

The Antiseptic

A MONTHLY MEDICAL JOURNAL

Edited by

DR. U. RAMA RAU & U. KRISHNA RAU, M.B., B.S.

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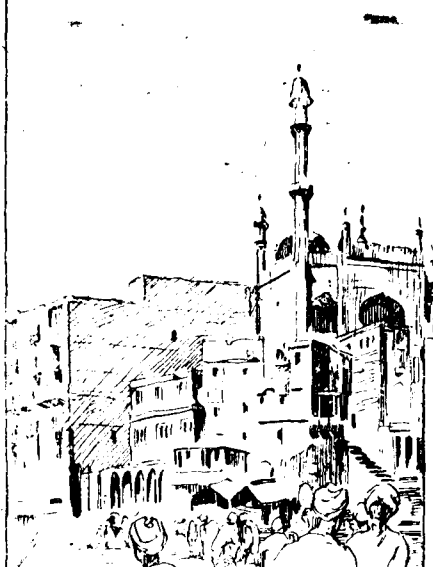
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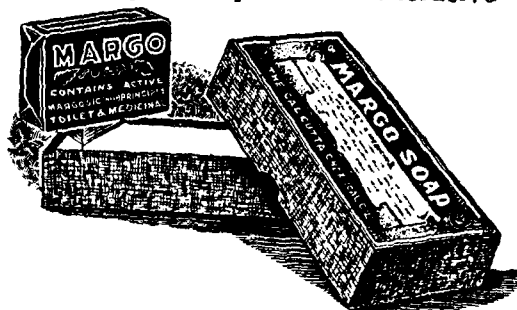
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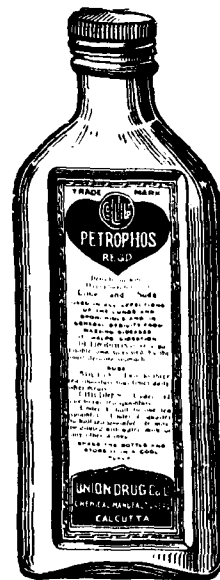
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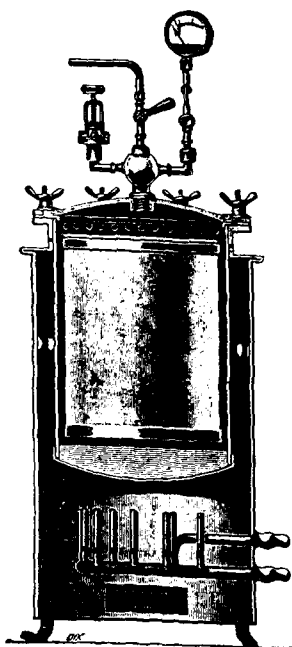
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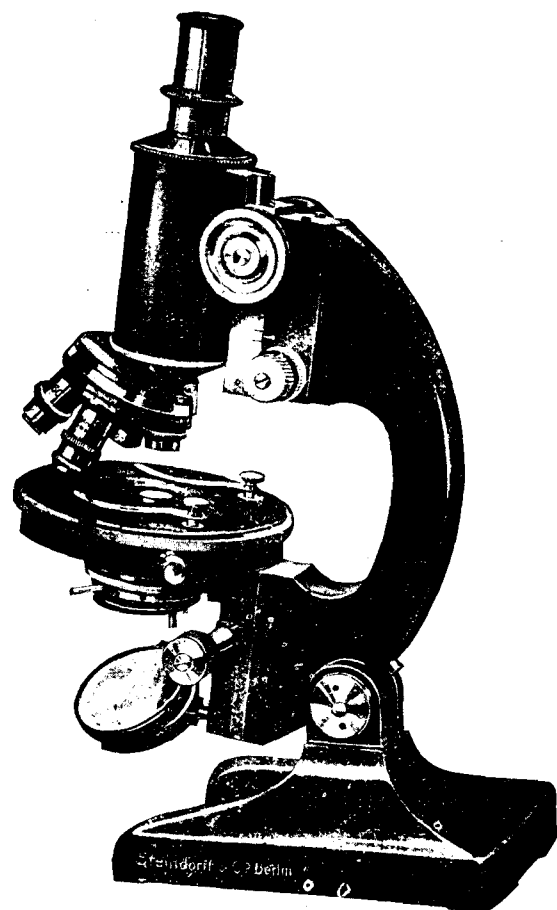
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'

subcutaneously and the injections are painless. The toxicity of this drug is low and the injections may be given twice weekly which is a great advantage considering that the spironema pallida revives in the tissues if the injections are given at weekly intervals. Thiosarmine is prepared in the Brahmachari Research Institute and I carried out extensive trials with this drug before it was put on the market.

As regards precautions to be taken, it is advisable to give a drink of glucose in lemonade or orange juice an hour before the injection. Immediate complications are syncope causing death. I had to do a post mortem on a case where a patient died during the injection. Such cases are rare but it does not mean that we should not exercise due care in giving injections. In a few hours after injection there might be a rigor or a slight rise of temperature with head-ache. Amongst late complications might be mentioned exfoliative dermatitis, jaundice and maniacal symptoms. Exfoliative dermatitis is a serious complication and should be treated by administering sodium thiosulphate by the mouth as well as intravenously. Locally calamine lotion or inunction with a bland oil such as cocoanut oil is soothing. Eyes should be carefully protected and kept clean by bathing with boracic lotion. 1 c.c. injections of Intramine or Contramine may be given. Jaundice is treated on ordinary lines. It is more common amongst soldiers and police who undergo intensive treatment on set lines as a routine. While in the army I saw two cases of acute mania following intensive treatment, I have not seen a case since.

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countries. Koka treatment is highly praised by the Ayurvedists. Gold has its several preparations with which you are thoroughly acquainted. But the action of gold itself requires some notice. It irritates the tubercular focus and lets loose the dead bacilli to be carried into circulation. Thus autovaccine is being administered by the injection of gold. There is no direct action on the causative organisms but an indirect one by creating immunity. Sometimes the system receives a shock and the temperature runs amock never to come down again. As compared to tuberculin it stands less chances of being used in the light of creating immunity as no definite dose of this autovaccine could be measured. Snake poison however deadly it may be, is rendered inert by alimentary canal and blood-serum, hence it too has failed in its specific use. As to the Koka treatment of the Ayurvedists, I have not come across its scientific composition and its warranted use in tuberculosis. Any of you might help me in this respect. Alpine rays play a second fiddle in this disease, and should be looked upon as such. Finally we come to the treatment of Artificial Pneumothorax. It has been the sheet anchor in the sanatorium treatment. It is needless to say that late cases are generally received by such institutions. When both the lungs are affected by the disease its use is of doubtful efficacy. When one lung is collapsed the burden of respiration naturally falls on the other lung which is being also invaded by the disease. If coupled with the gold treatment the artificial pneumothorax shows some improvement. The sanatorium treatment is not available to the poor and the middle class people. A few rich can take advantage of such institutions

*Beriberi cases treated in Hospitals only in the different Provinces of India
shown from 1924—29.*

	1924		1925		1926		1927		1928		1929	
	Cases treated	Deaths	Cases treated	Deaths	Cases treated	Deaths	Cases treated	Deaths	Cases treated	Deaths	Cases treated	Deaths
Delhi	5	...	10	...	...	...	2	...	1	...	1	...
Bengal	499	1	809	105	13725	176	4747					

- (d) Constitutional symptoms are minimized as no toxins are absorbed, and,
- (e) mortality and morbidity are reduced.

References :—

1. Lloyd E. I. (1931)...Burns and Scalds. "*Brit. Med. Journ.*", August. 1, p. 177.
2. Wilson W. C. (1932)...The Modern treatment of Burns and Scalds. "*Practitioner*", Vol. CXXIX, July, p. 183.

CONJUNCTIVITIS*

BY

PRAPHULLA KUMAR DAS, M.B., D.P.H., L.O.,

- (ii) Optochin—1% Specially in the Pneumococcal and Streptococcal type.
- (iii) Mercurochrome—1%
- (iv) Zinc Sulph— $\frac{1}{2}$ % specially in the Morax type.
- (v) Pot. permanganate.—1:5000.
- (vi) Quinine Bihydrochlor—4 grs in the ounce.
- (vii) Picric Acid Sol—1% specially in the pneumococcal.
- (viii) Hydrogen Peroxide—1 to 2 vols.

In very mild cases and also when the acute case subsides give:

Boric Acid 10 grs to ounce, Zinc sulph $\frac{1}{2}$ grs to ounce, Alum—1% in distilled water or in Rose water, either alone or in combination.

2. *Prevent the sticking of the eyes*:—Boric Oint. 30 grs to ounce, Ung H. O. F. $\frac{1}{2}$ %, or white precipitate

3. The eye should be kept free of any discharge by repeated irrigation of the eye by:—Pot Permanganate 1—5000, Boric Acid; Mag Sulph 30grs to ounce, warm saline 1.4 %, Hydr Perchlor 1—10,000, Protargol 25% etc. The irrigation must be done with great care. If the swelling is very great, Canthotomy may be required for irrigation. By doing canthotomy we diminish the pressure also.

4. For swelling and the congestion.—hot or cold compress. leeches to the temple. Saline purge.

5. Dropping of:—Silver Nitrate 2% or Protargol or Argyrol, 5%.

6. Prevent the sticking of the eyes at night.

When the symptoms have disappeared *i.e.*, in the chronic stage:—Give Copper touch or Silver Nitrate swab twice a week. There is no objection in using Silver when there is ulcer in the Cornea, only see that the Silver does not

1. The cervix showed no signs of any disease which would be responsible for the bleeding.
2. The bleeding was distinctly from inside the uterus.
3. The diagnosis lay between chronic or subacute Endometritis on the one hand and a sub mucous fibroid or polypus on the other. In either case a subtotal hysterectomy becomes the operation of choice.
4. Considering the condition of the patient partial hysterectomy was a less grave surgical procedure than a complete one.

The operation was done under Spinal anaesthesia and the uterus was removed at its junction with the cervical canal. The operation itself was uneventful except for a drop in the blood pressure accompanied with cardiac distress which was got over with Adrenalin and Pituitrin and Caffeine Sodio Benzoate injections. The uterus was ripped open in the operating room after the operation and a small pedunculated tumour of the size of a wall-nut was found growing from near the right cornu of the uterus below the opening of the right fallopian tube. In appearance it looks like a small sub mucous fibroid or polypus. It is difficult to say which it is unless the pathological microscopic examination of the specimen gives a correct diagnosis. It is too broad based for a polypus and too small for a sub mucous fibroid of over two years standing.

MYOSITIS OSSIFICANS PROGRESSIVA.

BY

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I. Introduction:—My excuses for entering into a discussion and description of a rare disease as Myositis Ossificans are:—

- (1) Not long ago in course of my X-ray work I happened to discover one such case in which some confusion arose in diagnosis.
- (2) As it is a rare disease it is likely to excite the curiosity of and prove interesting to the readers.
- (3) For the above-mentioned reasons a brief preliminary consideration of the disease may help to get a good grasp of the illustrative case to be cited presently.

of Myositis Ossificans Progressiva as already described before under "Diagnosis." Similar changes were found in other affected parts as well.

Noteworthy features in this case are :—

1. Commencement in a fairly advanced age.
2. Simultaneous involvement of the back-muscles and of the limbs.

Prognosis.—The disease is incurable.

Treatment.—Practically nil.

So we did not regret to bid good bye to our patient when he refused to stay in the hospital after diagnosis was made.

My thanks are due to Dr. Ratneswar Bhuyan, L.M.P., L.T.M. and to S.J. D. N. Thakur of the

Doctor,

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