## A CASE OF PARALYSIS AGITANS, "PARKINSON'S PALSY" WITH A NOTE ON ITS CAUSATION.

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Of comparative rarity in the East, the following case presents a few interesting points, especially as to its causation.

Sepoy Kaka Sing, of the Burma Military Police, was admitted into Myinmu Hospital in May, suffering from malarial fever of a severe remittent type, contracted in a notoriously unhealthy station in the Katha district. He states he had fever about 14 days before admission into hospital, and during the six months he was stationed in this particular place, he occasionally got fever. A fortnight after admission into hospital, fever declined, leaving him weak, anæmic, complaining of tremblings of extremities and a difficulty in doing things for himself. He was then transferred to Head-quarters' hospital at Sagaing, 28th June 1903.

On admission, patient, who is a young Sikh of good physique, 22 years old, and two years' service, presented the following appearance lying in bed. Face immobile, expressionless, eyebrows drawn up, leaving the whole upper lids exposed. There is a stammering hesitation before speaking, then the words come rapidly, but distinctly; voice is shrill. There is tremor of head and all extremities. Head moves vertically, no nystagmus. Attempts at voluntary movements check the movements to a slight extent. Patient cannot thread a needle and his writing is zig-zag.

Weakness is more apparent than real, but is present. On rising all movements are slow and deliberate.

*Gait.*—Head and chest bent forward, arms held apart from sides and flexed at elbows. Legs wide apart. Steps short and hurried "propulsion."

Reflexes normal, no localised symptoms. There is no sign of his ever having had chancre or syphilis; he states he never suffered from venereal of any sort.

There is no family history of any nervous complaint. No malarial parasites were found in the blood. He had a long course on quinine. Blood did not agglutinate in a 1—20 dilution enteric bacilli. There is no history of drunkenness.

*Causation.*—There seems to exist a doubt that this disease is caused by malaria, but in this case it undoubtedly was. There is no history of venereal disease, wettings, trauma or exposure, only of malaria. A man who was never ill until attacked by slight fever nine months ago followed by slight attacks, which culminated in the severe type above referred to. It seems to me then that paralysis agitans, though happily of comparative rarity, may be reckoned on as another of the sequences which follow in the trail of malaria, and is one of the most distressing to patient and his friends. Patient is still in hospital on August 6th, and the disease is slowly advancing. Arsenic, opium, potassium iodide and bromide have been tried without effect.

## NOTES ON A CASE OF PUERPERAL ECLAMPSIA TREATED BY HYPODERMIC INJECTION OF MORPHIA.

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Patient was an Eurasian, aged 34 years, she commenced menstruating at the age of 13 years, and, when occurring, her periods were regular monthly, lasting 4 to 5 days and of normal quantity. At the age of 13 years, shortly after she commenced to menstruate, she was married and has had altogether 12 pregnancies. All ended normally except the last two, which ended in miscarriages at 5 and 3 months respectively.

Her present pregnancy dated from 8½ months ago and was apparently normal in every respect.

On October 19th patient experienced intense headache with vomiting and pain and stiffness in the back of the neck; the temperature, when she was seen, was 103°, and the urine contained about ¼th of albumin, but was apparently normal in quantity. A hypodermic injection of half a grain of morphia was given, followed by 40 grains of potassium bromide. The patient slept well and the vomiting ceased; temperature fell to normal. On October 21st the pain in the head returned, as also did the fever; temperature being 101° F. Forty grains of potassium bromide were given.

She slept only however for about one hour, and on waking at 9 P.M., was seized with an epileptiform convulsion; this fit was followed by others throughout the night, and when seen at 8 A.M. on October 22nd, she had had eight fits, lasting from 2 to 3 minutes each. The patient was now in a semi-conscious condition, and complaining of intense headache and pain in the back of the neck. The tongue was swollen and badly bitten, the respirations hurried and shallow, and the pulse feeble, 120 to the minute, urine scanty and loaded with albumin. One grain of morphia was injected hypodermically. The patient relapsed into a lethargic condition, but could be roused to take food. The fits ceased. Patient lay 20 hours in this condition when labour pains came on and she was quickly delivered of an healthy living child. After labour was completed no more morphia was given, the fits did not recur, and the patient progressed normally. The albumin disappeared from the urine in 48 hours. Beyond complaining of some stiffness in the back of the neck the patient had no abnormal symptoms and made a rapid recovery. The child was a strong healthy boy of normal weight.