

stages of its clinical history and have had their blood examined many times.

These slides were stained by the standard Leishman's method with addition of distilled water and also by the writer's "field" method without it (vide *Indian Medical Gazette* of October 1928). Both the methods of staining showed in all the cases a striking alteration of the eosinophilic nature of the granules into different shades of basophilic colour. They look every bit like eosinophiles in all other characteristics. This basophilic tendency of the granules shown by different shades of blue gradually gets deeper and deeper from the time of penetration of the stomach wall by the infective larva to the ultimate selective settlement of the mature gravid female worm somewhere in the subcutaneous connective tissue.

As soon as the worm dies in the body or is extracted by surgical procedure, the basophilic tendency of the granules diminishes in intensity, until in three or four weeks time the cells regain the normal eosinophilic nature of their granules, though their percentage remains high for two or three months.

I am inclined to think that this transformation of eosinophilic into basophilic granules is caused by the toxic stimulus of the living *Dracunculus* on the hæmogenetic tissues which manufacture these cells in enormous numbers, but with a powerful osmotaxis of their granules for the basic element of the Leishman's stain and not the acidic. In an established case these cells are found to constitute 10 to 20 per cent. of the total leucocytes.

The presence of these striking cells in a stained blood film from a case in any stage of this disease will greatly help the clinician both in early diagnosis and prompt treatment with intravenous tartar emetic to cut short the further journey and maturation of the worm, if this hæmatological finding is proved to be a clinical entity by more experienced observers in better positions.

Cyclops quadricornis is the general intermediary host in the Deccan, but *Cyclops bicuspidatus* has also been occasionally found to contain larvæ of *Dracunculus medinensis*.

TORSION OF THE OVARY ON BOTH SIDES.

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A KHOJA lady, aged about 28 years, was admitted to the Civil Hospital, Karachi, on the 10th June, 1930, for treatment of severe pain in the lower abdomen, accompanied by a swelling in the hypogastric region.

History.—The patient got an attack of pain suddenly about a month ago when she noticed a small swelling in the right iliac fossa; the pain continued and the swelling increased to its present size during the period.

Menses regular.

Condition on examination.—There was a soft swelling of the size of a football in the hypogastric region. The patient said she had had unbearable pain in the lower abdomen for the last week. She was menstruating at the time of examination.

Immediate laparotomy was decided upon and on opening the abdomen by a right paramedian incision, the diagnosis of twisted right ovarian cyst was confirmed. The pedicle was twisted four times on itself and there was a large amount of extravasation of blood in its substance and in the lower half of the cyst wall. The cyst was removed in the usual manner.

The interesting point about this case is the fact that on examining the left ovary the following condition was found:—

The ovary was slightly enlarged and dark brown in colour. It was found after separating adhesions to the adjacent structures in which it appeared buried. On clearing away the adhesions it could be seen that the ovary had a large mesentery and this was completely twisted on itself causing partial strangulation of the ovary. After untwisting the pedicle the ovary was stitched to the posterior surface of the broad ligament.

The patient made an uneventful recovery and left the hospital on the 12th day after operation.

This note is published by the kind permission of Lieut.-Col. I. D. Jones, I.M.S., Civil Surgeon, Karachi, who operated on the patient.

AN INTERESTING CASE SIMULATING TETANUS.

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ON the 5th May, 1930, I was called to see a patient, a cooly girl on a coffee estate, aged 10. At the time of examination, the patient had all the symptoms of tetanus. The proprietor of the estate told me that the mother of the girl died two years ago, having the same symptoms. I examined the girl thoroughly, but I did not find any wound or scar on the body nor did her relatives give me any history as to the onset of the disease.

I prescribed the routine treatment for tetanus, and as there was no serum with me, I asked the proprietor of the estate to get the serum. He somehow or other did not get it. I continued the treatment on the 6th, 7th, and 8th, but the symptoms remained the same. I even tried luminal with calcium chloride, but to no purpose. On the 10th, I was told by her relatives that she passed a round worm some days ago before the onset of these symptoms. Accordingly I prescribed pulv. santonin compound on the 10th night and a purgative in the morning. She passed half a dozen round worms in the excreta and a small one through the mouth. To my surprise I found that the patient was a little better, and a week afterwards she was perfectly all right.