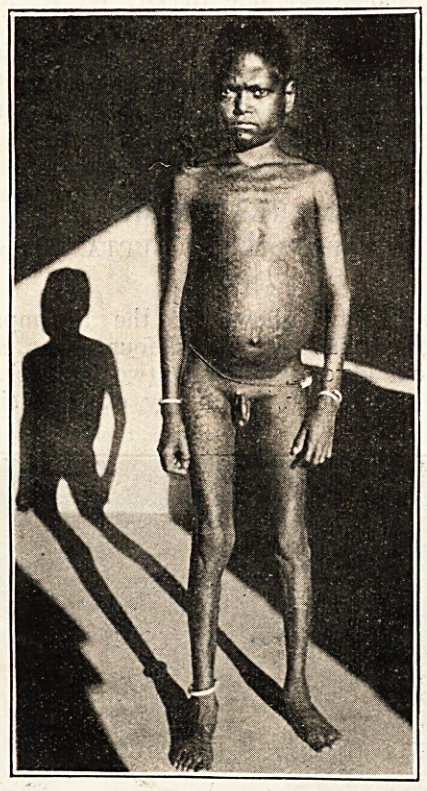
HEREDITY IN ICHTHYOSIS

By B. M. KOTHARI, M.B., B.S.
Windham Hospital, Jodhpur

A case of advanced ichthyosis was recently admitted into the Windham Hospital. The family history as far as it could be elicited made it apparent that it was a disease of the males in the family transmitted through the females, the latter being immune.

The patient's elder brother was suffering from the same disease, while his sisters were all free; his father did not suffer from it, nor his grandfather so far as could be ascertained. Both his mother and her sister were unaffected, but the latter's two sons had the disease while her daughters were unaffected. My patient's four maternal uncles (*i.e*, mother's brothers) all suffered from the same disease throughout life. Unfortunately there was no history obtainable of the earlier generations' health.



The patient was a boy, 12 years old, poorly built and under-nourished. The skin of the whole body was more or less rough and scaly, covered with dirty dark brown scales, more marked on the extensor aspect of the limbs, abdomen, and face, while groins, axillæ, forehead, palms and soles were partially free. The sclera were whiter and paler than normal; the hair on the scalp was thin, atrophied and scanty; the patient appeared to be very anæmic with pulsations in the neck, hæmic murmurs and a flabby protuberant abdomen. There were warty nodules on the back of the wrists and front of the ankles.

The condition was said to have been present since birth. The only abnormality in the boy's history was that he was fond of eating sand and that he practised this habit during his early years. Sweating was imperceptible. Every summer there was marked amelioration due to the shedding of the scales, while during winter the rough skin used to chap very readily. Laboratory examinations of urine, stools and blood revealed nothing except his marked anæmia.

Treatment is very unsatisfactory; the condition usually persists throughout life. Glycerine with unguentum acid salicylic was prescribed to render the skin soft and remove the scales. Thyroid extract was administered, because some hold that the condition is due to thyroid deficiency, the basal metabolic rate being usually subnormal in such cases. The bowels were very constipated and had to be purged daily. The anæmia was treated with Campolon injections. Calcined magnesia taken orally and applied externally has been reported to be useful, but was not tried in this case as he left hospital. The patient was somewhat relieved by the time he left Jodhpur to return to his home.

I must thank Mr. E. W. Hayward, the Principal Medical Officer, Jodhpur State, for permitting me to publish this report.

A HUGE GOITRE*

By S. KUNDU, M.B.
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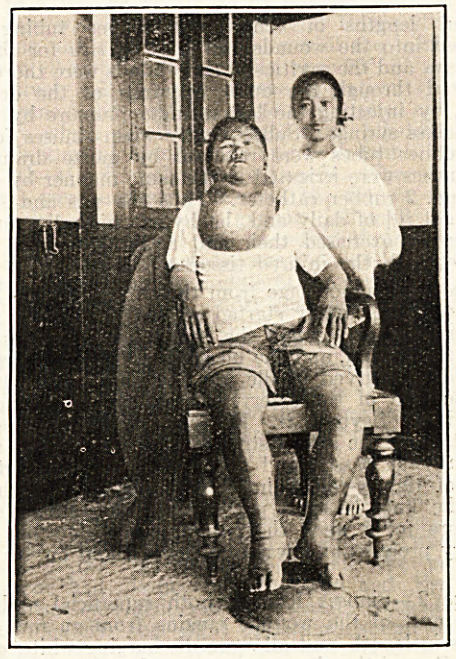
Tongpongnaro, female, aged 30, of Mangmitong, Naga Hills, was admitted on 12th May, 1936, with the complaints of dropsy, breathlessness on slight exertion, and feeling of suffocation and gasping for breath in the recumbent position; duration, one year. No history of rheumatism and syphilis and cardiac valvular disease. A huge goitre is present.



The patient came from an area where goitre is common. She has had the goitre since infancy. It has gradually increased in size throughout her life. She never had any medical

*Rearranged by Editor.

treatment or advice as until recently she had suffered no disability and on admission to hospital she only sought relief of her dropsy and breathlessness and not for the goitre.

The photograph gives a good idea of the immense size of the growth which is by far the largest I have ever seen although I have seen many thousands of goitres in my experience in the Naga Hills.

AN UNTOWARD SYMPTOM IN A CASE OF SODIUM-EVIPAN ANÆSTHESIA*

By R. K. DE, L.M.F., D.T.M.
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and
M. L. SEN
Assistant Medical Officer, Dangri Tea Estate, Assam

A MAN, aged 40, had multiple sinuses of the right hand including the forearm as a result of a septic wound. He was debilitated and was running an irregular temperature. He had slight ascites (hepatic) and intermittent pulse without any organic heart lesion. No albuminuria and no lung disease. In consideration of the above facts he was considered unfit for chloroform inhalation and sodium evipan was decided on as a safer anæsthetic though hepatic disease was a contra-indication. 3.5 c.cm. of the solution was slowly injected intravenously at the rate of 1 c.cm. per minute, the patient gradually failed to count, yawned and passed into unconsciousness. Another 3.5 c.cm. was injected, making a total of 7 c.cm. After waiting for about 2 minutes the operation was begun. A few incisions were made about 5 minutes after the injection and breathing ceased suddenly but recommenced in about 10 seconds. Again after a few minutes, towards the end of the operation, the same thing happened and this time it caused us anxiety as the apnœa lasted longer than on the former occasion. Fortunately respiration returned before commencement of any method of artificial respiration, except a few taps on the abdomen. The operation was completed in 12 minutes and consciousness began to return in about 40 minutes and was complete in an hour.

The point of interest in this case is that respiration ceased twice during the narcosis.

The manufacturers and most observers claim that nothing serious happens to respiration except slight and temporary depression. Ernst (1933), however, observed in some cases 'tonic rigidity of the whole skeletal musculature lasting a few seconds together with holding of the breath' but this did not occur in this case. Slot and Galley (1934) observed respiratory spasm early in anæsthesia sometimes involving the glottis, and also a few cases with temporary inhibition of respiration. Chellappa (1934) also observed temporary cessation of respiration in one case. But none of their cases died of respiratory failure.

This non-controllable anæsthetic is simple and safe but the possibility of this untoward symptom should be kept in mind in consideration of the fact that we are comparatively ill-equipped to meet this accident in tea-garden practice. That hepatic disease which is a contra-indication to the use of sodium evipan was to some extent responsible for this phenomenon in this case is probable.

Our thanks are due to Dr. W. F. Whaley, M.D., for his permission to publish this case note.

*Read at a meeting of the Assam Frontier and Budla Beta Medical Society on 18th April, 1936.

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REPORT ON A FATAL CASE OF AGRANULOCYTOSIS

By B. M. DAS GUPTA
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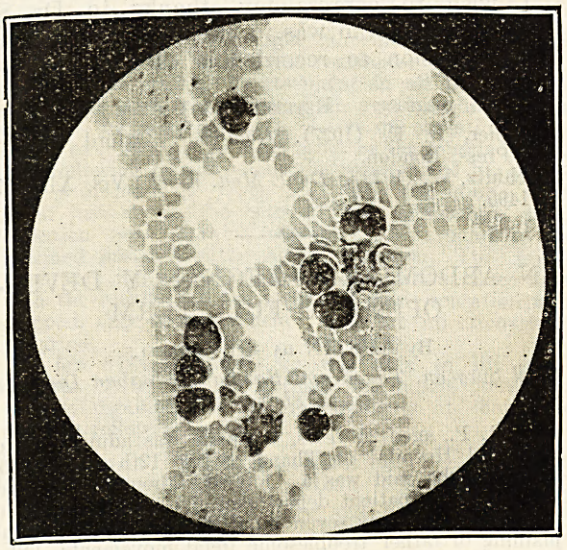
SCHULTZ (1922) was probably the first to draw attention to a condition of severe neutropenia which he termed 'agranulocytosis'. Since then several important observations concerning this condition have been recorded by workers in Europe and America. In most cases the syndrome has appeared in people who have had some illness specially associated with pain, for which they have been in the habit of taking amidopyrine or one of the allied compounds.

As far as I am aware, primary agranulocytosis has not been reported previously from this country.

Report of the case

A. C., male, aged 50 years, merchant, had an attack of fever, presumably malaria, about a year ago. It



Photomicrograph of the blood film showing that all the leucocytes in the field are non-granular mononuclears.

lasted about a week and responded to quinine. For the last three months he has been in indifferent health and during this period had several attacks of membranous ulceration of the throat. He suffered from