

AN UNUSUAL COMPLICATION FROM AN ELECTRIC SHOCK

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THE following case is reported as the complication observed was rather unusual.

An electrical mechanic, when switching a light at the electric power house, got a shock. He instantly felt pain and a dragging sensation from the right side of the chest to the fingers of the right hand. But the chief and instant trouble was a severe pain in the perineum that set in and soon after he passed a small quantity of urine, which contained blood. While going home, he came to the hospital complaining of severe pain in the perineum. As he refused to stay in hospital, he was given a diuretic mixture and advised to report the next day. Next morning he turned up at the outdoor with a fairly large swelling at the perineum where he was complaining of the night before.

After admission into hospital, he was put on penicillin, diuretic mixture, and local application of ichthyol and antiphlogistine. On the 3rd day, though the quantity of urine passed in 24-hours was increased and the swelling decreased, the urine was still highly acid and tinged with blood. So he was put on an alkaline mixture, other treatments remaining the same. The symptoms gradually subsided and he was discharged cured after 12 days' stay in hospital.

There was no history of gonorrhœa. As the accident occurred in the power house, he must have probably received a fairly high voltage shock, but there were no signs of burns on the fingers with which he touched the switch which gave him the shock.

TREATMENT OF BALANTIDIAL DYSENTERY WITH HYDRARG BINIODIDE

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BALANTIDIAL dysentery is a rare disease in man and its treatment up till now has not been very satisfactory. Napier advises large and dangerous doses of emetine hydrochloride grain 1 daily for 15 to 20 days, and methylene blue in 2-grain doses by mouth has been said to be used with success in some cases. The following case successfully treated with hydrarg biniodide might be of interest:—

A Hindu male, aged 40 years, came for treatment on 9th October, 1947, with the history of having had an attack of diarrhœa 3 months previously. He had been passing 20 to 30 watery motions daily with mucus and had occasional attacks of colicky pain in the abdomen. Stool on examination was found to contain *Balantidium coli* and giardia cysts. He was put on injections

of emetine hydrochloride grain 1 daily, methylene blue grain 2 in capsules twice daily for one week and a course of quinacrine hydrochloride tablets, one tablet three times a day for 5 days. After an interval of 12 days the stool was again examined and found to contain numerous highly-motile *Balantidium coli* but the giardia cysts had all disappeared. The patient was now having 6 to 8 loose motions daily but his condition was far from satisfactory and I was thoroughly disappointed with the treatment given so far.

Following the more recent publication by Shun-Shin (1947) of a series of 10 cases of Balantidiasis in Rodriguez (a dependency about 350 miles from Mauritius) treated by parenteral administration of hydrarg biniodide in therapeutic doses and being struck by the brilliant results achieved by him, an intramuscular injection of 1/6 grain of hydrarg biniodide was immediately given and the patient was advised to report after four days. Stool was then examined and after a very careful search no *Balantidium coli* could be detected. In spite of negative findings in the stool he was further given another intramuscular injection of 1/6 grain of hydrarg biniodide. Stool was re-examined after 5 days. The balantidia were completely and permanently absent as before. The patient had been passing 2 to 3 normal and well-formed motions daily and said that he was feeling quite well.

REFERENCE

SHUN-SHIN, M. (1947). *Brit. Med. J.*, ii, 417.

MANIACAL SYMPTOMS IN ASCARIASIS

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A HINDU male, aged 57 years, with a history of fever of three days' duration, was brought to me one evening held between six men. They stated that, on the pyrexia slightly abating, the patient, who had been quiet in bed till then, began getting up and running about. Examination had to be done with the patient standing and held by the attendants and hence a thorough one was not possible. He was all the time trying to pull himself out of the grip of the attendants and was making the sound of spitting with his lips, though actually no fluid came out. Pupils were normal, heart and lungs showed no abnormality and the abdomen was slightly indrawn. It was not possible to examine other systems. There was a history of obstinate constipation.

The patient was tied down to the bed and ½ grain of morphia, obtainable only at 10 p.m., was administered hypodermically. He lay quietly asleep till the early hours of the morning. He then began tugging at the bonds and muttering in a low voice. Towards mid-day he vomited a full-grown round-worm. As