

Correspondence.

MALARIAL PNEUMONIA.

To the Editor of "THE INDIAN MEDICAL GAZETTE."

SIR,—Having read Capt. J. Hay Burgess's article, in the *Indian Medical Gazette* for April 1907, on "Malarial Pneumonia," I would like to add my testimony to his opinion that there is such a thing as Malarial Pneumonia. I have seen several cases very like what he describes. I regret that being on leave I have not got any notes of these cases, so cannot describe them fully.

His treatment of these cases with quinine has been of special interest to me. Several years ago it struck me that cases admitted at first as ague which developed pneumonia afterwards, always did well when the quinine was continued during the Pneumonia. Reading Burney Yeo's Manual of Medical Treatment regarding the Treatment of Pneumonia I found the following (page 608, Vol. I, 1902 edition): "We have, ourselves, been led to the conclusion that quinine frequently exercises a beneficial influence over the course of acute pneumonias of the class we are considering (acute Lobar pneumonia). . . . We do not look upon this drug merely as a depressor of temperature, as some appear to do, but we regard this effect as incidental to some direct action on the infective morbid agent or on its activities. We have been led to conclude, from facts observed, that quinine is in some degree an antitoxin to the toxins of many infective germs, in what precise manner it is impossible to say— . . . We have always given it in a special manner which we believe greatly influences its favourable action. We give from 1 to 3 grains every two to four hours according to the age of the patient and the apparent severity of the attack, and we give it dissolved in citric acid and then added to an alkaline mixture, so that it is really taken in an effervescing saline draught."

Burney Yeo then gives the prescription which he always uses, and notes on cases he has found do well with the quinine treatment. He then says: "We have brought the use of quinine in pneumonia under the first indication," to endeavour, if possible, to antagonise the injurious influences of the specific infective organism on the blood and the tissues. . . . "Finally, we may remark that all physicians are agreed that quinine must be given freely in those forms of pneumonia which arise in association with exposure to malarial influences."

Having read this I decided to give it a thorough trial in all cases of pneumonia. I have used this treatment now for three years in the Regimental Hospitals of the 32nd and 37th Lancers and the Civil Hospital, Loralai. The results have convinced me that it is an excellent treatment and I only regret I am unable at the moment to give statistics of cases.

My treatment of all pneumonias is poultices over the affected area of the lung, careful attention to keeping the bowels open, and effervescing quinine mixture as described by Burney Yeo (3 grains of quinine every three hours). I give no stimulants, and only milk diet. Speaking from memory, I should think, I have tried this treatment in 100 cases or more, so that I am not lauding a treatment that has not been fairly well tried.

Yours, etc.,
J. FERGUS PATERSON,
CAPTAIN, I.M.S.,
37th Lancers.

VIPERINE SNAKE-POISONING.

To the Editor of "THE INDIAN MEDICAL GAZETTE."

SIR,—The case of snake-poisoning, described by Lieutenant G. G. Hirst in the April number of the *Indian Medical Gazette*, reminds me greatly of a case of snake-poisoning I had under my care in Fort Sandeman in August 1905. In my case there were severe hæmorrhages from the nose, gums and seat of wound. There was hæmaturia and melæna. The patient was going from bad to worse in spite of treatment with Calcium Chloride, Ergotine and other Styptics. Suddenly it occurred to me to try Adrenaline, which I did, with most beneficial results. I think this treatment is well worth trial, and I shall certainly try it in the next case of Viperine-poisoning I have under my care. From the description of the snake, which I did not see, it was probably a *V. Russellii*.

Yours, etc.,
J. FERGUS PATERSON,
CAPTAIN, I.M.S.,
37th Lancers.

A CASE OF GONORRHOEAL SEPTICÆMIA.

To the Editor of "THE INDIAN MEDICAL GAZETTE."

SIR,—The following case is worthy of publication.—A dooly-bearer was admitted to hospital on the 11th November suffering from synovitis of the left knee, which from its appearance and the history of a recent discharge from the urethra was diagnosed as of gonorrhœal origin.

Ordinary treatment was adopted, and the man's general health did not seem impaired until the 4th December; when he complained of some swelling of the glands on the right side of the neck; the cause of this swelling could not be accounted for.

On the 5th December the man's general condition did not seem so good; the glands were more swollen and those on the left side were beginning to swell; there was no fever but the pulse was rapid. On the 6th both sides had become very swollen and the man was obviously seriously ill from some toxæmia; both plague and gonorrhœal septicæmia were thought of; but as the man had been three weeks in hospital and there was no plague in the district, the former diagnosis seemed difficult.

On the 7th, the man was in a dying condition and the glands were still more swollen; a hypodermic drew off a drop of turbid serum from the glands; this was kindly examined by Lieut. Whitmore, I.M.S., who reported that it contained a pure culture of gonococci; the man died during the day and more smears from the glands were taken and the above diagnosis confirmed; in no film could a single organism be found showing any connection between the cocci, of which the shape and distribution were typical. Unfortunately I had no tube to inoculate.

The patient was free from fever the whole time, nor were there any symptoms pointing to cardiac affection nor to other metastases.

Yours, etc.,
C. BROADBENT,
B. S., LOND.,
Jhansi Cantonment Hospital.

Service Notes.

I. M. S. DINNER IN CALCUTTA.

ONE of the most successful I. M. S. Dinners ever held came off on the evening of Friday, 10th January, in Calcutta at Peltit's.

Surgeon-General Bomford was in the chair and Colonel R. Macrae sat opposite him.

The following were present:—

Surgeon-General Bomford.
Colonel R. Macrae.
Lieutenant-Colonel T. Grainger.
Lieutenant-Colonel C. P. Lukis.
Lieutenant-Colonel E. F. H. Dobson.
Lieutenant-Colonel D. G. Crawford.
Lieutenant-Colonel F. J. Drury.
Lieutenant-Colonel H. Pilgrim.
Lieutenant-Colonel C. R. M. Green.
Lieutenant-Colonel F. C. Clarkson.
Lieutenant-Colonel J. G. Jordan.
Lieutenant-Colonel F. P. Maynard.
Lieutenant-Colonel A. H. Nott.
Lieutenant-Colonel W. J. Buchanan.
Major H. F. Cleveland.
Major F. O'Kineally.
Major R. Bird.
Major R. H. Maddox.
Major C. R. Stevens.
Major Leonard Rogers.
Major A. Gwyther.
Major J. A. Black.
Major R. Wilson.
Major V. E. Lindesay.
Captain J. G. P. Murray.
Captain J. C. H. Leicester.
Captain G. King.
Captain W. C. H. Forster.
Captain D. McCay.
Captain M. Thornely.
Captain M. Mackelvie.
Captain F. P. Connor.
Captain Lloyd.
Captain Emslie Smith.
Captain V. B. Nesfeld.
Captain D. White.
Captain W. Gillitt.
Lieutenant W. A. Mearns.