relieve the pain but little and do not save the cornea from sloughing and ulceration.

Treatment.—Silver 2 per cent. was used for a pretty long time to check the discharge and yet it was not quite satisfactory. Mercury cyanide 1 in 50 had no effect in prevention or in lessening the intensity of the inflammation, pain and discharge. The use of atropine and iodoform helped the patients in relieving the pain due to the corneal ulceration and that was all.

N.B.—All these cases were sporadic and belonged to different villages, except in the case of two families in which two children and their mother and a mother and daughter were the sufferers. In all instances the children were the first to suffer. It is rather an uncommon occurrence to see so many cases of the same nature and suffering with the same result in so few days. I have never seen such cases before and I wonder if such cases have been seen and attended to by others. I shall feel grateful if other practitioners would write on the subject giving the treatment they found most useful.—Yours, etc.,

E. CHARLES.

EYE HOSPITAL,
GUJRANWALA,
21*st September* 1925.

PERACRINA *VERSUS* MALARIA.

To the Editor, "THE INDIAN MEDICAL GAZETTE."

SIR,—An article in the May number of the *Indian Medical Gazette* deals with the publication in the *Archiv für Schiffs-und Tropen-Hygiene* on "Peracrina," a new remedy against malaria. The author does not seem to be convinced of the good results of the treatment with Peracrina as recorded in the publication and he believes that some of the curves reproduced might well be employed to shew the natural course of untreated malaria.

It may be that in the short publication referring to the work against malaria of the Swiss Red-Cross Expedition in the famine districts of South Russia, the incidental circumstances connected with the various cases have not been so fully described as to permit a conclusive evaluation of the actual results to readers who had no opportunity of studying the prevailing conditions.

Whoever saw the dreadful general circumstances of the Russian famine would hardly have found any support for the idea that in the cases in question cures could have been obtained without any treatment. It must, on the contrary, be regarded as a fact that a practically complete cure, i.e., a condition of the patient where he was free from fever and complaints and absolutely fit for work, has been obtained through Peracrina in a very high percentage of cases even when other remedies failed. It then often appeared—contrary to what is observed with other methods of treatment—that the state of health and clinical symptoms of the patient (absence of fever, normal spleen, etc.) were those of a normal physical condition while there were still some plasmodia in the blood. In the case of other treatments the plasmodia disappear first from the peripheral blood but often continue to develop in spleen and liver and cause the persons affected to appear still suffering and unfit for work.

The treatment of malaria with Peracrina in Russia was, by the way, only a first attempt carried out under extraordinarily difficult conditions. A second Swiss expedition was despatched in 1924 to the Greek malaria districts, and the results obtained there will be published shortly. They will prove that Peracrina must in fact be recognised as a successful remedy against malaria.—Yours, etc.,

J. WALKER.

BERN,
13*th August* 1925.

(*Note.*—There is a paper on the use of Peracrina 303 in malaria in this number of the *Gazette.*—EDITOR, *I. M. G.*)

A CASE OF FOOD SENSITIVENESS.

To the Editor, "THE INDIAN MEDICAL GAZETTE."

SIR.—In the issue of your *Gazette* for May 1923 Dr. Birendra Mohan Chowdhury reported a case of food sensitiveness, asking for suggestions as to its true etiology and treatment. I venture to put forth my views of the case in the following few paragraphs:—

I consider the case to be one of *urticaria.* The picture delineated by Dr. Chowdhury is of course striking in its manifestations. The symptom-complex is no doubt caused by an acute and transient inflammation, in which mucous membranes of the stomach, eyes, and upper respiratory passages are attacked in conjunction with the skin. The skin lesion described is exactly urticarial,—raised, firm, white, "just like the swelling produced by the bite of red ants." The symptoms of chill, itching, nausea, cough, and running from the nose and eyes, may all occur in an acute attack of urticaria, for urticaria may affect mucous membranes, particularly gastric and bronchial, sometimes leading even to asthmatic symptoms.

As regards the order of appearance of the eruption, the first two sites noted are both within easy reach of the fingers of the right hand, and the wheals are easily evoked by scratching. In reply to the point that the boy's father had similar symptoms in his childhood, it may be argued that without launching into the mystery of a weird symptom-group inherited from father to son, we may plainly say that urticaria is such a common ailment, it is no wonder that the father suffered from it in his childhood. The child evidently gets well with the completion of stomachic digestion, and during this period, what with fullness of the stomach, what with a generalised peripheral dilatation of capillaries and consequent decrease of blood supply to the brain, or what with the particular nature of the toxin elaborated, he easily falls asleep.

The real difficulty is in the detection of the offending agency. Whatever we may call it, idiosyncrasy, anaphylaxis, or supersensitiveness, the poison which produces it cannot be so easily dismissed from the dietary. The attacks have always occurred at the end of meals. In the detection of the offending article, great patience and the cultivation of the detective faculty is wanted. The cause may be discovered by keeping records of the diets on the dates of the attacks and comparing notes. There are indeed many common articles of diet which may produce the eruption in particular individuals. It is difficult to persuade even medical men that such common articles of diet as eggs, milk, and even rice, can possibly act in this way. Careful study, however, will often convince unbelievers. The state of the gastric and intestinal functions should be investigated and set right to prevent the possibility of auto-intoxication, the presence of worms should be thought of, and enquiry into the functions of other important organs should be made to detect any defect.

Treatment should be:—Keeping the bowels open, intestinal antisepsis, removal of intestinal parasites, administration of gastric sedatives, and careful dieting. The following medicines have been found to be useful:—ichthyol in capsules or glycerin, calcium, and magnesia.—Yours, etc.,

R. K. BHATTACHARYYA M.B.

NABADWIP, NADIA.
The 17*th July* 1925.

"DIAGNOSIS" IN HOSPITALS.

To the Editor, "THE INDIAN MEDICAL GAZETTE."

SIR,—I find that I omitted a sentence in the original typescript of the paper "Diagnosis in Hospitals" forwarded to you which you very kindly published and so with the object of bringing the omission to the notice of those interested in this paper I shall be much obliged if you will kindly insert this letter in the columns of your valuable *Gazette.*