

symptoms were fever, abdominal pain, and diarrhoea, duration one and a half months. He also complained of a lump in the abdomen which had been existing for about six months.

The history was that he had suffered from dysentery for two months in 1944 and from fever for five months in 1945. Thereafter, the abdominal lump appeared; it began as a small swelling in the right iliac region. There was a considerable loss of weight, about 3 stones in 1½ years. His doctors suspected the condition as tuberculous caecum with localized adhesive peritonitis and advised short-circuiting.

On examination, the mass was 4 inches by 2½ inches; it was firm, irregular and tender, obviously involving the ascending colon and right half of the transverse colon. No other abnormality was detected. The white cell count was 10,000 with 80 per cent polymorphs. Other laboratory tests were negative. Barium meal examination revealed an irregular residue in the caecum after 24 hours (figure 1, plate XIV), while the barium enema showed a defective filling of the caecum even after half an hour (figure 2, plate XIV). X-ray examination of the chest showed no lung infiltration.

After the x-ray examination, the distal portion of the 'tumour' mass disappeared, and it was attributed to emptying of the transverse colon as a result of purgation and enema. The lateral portion however remained unaltered, and we thought that this might be due to amoebic granuloma of the caecum and ascending colon. The patient was put on emetine (grain 1 daily for 6 days), and carbarson (0.25 gm. twice a day for 10 days) empirically, which not only relieved his symptoms but led to the complete disappearance of the 'tumour' mass. He has now put on 9 lb. in weight within a fortnight, while his haemoglobin increased from 8.8 gm. to 9.9 gm. Another skiagram taken almost immediately after barium enema showed a more well-defined caecum (figure 3, plate XIV).

In differential diagnosis, one may think of tubercle, cancer, faecal impaction and collection of roundworms, but the rapid response to emetine supports the diagnosis of 'amoeboma', although undoubtedly there was some chronic accumulation of faecal matter in the colon.

### ENLARGED PROSTATE TREATED WITH STILBOESTROL

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THE operative mortality even in expert hands is so high and the undertaking of operation in the districts is so risky that one contents oneself only with the relief of symptoms in this disease. I have tried all sorts of medical treatment and even the simple operation of Steinach's vasectomy but without any marked benefit. Last year, a suggestion came from the inspector-general of civil hospitals, Punjab, to try stilboestrol tablets. Since then I have tried these on eleven patients with good results specially in early cases. I have not been able to judge about the benign or malignant types, but the fact remains that some cases were very advanced and toxæmic and failed to respond altogether. It may be that I could not give a fair trial as the patients left the hospital; moreover, the cost is prohibitive for some patients. The following are brief notes on some of the cases treated with stilboestrol.

*Case 1.*—Patient aged 67, frequency of micturition at night and an urgency since about two months. Rectal examination revealed enlarged prostate. Put on stilboestrol tablets, one three times a day. Felt better within a week. Advised to carry on with the same treatment with one tablet daily. No frequency of micturition at night now.

*Case 2.*—Early case. Patient aged 59, similar to case 1, and similarly treated. Got better after 8 or 9 days and also has been well for the last year.

*Case 3.*—Patient aged 55, had retention of urine twice; considerable difficulty in passing urine. Relief with treatment, but came again with retention, looking very weak and toxæmic. This time there was no improvement.

Two other cases had stones in the bladder which were removed by litholapaxy. The prostatic symptoms in one of them did not improve until I started giving injections along with oral medication. The record shows that out of the eleven cases two did not respond to treatment, one responded partially, but the remaining eight were completely relieved. I cannot deny that the symptoms of these patients do sometimes subside after treatment with catheterization, etc., but the first two cases are rather instructive; these have remained symptom-free and another patient gets back his urinary troubles only if he is not given stilboestrol injections regularly.

### TREATMENT OF ECLAMPSIA WITH MAGNESIUM SULPHATE

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A FEW years ago the district health officer of Backerganj circulated a pamphlet suggesting magnesium sulphate injections for the treatment of eclampsia. Roy (1941) treated some cases with intravenous injection of 15 c.cm. of 10 per cent solution of magnesium sulphate, along with Stroganoff's treatment, intravenous glucose, etc. I have treated 15 cases of which only two died. In all these I injected 5 c.cm. of 25 per cent solution of magnesium sulphate intramuscularly, followed by an injection of morphine ¼ grain and atropine 1/100 grain. The fits and convulsions stopped after these two injections, and the patient fell into a deep sleep. In 9 cases there was no recrudescence of the symptoms; in 4 they reappeared after 3 hours and were stopped by another injection of 5 c.cm. of magnesium sulphate solution. All the cases were ante-partum and a dead child was delivered in each case 8 to 10 hours after the commencement of treatment. The two fatal cases were completely unconscious and cyanosed; fits were coming in quick succession and respiration was hurried. An intramuscular injection of 10 c.cm. of magnesium sulphate stopped the fits and convulsions, but the patients died within an hour.

In January 1946 I treated two more cases by the above method, one a primipara aged 16 years and the other a multipara aged 35 years. The fits and convulsions stopped, and the patients regained consciousness, and after 8 to 10 hours the dead child was delivered spontaneously. Both cases recovered uneventfully.

#### REFERENCE

Roy, S. K. (1941) .. *Indian Med. Gaz.*, 76, 481.