

PRESIDENCY GENERAL HOSPITAL.
CASE OF CHYLURIA TREATED WITH GALLIC
ACID AND THYMOL.

[FROM NOTES TAKEN BY MR. R. NUGENT,
Assistant Apothecary.]

G. S., aged 22, admitted for chyluria, 29th September 1891, states that a month ago he first noticed that his urine was milky, but that it got clearer while he was suffering from an attack of dysentery from which he has just recovered. He is a pale, delicate-looking man, but otherwise the chyluria does not give him any discomfort. His urine is thick and quite white. On the 30th August the urine was examined under the microscope, and *filaria sanguinis hominis* was found in the first specimen taken. To have acid gallic gr. xv thrice daily. September 1st, urine still the same, but that passed during the day seems a little clearer than that passed during the night. Continue gallic acid; pil. thymol, gr. ii, thrice daily. On the 4th September the dose of thymol was increased to gr. iv, and on the 7th the dose was again increased to gr. v, three times daily. The dose of gallic acid was also increased to gr. xx, three times daily. On the 9th September the urine was distinctly darker in colour and somewhat clearer. The improvement from this date was steady, and on the 13th September the urine was quite clear. The whole of the urine passed during the subsequent twenty-four hours was saved and found to be apparently free from chyle and of a good colour. The urine, after standing, was again examined, but no *filariæ* were found.

Remarks by Surgeon J. H. Tull Walsh, I. M. S.—There is nothing original in the treatment of chyluria with gallic acid, but as it had failed in a previous case treated by me, I decided to supplement it on this occasion with thymol, which is a very active drug and a remarkably good anthelmintic. I am inclined to think that the recovery was, at least in part, due to this drug, as the changes in the urine began to be noticed as the larger doses gr. xv daily were given. I have found thymol extremely useful in several cases of tapeworm, and others have reported that it will destroy the *anchylostomum duodenale*. In one case, however, I removed 13 of these worms from the duodenum of a prisoner in the Presidency Jail, and the worms were alive and active, although the man had been taking thymol for weeks. As there is no known remedy for chyluria at present, it might be well to give thymol a fair trial.

CASE OF SNAKE-BITE.

By R. P. BANERJEE, B.A., G.B.M.S.L.,
*Medical Officer in charge, North India Salt Revenue
Department Hospital, Pachbadra, Rajputana.*

On the morning of the 6th instant, a boy named Sadiq Hossein, Mussalman, *æt.* 11 years,

son of a customs peon, was brought into the dispensary at about 8-30 A.M. for treatment for snake-bite.

History.—Apparently in the morning at 7 A. M. the boy tried to fetch out a certain book. As he was repairing to go to his tutor, passing over a certain collection of rags, &c., he trampled a snake, a foot and a half long, and about the size of the little finger in thickness, of greyish or dull brown color. The reptile curled round the foot, and bit it on the part just below the right inner malleolus. The relatives of the boy made a scratch on the part bitten, and tried to burn it with burning charcoal, and applied a moderately tight ligature round the leg just below the right knee-joint. But when they found that irrespective of all their attempts the child became drowsy, they took the child to Assistant Commissioner's place; and thence brought the child to the Hospital, and during further treatment the Assistant Commissioner was also present in the Hospital.

Present symptoms.—The boy was well made, square-built, plump, and in a half sleepy state; no kind of irritability was noticed about him. Two punctures, about $\frac{3}{4}$ inch apart were seen horizontally placed below the right inner malleolus. The edges were black. Another small puncture, but red in color, was seen to the inner side of the front puncture. Blood was oozing very scantily out of the scratch already made near it, and the leg was swelling out by the ligature applied. The boy could answer questions, but was drowsy, and mind not very clear, and he often complained of intense thirst, and asked frequently for water.

Treatment.—First of all, in spite of the scratches made, a deep and free incision was made over the punctures; and it was not cauterized, considering that the poison had already found its way into the circulation; so burning was here really useless.

Secondly.—The wound was washed and dressed with strong solution of potassium permanganate (gr. v— $\frac{3}{4}$ ii of water).

Thirdly.—10% solution, 2 drachms, in drachms doses were injected into the left arm hypodermically, but half-an-hour after such the drowsiness began to increase, and the boy felt general weakness, and his faculties more dulled.

Then solution of strychnine with glycerine was injected into the other arm hypodermically, and this continued after each half-an-hour; and the total quantity of strychnine so injected amounted to $\frac{1}{2}$ a grain, and then symptoms of slight twitching appeared about the limbs and neck. When this was discontinued, solution of ammonia in 20 min. doses was given every 15 minutes, until the strength was fully restored, and the patient was discharged at 12-30 P.M. from the Hospital, but was treated