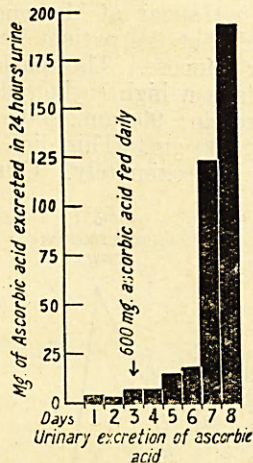


results are shown in figure III. Before ascorbic acid was fed the patient excreted on the average 5 mg. of vitamin C in 24 hours which was very low. After the ascorbic acid was fed there was no marked increase in the urinary excretion of the vitamin even three days after its administration. In normal individuals, however, a high

Fig. III.



rise in the urinary excretion of the vitamin is obtained only one day after the administration of the test dose of ascorbic acid. This indicated that the patient was suffering from hypovitaminosis C. The patient, however, did not show any sign of marked vitamin C deficiency as evidenced by bleeding gums, petechia, ecchymosis, anaemia, etc.

When the patient was discharged although he was excreting 5 gm. of glucose daily his weakness and frequency of micturition had disappeared. The complaints of the patient therefore seem to be due to hypovitaminosis C and not due to renal glycosuria because the latter condition is usually without any symptoms and is only revealed after accidental examination of the urine for sugar.

I am indebted to Messrs. The British Drug Houses Ltd., Bombay, for a free gift of ascorbic acid.

### A CASE OF CRANIOCLEIDODYSOSTOSIS

By R. DWIVEDI

M.O. Machhalishahr, Jaunpur, U. P.

A MUSLIM boy of 15 years came in September 1946 for a sinus under his chin of 3 years' duration. He had a carious molar tooth in the lower row, which was responsible for the sinus. The sinus was scraped and the tooth removed. This resulted in closure of sinus within a few days.

While he was under treatment for the sinus, it was accidentally revealed that he had no fully developed clavicles and that shoulders could be apposed to each other in front.

Further examination revealed that each clavicle was imperfectly developed, consisted of

two pieces with a central one inch gap, with thin cartilage-like structure. Shoulder joints were rather prominent and narrow from side to side. Infraspinatus on each side was poorly developed with hollow infraspinous fossa. There were depressions and bosses over the skull.

The boy on the whole was of poor development, but had never suffered from rickets and all other bones were normal. He has been carrying on with his usual work of an agriculturist class to which he belongs.

This is a case of 'Cranioleidodysostosis', which is described as 'a very rare abnormality, which is hereditary and familial. The bones affected are those which are developed from membrane'.

I wish to thank Captain B. B. Das, Civil Surgeon, Jaunpur, for permission to publish the case report.

### MEPACRINE PSYCHOSIS

By M. S. H. MODY, M.B., M.R.C.S., etc.

THE following description of a case, of the above condition, seen in consultation with his doctor, may prove of some interest to your readers.

K., Hindu, pleader, aged 42, developed fever on 8th November, 1946. For the first two days he was treated symptomatically, but as during these days the fever was intermittent, his doctor started him on mepacrine tablets from the evening of 10th November, 1946, the dose being 3 tablets per diem, in addition to the plain diaphoretic mixture. An injection of 6 grains of quinine was given on the 12th November, 1946 (blood was not examined for M.P.).

By evening of the 13th November, 1946, by which time he had taken 12 tablets of mepacrine, he became very talkative, excitable, and inclined to be rather noisy and boisterous. This was most unusual, as the patient was of a very quiet, reticent and calm disposition. The doctor, attributing this change in his disposition to mepacrine, discontinued the tablets, and treated him by sedatives, which quietened his boisterousness, but he continued to be very talkative, and at times was incoherent, his replies being confused and not rational.

By the 18th November, 1946, *viz.*, five days after mepacrine was stopped, he again became very violent, boisterous and abusive, threw away all his clothes, got out of his bed, and assaulted his relatives. When forcibly kept in bed, he continued to shout, sing and talk to himself. These symptoms continued till the 20th November, when I saw him. All these days from the 13th to 20th November, 1946, he was running a low temperature between 99° and 101.5°. Clinical examination revealed no neurological lesion nor any evidence of meningitis or encephalitis, as these were by now suspected as the cause of his mental state.

Urine and blood film examinations now done proved normal. The latter showed no M.P.