

combined with treatment, does not remove the whole source of infection.

#### CONCLUSIONS.

The conclusions that one draws from the experience in these two gardens is that by segregation and treatment alone the spread of the disease in an estate will not be stopped, but that by these measures it can be controlled, especially if they are adopted early (*vide* Hautley "out lines"); that a lesser degree of success can be expected from treatment alone (*vide* Hautley "factory lines," early measures); and that transfer of the lines can be expected completely to cut short an epidemic (*vide* both Dooria and Hautley "factory lines," later measures).

Whether or not it is advisable to advocate transfer of the lines in view of other considerations is an entirely different matter. It is seldom possible to carry out a complete transfer in less than one year, by which fact the value of this measure is considerably reduced. Furthermore, it is extremely unpopular amongst the coolies and is very expensive. On the other hand, the treatment of the disease is so satisfactory in these days that a 95 per cent. cure rate can be anticipated and the cost even for the more expensive pentavalent compounds can be calculated at about Rs. 5 per patient in a mixed population. Treatment would of course be carried out even if the lines were transferred, but it is doubtful even at a most pessimistic estimate if the failure to transfer the lines could lead to more than 200 additional infections per 1,000 of the population; the additional actual cost, Rs. 1,000, for the treatment of these cases would most certainly be much less than the cost of transferring the whole line.

Taking all things into consideration, therefore, the obvious policy to adopt, unless there are independent reasons for the transfer of the lines, is treatment of each case as it arises. If this is combined with repeated inspection of the coolies and careful observation of all suspicious cases and contacts a considerable degree of success can be anticipated.

*Note.* One of the writers (P. F.) has had an opportunity of applying these conclusions practically. On one garden under his medical control, 23 families and on another 16 families became infected with kala-azar during the years 1923, 1924 and 1925. All the patients were placed under treatment with urea-stibamine but no other preventive measures were adopted; in only 6 and 2 instances, respectively, have second cases occurred in these families.

#### CORRIGENDUM.

IN our issue for December 1926, on page 596 at the foot of the first column, under (5), in place of *Indian Medical Gazette* of June 1925, please read *Indian Medical Gazette* of June 1923.

## A Mirror of Hospital Practice.

### A CASE OF CEREBRAL ABSCESS AND ONE OF TUBERCULOUS PERITONITIS.

By M. UMAR,  
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*Case 1.*—Durga, prisoner in the Bareilly Central Jail under section 395, *Indian Penal Code*, came to the hospital with fever, and quite unable to lift his right upper extremity. There was no loss of sensation to heat, cold and touch, neither was there any wasting of muscles. He was admitted on the 1st July 1923. On the 13th he could not speak a word and paralysis of the right arm and leg was complete.

There was slight headache (not very severe). He died at 12-30 midnight on the 15th July. There was no other symptom beyond those recorded above.

*Post-Mortem Examination.*—Body thin and of poor physique; dura mater adherent to the brain substance over the left lateral lobe. The left lateral lobe on section showed an abscess cavity containing about six ounces of pus which was thick, grumous, and darkish blue in colour. Other organs were normal.

I regret that no bacteriological examination was made in this case.

*Case 2.*—This patient was transferred to the Bareilly jail from the Andamans without any history whatsoever. It was written on his papers that the transfer was "on medical grounds."

His name was Itwari (probably born on Sunday). He was in a very bad state of health with enlargement of the spleen and liver. The heart sounds were weak. The spleen appeared to be much below the umbilicus and there were signs of bronchitis in the lungs. He was also anæmic. Oedema had commenced in both his feet and there was an afternoon rise of temperature up to 101°F.

Naturally he was treated with the most favourite drug in India, viz., quinine, but it proved of no use. After some time he began to pass both mucus and blood. I examined the stools under the microscope for amœbæ, but the result was negative. I also examined the sputum repeatedly for tubercle bacilli, but this result was negative also. The urine shewed traces of albumen. On the 28th July œdema was much increased. He died on the 9th of September at 9 p.m.

He was sentenced on the 17th November 1919, came to this jail on the 19th February, 1924, and was admitted to the hospital on the 24th June 1924.

*Post-Mortem Examination.*—The whole of the great omentum was very much thickened, so much so that it gave the appearance of an enlargement of spleen; also it was brittle.

The large and small intestines were matted together absolutely in such a way that it was impossible to separate them, but they could be moved *en masse* like a football. There was a darkish red growth from the left to the right iliac fossa through which all the small intestines were attached to the pelvic brim and could only be separated by the aid of a knife. There was reddish fluid in the abdomen. The spleen was enlarged, but not so much as was suspected during his lifetime. Its weight was 24 ozs. It was concealed by the great omentum. The heart was fatty, and both lungs were congested and shewed pleural adhesions.

A piece of the great omentum and the growth from the small intestine was forwarded in spirit to the Central Research Institute, Kasauli. The report from the Central Research Institute, dated the 27th September is as follows:—The following is the result of the examination of omentum and growth from the small intestines taken from prisoner No. 1244, Itwari. Sections made from the material sent show chronic inflammatory conditions. They show cells of the inflammatory type with a large amount of formed fibrous supporting tissue. Throughout the sections are to be seen fairly extensive areas of necrosis and associated with many of these there are to be seen giant cells with peripherally situated nuclei. In these areas of caseation relatively numerous acid-fast bacilli were found. The blood vessels are not numerous, but are for the most part well formed and in some cases actually markedly thickened. There is no evidence of malignant disease and the condition is one of chronic infective granuloma of tubercular origin.

#### A CASE OF ARSENICAL DERMATITIS FOLLOWING INJECTIONS OF NOVARSENOBILLON.

By B. P. BANNERJI, M.B.,  
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THE patient, a Hindu male adult, came to me for medical advice with a small hard chancre on the prepuce and a history of exposure to infection. Otherwise he looked healthy and stout, and gave no history of any previous severe illness. Accordingly, I tested his urine with negative findings, and gave him an initial dose of 0.3 gm. of Novarsenobillon. The reactionary symptoms were negligible, and he appeared to be doing well.

The second dose—0.45 gm.—was given on the eighth day of treatment, and the third dose—0.6 gm.—ten days later. As the injection made very little impression on the sore, and as the patient was impatient and asked for intensive treatment, a third dose—of 0.9 gm.—was given on the twelfth day after the

third injection. In the meantime he was having local applications to the sore.

Immediately after the fourth injection he had a severe rigor, and the temperature rose to 103°F., with severe headache and nausea. These reactionary symptoms however abated within twenty-four hours. As ill luck would have it however, there was no appreciable change in the ulcer, and the patient became more insistent than ever on intensive treatment.

Up to this date he had shown no symptoms of intolerance to arsenic, and accordingly a fifth dose—of 0.9 gm.—was given ten days after the fourth injection. This time the reactionary symptoms were severe and on the third day after injection he developed intense jaundice and a maculo-papular rash all over the body, with excruciating pain and pruritus. Gradually his whole body swelled up, the mouth became full of aphthous patches, and fever continued without intermission. There was nausea and vomiting at times and he had complete loss of sleep and appetite.

The case appeared to be clearly one of arsenical dermatitis following on Novarsenobillon injections, with symptoms of acute yellow atrophy of the liver, and he was treated by a saline mixture orally and calamine lotion externally. Absolute rest was prescribed and a regulated diet. He gradually began to improve, and later Acnetox was given, which acted like a charm, and all the skin lesions subsided. He was subsequently given a general tonic and made an uninterrupted recovery.

#### A CYSTIC TUMOUR OF THE MESENTERY.

By J. B. VAIDYA,  
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A MARRIED woman, aged about 30 years, was admitted to hospital for a tumour in the abdomen. The history was of one year's duration. The patient first noticed a swelling in the right lumbar region, which gradually increased, and she had irregular fever. On admission the tumour was found to occupy practically the whole of the right side of the abdomen from the pelvis right up to the under surface of the liver. It also extended across the middle line to the left, but not to such an extent as on the right side. The left iliac region was however resonant. A diagnosis of ovarian cyst was made and the abdomen opened in the middle line. The cyst was tapped and five gallons of a dirty brownish fluid came out. On exploring it was found that the cyst did not arise in the pelvis. The ovaries and broad ligaments were normal and well away from the tumour. The cyst was