10, was admitted for a suspected stone in the bladder which appeared to be felt on sounding.

The boy suffered from symptoms like those of stone in the bladder. Litholapaxy was tried, but instead of the stone some part of a fleshy growth seemed to be caught by the blades of the lithotrite. A suprapubic cystotomy was therefore done and the growth appeared to be an enlargement of the prostate. This was unusual in a boy of 10, though later I found, according to Boyd's Pathology, that it does occur in the rarest of circumstances in young people. I shelled it out easily. I did not feel any other growths in the bladder and the boy was in hospital from 7th to 27th January, 1938, and was discharged cured. The growth removed was inadvertently thrown away by the sweeper.

On 13th February, he was readmitted. Whilst playing he fell on his abdomen. He came with a gaping wound at the old operation scar. He was dressed in the usual way and it was thought the wound would heal in a few days. After six days, I was sent for urgently, one night, as there was a sudden severe haemorrhage through the wound. I performed an exploratory operation and, on dilating the wound, was surprised to find a number of soft growths mostly sessile, in the bladder; these I began to remove with my fingers. They varied in size from small marbles to pigeons' eggs and were about 48 in number. The whole operation took nearly an hour and was a most trying and difficult one. The patient became very low during the operation, but I was able to finish it and as far as I could feel there were no masses left behind in the bladder.

Though the wound seemed to be healing, he looked anaemic and seemed to be going down gradually. He was discharged at the request of his people after about three weeks, with a small sinus still persisting.

The report on the tumours from the Haffkine Institute was as follows :—

'Composed of gelatinous mass. Sections show areas of small cell infiltration separated by bands of connective tissue. The vessels are hypertrophied and at places the tissue is undergoing myxomatous change'. Subsequently, as the laboratory found the case very interesting almost all the masses removed were sent. Their report on these was :—

'The structure is that of malignant lymphosarcoma, which in in the bladder is comparatively rare'.

#### A CASE OF EXTENSIVE SCALDING TREATED WITH COD-LIVER OIL DRESSING

By K. P. HARE, M.B., B.S. (Lond.), L.M.S.S.A.  
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DURING the past two years I have used cod-liver oil extensively as a dressing in the treatment of burns, scalds and other wounds involving extensive damage to the skin and have been much impressed by its efficacy. I have, however, been surprised to find that many of my professional colleagues have had no experience of it and am therefore recording the following case which illustrates some of the advantages of this technique, viz, ease of application, painless dressings reducing shock to a minimum, absence of secondary infection and speedy epithelialization.

*History.*—The patient, a male tea-garden coolie, aged 35 years, was admitted to hospital on 27th February, 1938, suffering from severe scalds sustained the previous night when an earthenware vessel, in which he was cooking rice, burst. He was very shocked.

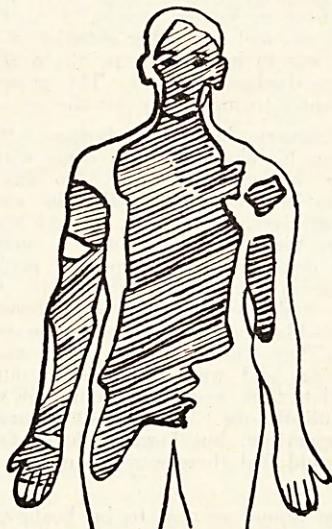


Fig. 1.

The greater part of the anterior surfaces of the head, neck, chest, abdomen and both arms was scalded. The exact distribution is shown by the shaded area in figure 1 and the general appearance is well seen in the photograph (figure 3) taken two days later.

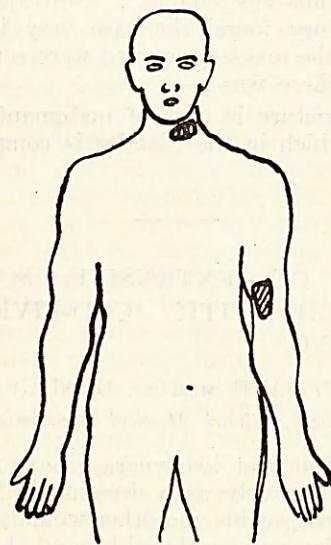


Fig. 2.

*Treatment.*—The wounds were cleansed with warm boric lotion and dressed with lint soaked in cod-liver oil. The dressings were held in position by light bandaging. Morphia gr.  $\frac{1}{4}$  was administered and complete rest in bed enjoined, the foot of the bed being raised. Subsequently the cod-liver oil dressings were renewed daily.

*Progress.*—The initial shock was quickly overcome and the daily dressings caused no distress. There was never any tendency towards suppuration and healing

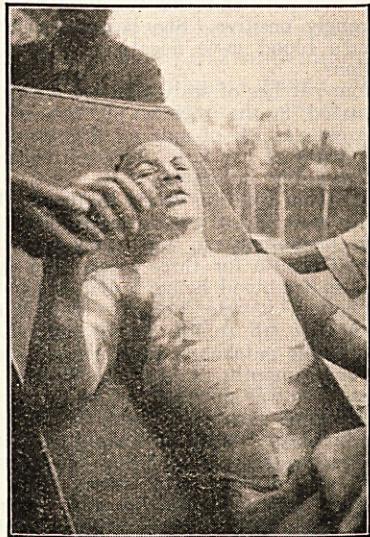


Fig. 3.

proceeded rapidly and steadily. There was no elevation of temperature at any time. The second diagram (figure 2) and the photograph (figure 4) taken on 23rd

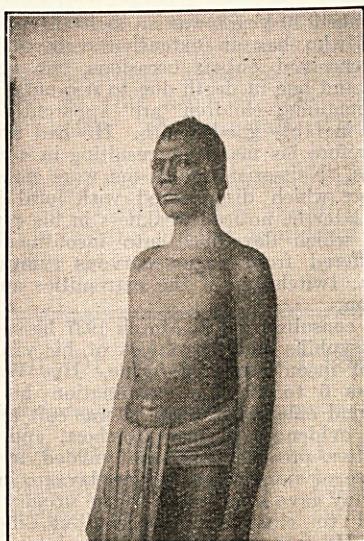


Fig. 4.

March show the remaining extent of the wounds on that date. The patient was discharged from hospital with all wounds completely healed on 26th March.

#### A Correction

In the article '*Bertiella studeri*, a natural tape-worm parasite of monkeys, in a Hindu child', which appeared in the June number of the *Gazette*, p. 346, it is stated Dr. B. M. Das Gupta examined the stool; this is not correct, the contributor, Dr. S. C. Roy, himself made this examination.—Editor, *I. M. G.*