laryngeal obstruction. The references to subcutaneous emphysema which I have seen all state that it is rarely serious; yet the patient was in a dying condition even before receiving the morphine.

A CASE OF CEREBRAL MALARIA WITH UNUSUAL ONSET

By SURJYA KUMAR BHOWMICK, L.M.F.
Telepara Tea Estate, Binnaguri P. O., Jalpaiguri Dist.

On 19th July, 1946, at 2-45 p.m., a coolie girl aged 5 years old was admitted into the Telepara Tea Estate Hospital in a semi-conscious state with frequent vomiting.

History.—The patient, while playing at about 12 noon in front of her house on the same date, was reported to have had sudden vomiting and after several vomits she fainted.

Examination.—Temperature on admission 99.2°F., pulse—140, respiration—40 per minute and regular. Lungs clear; heart nothing abnormal found; liver not enlarged; spleen 2 fingers below the costal margin; no rigidity of neck; limbs flaccid; pupils contracted; reflexes present and equal on both sides; knee-jerk slightly present; Babinski's sign absent.

Examination of blood showed a heavy infection with *Plasmodium falciparum* rings.

She was at once given an injection of quinine hydrochloride grs. 5 with coramine 1 c.c. intramuscularly. Soap water enema was given. As the patient passed urine in bed during my examination no catheterization was done. Hot foot bath and cold application over head by a continuous flow of water were continued.

At 6-45 p.m., the temperature went up to 102.2°F., respiration was 50 per minute, pulse could not be counted and the patient became completely unconscious. An injection of quinine hydrochloride grs. 1½ with coramine ½ c.c. in 10 c.c. of glucose solution was given intravenously. Coramine 1 c.c. every 30 minutes after was continued intramuscularly.

In spite of all the measures the patient died at 10-30 p.m.

A CASE OF VINCENT'S ANGINA TREATED WITH PENICILLIN, SOLUSEPTASINE AND THIAZAMIDE

By S. C. GANGULI, L.M.P.
A. M. O., Dhelakhat T. E., Tinsukia

A Hindu male, aged about 34 years, was admitted in the hospital on 14th April, 1946, for the treatment of anæmia and scabies, and was progressing satisfactorily.

At 11 a.m. of 21st April, 1946, he suddenly developed high fever, became delirious and the inside of the throat and the neck was swollen. Dyspnœa and hoarseness of voice appeared gradually. Throat swabs were taken and fusiform bacilli were found on microscopic examination.

Soluseptasine 10 c.cm. (5 per cent solution) was injected intramuscularly at once but all the above complaints increased rapidly and at 4 p.m. the axillary temperature was 105°F.

At 4 p.m., penicillin 20,000 units was given intramuscularly and the same dose was given after 3 hours and after that 10,000 units intramuscularly was given at 3-hourly intervals up to 10.30 p.m. of 23rd April, 1946. In total 210,000 units of penicillin were given. Soluseptasine 10 c.c. intramuscularly thrice daily was also continued up to 23rd April, and then the patient was given orally thiazamide 2 tablets (1 gramme), thrice daily up to 27th. Besides these dettol gargle, antiphlogistine to the neck and glucose intravenously were given.

The patient began to improve from 11 p.m. of 21st April. Next day the axillary temperature was 101°F. to 102°F. Temperature came down to normal on 23rd noon, and other symptoms disappeared except hoarseness of voice which remained for 3 more days. The patient was quite well on 27th April.

The cause which I could elicit was a dirty tea brush stick used in cleaning the mouth.

I had a similar case in my practice about 7 years back and in that case soluseptasine 10 c.cm. (5 per cent solution) intramuscularly at 4-hourly intervals was given but the patient died within 24 hours.

My thanks are due to E. D. Hooper, Esq., Acting Manager of the Tea Estate, for allowing me to report this case.

Therapeutic Notes

NOTES ON SOME REMEDIES

II. PALUDRINE*

By R. N. CHAUDHURI, M.B., M.R.C.P. (Edin.), T.D.D. (Wales)
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Introduction

In the chemotherapy of malaria there are two major problems, one concerning the radical cure of vivax infection and the other its prevention in persons who are exposed to the bite of infected mosquitoes—properties which neither quinine nor mepacrine possesses. Until recently

*This article does not represent the observations that are now being made in India on this drug. Much of the information given has been gathered from Curd, Davey and Rose (1945) and Davey (1946).