

THE MISCELLANY

MONTHLY JOURNAL OF



No. 9

393



MEDICAL ASSOCIATION (Regd.)

JUNE

1945

BRANCH OF THE INDIAN MEDICAL ASSOCIATION

Editor: D. SRINIVASAN, L.M.P.

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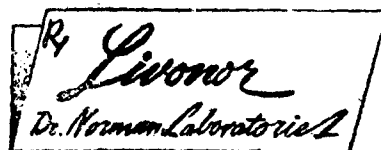


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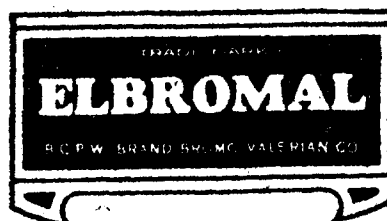
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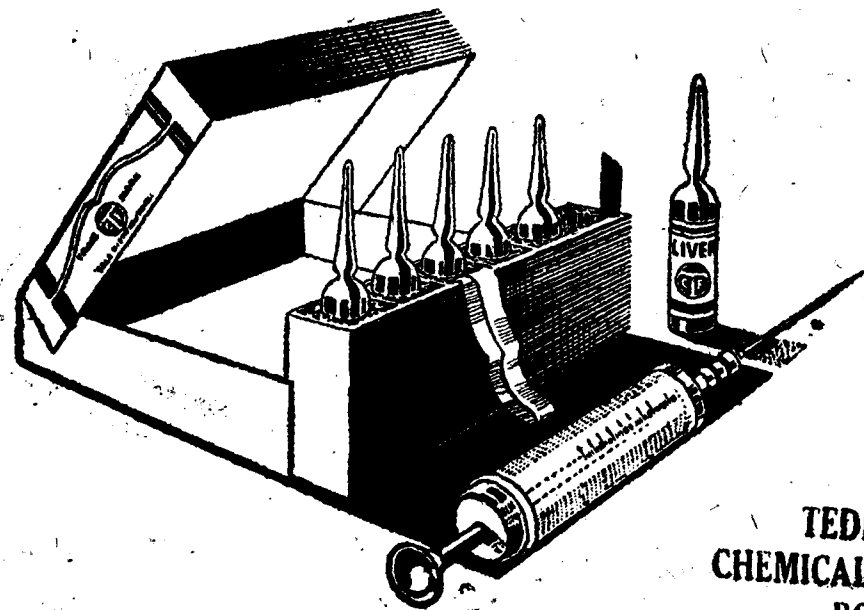
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THE MISCELLANY

OF THE

TRICHINOPOLY DISTRICT MEDICAL ASSOCIATION

BRANCH OF THE INDIAN MEDICAL ASSOCIATION (Regd.)

VOL. XII]

JUNE 1945

[No. 9

"TROPICAL EOSINOPHILIA"

A REPORT ON FIFTEEN CASES

By H. B. Lal

IN view of recent reports on this condition a search was made for the existence of tropical eosinophilia among the patients of this hospital. It would have been an enormous task if every case with a complaint of chest symptoms was subjected to X-ray investigations and blood counts, so a plan was hit upon, which was as follows. It is the routine of this hospital to have a thick smear of blood examined for malarial parasites for each patient; opportunity was taken of finding out if there was a preponderance of eosinophil cells among the white cells. When such a preponderance existed, if the patient complained of lung symptoms, a complete investigation of the case was done, and in a great majority of cases the condition looked for was discovered.

My belief that such is not entirely the case, has led me to report briefly on these cases.

Symptomatology:—Among these patients, the main complaint was very persistent and very sensitive to weather, a drop in temperature or increase in humidity due to rainfall being accompanied by an increase of this symptom. The cough furthermore was more troublesome in the night than during the day, so much so that all cases required frequent doses of the hospital linctus to secure sleep. The cough was frequently unproductive or accompanied by very slight expectoration; free expectoration was seen in only six cases, being mostly mucoid.

Very prominent among the symptoms was pain in the chest, more often substernal but frequently a generalized one. It was usually of a dull aching character; a sense of constriction was complained of by only two patients while nine complained of pain.

Breathlessness on exertion was complained of by six patients, though the amount of exertion required to bring it on varied. It furthermore showed

It is believed that the diagnosis and treatment of eosinophil lung is now a common-place occurrence, but it is felt that the medical profession is entering into a complacent attitude of accepting the existence of the condition as a separate clinical entity which has a specific treatment, namely arsenicals.

no relationship to the severity of the lung lesions as judged by physical examination or X-ray films.

Difficulty in breathing accompanying the nightly spasms of cough was fairly frequent, but only one patient complained of frank attacks of asthma.

All patients except three remained afebrile; one ran a low type of fever during the earlier part of treatment, and two developed moderately high temperature (101°F) due to an exacerbation during the course of injections.

Physical signs:—These varied considerably from case to case, and it was concluded, that no case could be diagnosed by physical findings only. Definite consolidation was found in four cases, mostly over the right base. Bronchospasm was no more frequent finding, eleven cases showing harshness and prolongation of the expiratory phase, accompanied by rhonchi of varying pitch. Signs of simple congestion of the lower lobes of the lungs in the form of moist sounds were found in six cases. However, four patients were remarkable in that they showed hardly any physical signs in spite of definite X-ray findings. Signs appeared for the first time in two of these cases after the institution of treatment.

Exacerbation of signs:—Three patients developed exacerbations during their stay in hospital. In two of them, it was accompanied by a sharp rise of temperature. In all three cases there was an exaggeration of pain in the chest, cough and expectoration, accompanied by an even greater increase in the chest signs. (Two cases that developed signs for the first time during treatment are not in addition to these three.) One patient developed pleurisy over the original area of consolidation, and a slight dilatation of the heart, both lasting for about a week. In each case this new development was treated with a course of sulphapyridine with remarkable results as regards the lung

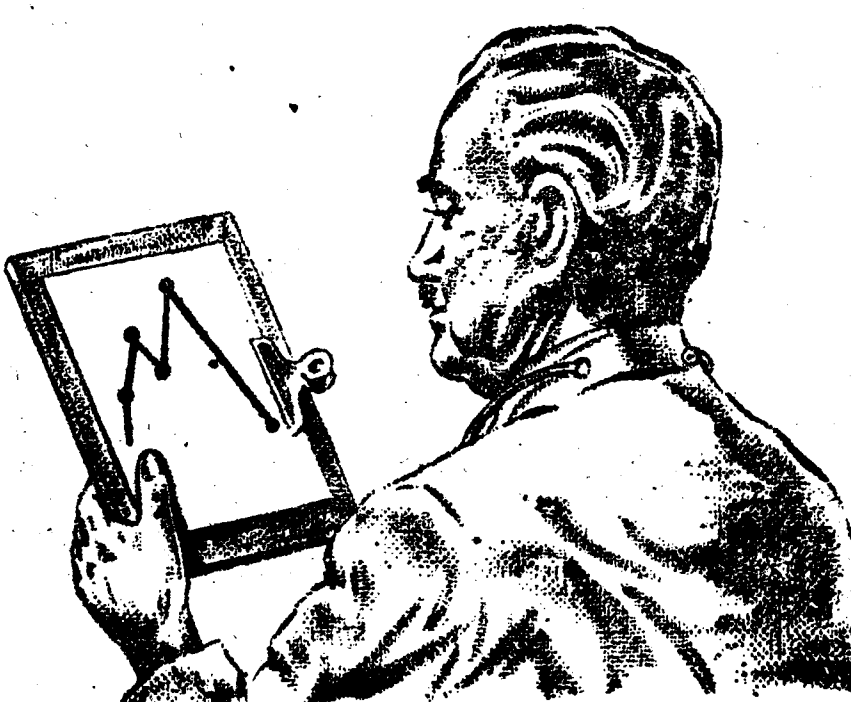
condition as well as the blood counts, the latter rapidly changing towards normal.

Duration of the disease:—This varied from one month to 10 years, the majority of the patients giving a history of having had the complaint for the past 2 or 3 months only. Two patients revealed a history of an exactly similar attack two years earlier, both these giving a very short duration of the present attacks. Two cases started with an attack of pneumonia, one 10 years ago. One case started with an injury to the chest 3 years ago, which resulted in expectoration of small quantities of blood for about 5 days. Three cases were prone to yearly winter attacks for a number of years.

Blood eosinophilia:—Since a marked increase of eosinophil cells in the blood counts is in our opinion the final criterion of the diagnosis of the condition, the following observations are noteworthy:—

1. One of our earlier patients was treated for acute bronchitis and discharged to the convalescent depot. He returned to the hospital after a period of 2 weeks with a full-fledged attack of 'tropical eosinophilia' substantiated by white cell count and X-rays. On his first admission he definitely had an absolutely normal blood picture, but on the second admission he had a leucocytosis of 21,800 with 42 per cent eosinophil cells.

2. An exacerbation of symptoms which occurred in three cases was accompanied by a rise in the eosinophil cell count. This occurred in spite of the treatment having been instituted. It was felt that both occurrences were precipitated by an upper respirator passage infection, and that the symptoms of rhinitis and pharyngitis were due to the infection, rather than to the exacerbation. In each case, the patient was given the usual doses of sulphapyridine, and both the signs in the



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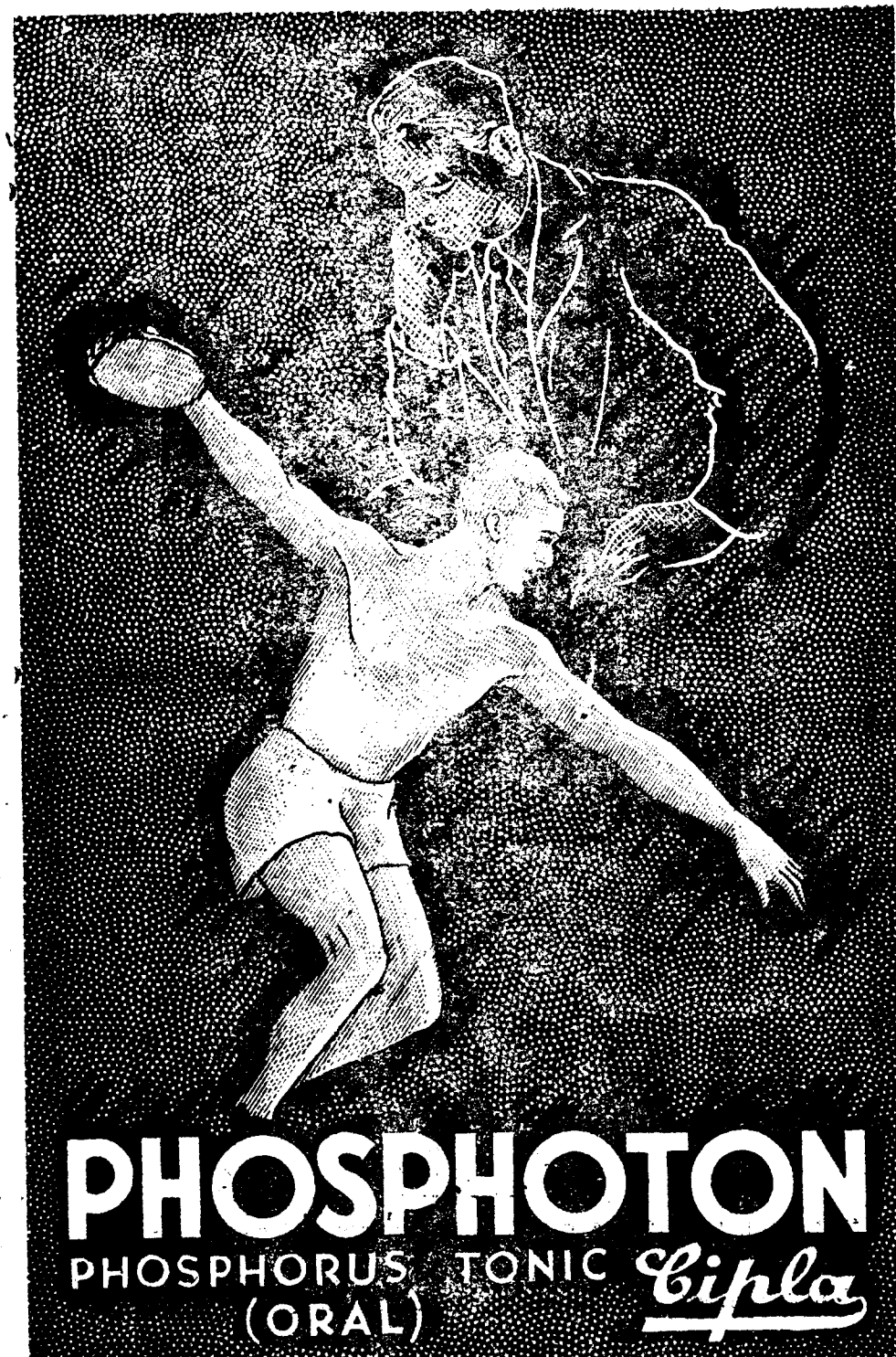
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June 1945]

CLINICAL NOTES

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lungs and the blood counts responded rapidly, the latter falling to normal or even lower levels.

3. The rise in the eosinophil cell count was accompanied by an almost total disappearance of monocytic cells from the blood, these cells returning again as the condition subsided.

4. Eosinophil cells showed themselves in two forms, one being a small compact cell with highly staining coarse granules tightly packed, and the other large cells with moderately staining granules loosely packed, the latter cells being at times much larger than the accompanying neutrophil cells. The significance of these two types of cells could not be judged in this series.

5. The response to arsenicals was dramatic in each case, and the effect of the drug (novarsenobillon) was equally good on the symptoms, the physical signs and the blood counts. Serial X-rays could not be taken due to shortage of films, but in two cases observed the lungs were clear of all abnormalities at the second examination. There was usually a rise in the total white cell count and the eosinophil cell count after the first injection, occasionally

accompanied by increase in discomfort of the patient as regards cough and pain in the chest. This reaction was however short-lived, seldom lasting more than 36 to 48 hours.

Treatment:—Eleven patients were treated with novarsenobillon; of these nine showed a good result, with the lung condition gradually clearing up, and both the total white cell and eosinophil cell counts diminishing to normality. The other two developed exacerbation of signs and symptoms, and the cell counts rose up each case, and so were treated with sulphapyridine with dramatic results. One patient was treated with the latter drug only, with similar results. Here it may be mentioned that since the completion of this series, three more patients have been treated with M & B 693 only with excellent results as regards the lung changes and the white cell counts, but these have not been included in this report. Three patients were treated with autohaemotherapy; the results being almost negligible or even detrimental, in spite of the fact that their general condition improved. (H. B. Lal, Indian Medical Gazette, January 1945)

CLINICAL NOTES

DEMEROL: A New Synthetic Analgetic, Spasmolytic and Sedative Agent

THIS report is based on observations of 146 patients, of which 118 were suffering from various diseases in which pain was severe enough to justify the use of one of the opiates. In 123 instances of severe pain occurring among 118 patients, complete relief followed the administration of demerol in 79 (64.2 per cent), partial relief in 29 (23.6 per cent), and no relief in 15 (12.2 per cent). The customary dose was 100 milligrams given orally or intramuscularly. The onset of relief was from 5 to 20 minutes

following intramuscular injection, and from 20 to 30 minutes following oral administration. Its duration varied between one and six hours, but was usually three or four hours. Relief was more often complete following intramuscular injection. The analgetic potency of demerol in the dose employed was greater than that of one grain or more of codeine, or combinations of codeine and aspirin. It was usually less than that of morphine in one-quarter or one-sixth grain doses.

The sedative action of demerol was studied in the group of 81 patients with pain and in 24 patients without

pain. The group with pain received, as a rule, only a few doses of demerol. Its administration was followed by sleep in about 50 per cent, by mild sedation in about 30 per cent, and by no noticeable sedative effect in about 20 per cent of instances. The hypnotic or sedative effects following repeated administration were not profound, a fact which was of advantage in the treatment of patients with chronic painful diseases. Three patients suffering from status asthmaticus were benefited by demerol, although a fourth asthmatic was not. Side effects were noted by 40 (27.4 per cent) of the 146 patients, but in only 7 (4.8 per cent,) was it necessary to stop the drug. Two patients developed reactions which were somewhat alarming. Laboratory studies showed no changes which could be attributed to demerol, although the drug was given at regular intervals for as long as 211 consecutive days and 26 patients received an average total dose of 32.6 grams. In 9 of 21 patients who had received demerol for varying periods of time, the withdrawal of the drug and the substitution of one of the opiates were followed by certain undesirable symptoms, the significance of which is discussed. It is concluded that demerol is an effective analgetic drug which is relatively non-toxic. It may possess addictive properties but these are apparently not as marked as

those of some of the opiates, morphine and its derivatives. It may be said that demerol is capable of replacing these drugs in a greater number of painful conditions.

(Note. P. H., et al.: Annals of Internal Medicine 21:17, July, 1944.)

Effect of topical application of vitamins and some other chemicals on the healing of wounds

Williams and Bissol studied the effects of vitamins and various other substances on the acceleration of the healing when applied topically to uniform-sized wounds in normal rates. The substances studied were vitamins A, C, D and E, thiamine hydrochloride, nicotinic acid, riboflavin, calcium pantothenate, pyridoxine, biotin, hydrosulphosol, biodyne, urea-sulfathiazole ointment, amino acids, adenosine, liver extract, cod liver oil, a "vitamin mixture" and sesame oil. The effect of sulfamorzine used in conjunction with most of these substances was also observed. No definite benefit was derived from the use of any of these substances, as judged by frequent observations of the wound and the microscopic changes.

Williams, R. H. and Bissol, G. W.: Archives of Surgery 49: 225 (October) 1944.

EDITORIAL

ECHOES, REACTIONS AND REFLECTIONS

THE echoes are those of the memorable Calcutta Conference; the reactions are those of the readers to our editorial comments on the conference proceedings in the preceding issue; and the reflections are our own, inspired by the echoes and the reactions alike.

It is perhaps curious that some of our distinguished readers have written to us, all of them regretting or complaining that our comments on the conference suffer from being "far too mild". That only shows how strongly they feel on the matter and how heartily, and vicariously on behalf of the

profession, they are ashamed of the clumsy turns and the awkward tones the conference proceedings so frequently took. Truly may we say that the echoes of this Calcutta Conference will be rumbling and buzzing till the next one.

While unhesitatingly and unashamedly pleading guilty to the charge—of having been far too mild—levelled against us in the most friendly and cordial spirit by some of our enthusiastic readers, we hasten to remind them, ourselves and all others, lest we forget that Journalism, if it is to be sound and fruitful, cannot let itself down by falling an easy prey to the all too tempting hobby of attacking individuals and of showering, on their devoted heads, the choicest collection of vituperatives to be had from the existing vocabulary. But this does by no means imply a total, blind, absolute taboo on criticism of individuals, especially when their words and behaviour and their sins of commission and omission are inseparable from the policies and principles under discussion. (Witness "Mumbo Jumbo" or "Panjandrum" in Sept. 1943.)

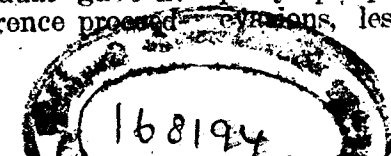
And so we turn to the enthusiastic reader who tells us: "you hurl both brickbats and butter at the same time, but I wish you had hurled more of the former than the latter." Our penitent and rueful answer, not necessarily in sack cloth or ashes, is, "That, my dear Sir, will be merely playing to the gallery."

No less a person than Dr. Amulya D. Mukherji, the Chairman of the Reception Committee now thinks, feels and says that the proceedings of the Calcutta Conference were a mere 'farce' and that, therefore, we have been more than fair in our comments. There is nothing strange in his characterising the proceedings as 'farce'. Indeed, it is apt. But it is surpassingly strange that the self same individual gave no inkling, during the conference proceedings,

of what precisely he thought of them. Then he choose to keep his opinion to himself. This is inexplicable especially since he had the previous day successfully piloted the resolution on the amalgamation. Did he, as the Chief Host, feel that he should not himself do or say anything that would have the Conference end in a fiasco or pandemonium? Most probably. And quite naturally. And yet we cannot, help feeling that as a responsible and influential personality in the conference, as an Ex-President of the Association, that he should and could have discharged more adequately the trust the members have placed in him and that he should have "spoken out" if he felt that the proceedings were a mere 'farce' and arrested the rot.

Now Dr. A. D. Mukherji tells us, privately, that they were a 'farce'. If so, we contend, quite justly, this 'farce' is being enacted not only from yesterday or the day before but during the thirty and odd years past, once every year. With less knowledge and esteem that we have for Dr. Mukherji we could have considered him one of the Conspirators who stage-managed this 'farce'. And, surely it is a tragic waste of valuable time and money and a futile sacrifice of comfort and convenience in these days for many young practitioners—the veterans have of course made their 'pile' and earned their honours—to travel great distances merely to attend a 'farce'. But for the personal kindness and profuse, hearty hospitality of the hosts and their amiable chief, it would have been heart-breaking.

But all this is Hamlet without the Prince of Denmark. After all, the Conference proceedings and the President who conducted them should engage our chief attention. In the last month's issue, we resolutely refrained from embroidering on the minor vagaries, the petty pin-pricks, the little unheroic actions, lest our picture of the Con-



ference should approximate to a Punch-and-Judy Show. That is still our purpose. The main question that came up for discussion was that of amalgamation. Let us stick to that.

Incidentally, we note that the Indian Medical Journal report of the conference, as it is unsupported by the exact wording of the relevant resolution, gives the impression that a committee has been formed to go into the question of amalgamation. The fact is that the conference was agreed on the question of amalgamation. The committee was empowered *only to go into and work out the details of amalgamation*. Let there be no mistake about that. And it was precisely because we were anxious not to embarrass the negotiating parties that we exercised great restraint on ourselves while commenting on the conference proceedings.

And now just a word on this 'farce' and its Prince. The President came to the conference with his mind all made up on the question of amalgamation. He was, tooth and nail, against it. And when he sensed the explosive

mood of the delegates, their determination and their eagerness for amalgamation, he screamed at the top of his voice and squealed: "Why this trouble should now alone arise when I am made newly the President? Dr. U. B. Narayana Rao was in the Office for two years and then nobody thought of bringing this resolution. Then why now? Then why now, I ask."

Whatever the President might ask, this much is clear: that the question of amalgamation has been in the air for the past two years; that he should have consulted the profession before he made up his mind and spoke out on the question; and that the resolution was virtually one of "no confidence" against him.

The President in no uncertain terms expressed himself against amalgamation. The conference unequivocally expressed itself for it. And yet the President, believing perhaps that the mind of man can make heaven of hell, chooses to retain himself on the Presidential *Gadi* as if it were a constitutional bed of roses!

CORRESPONDENCE

We are hereunder publishing two letters received from the parent body for our readers' considered opinion:—

EDITOR.

INDIAN MEDICAL ASSOCIATION

No. C-14. Calcutta, 18th May, 1945

To

The Hon'y. Secretary,

I. M. A., Trichy Branch.

Dear Sir,

Lt. Col. T. S. Shastri, I. M. S. (retd.), a member of the Working Committee brought forward the following resolution before the meeting of the Working Committee held at Calcutta on 1st April, 1945:—

"Resolved to request the various branches to pay the expenses for their representatives who attend the meetings of the Central Council of the I. M. A."

Under directions from the Working Committee, I beg to invite the opinion of your branch on the proposal embodied in the above-quoted resolution of Col. Shastri.

I hope your branch will give the proposal the careful deliberation it deserves.

The Central Council of the Association is the final executive authority in disposing of matters and our present constitution allows the local branches to play important roles in shaping the

policies of this organisation through their representatives who constitute this body. Unfortunately however, the meetings of the Central Council are generally found to have deplorably thin attendance and the only way to let the democratic principle really work is to see that the T. A. is paid by the branches themselves to enable them to attend the meetings of the Central Council. It has been found that the head quarters, with a paltry sum of Rs. 3 only a central fund contribution per year per member cannot afford to meet the expenses towards the T. A. of more than 250 members of the Central Council for attending four meetings during a year, as laid down under the rules.

May we expect the local branches to kindly co-operate in the matter and realise extra subscription from each member or agree to pay the central fund contribution at a higher rate than fixed at present?

I hope your executive body will consider the question and acquaint the Headquarters with the considered opinion at an early date.

Thanking you,

Yours faithfully,

SD. P. B. MUKHERJI,

Hon. Gen. Secretary, I. M. A.

C-15.

19th May, 1945.

Dear Sir,

At the last meeting of the Central Council held at Calcutta on 2nd April, 1945, Dr. Jivaraj N. Mehta, the President made an appeal to the members present to kindly try their level best to increase the membership of the association by inducing those who are still outside our fold to join hands with us and thus lend us the strength of their members. I hope the representatives of the branches who were present at the meeting have carried the appeal of the President to their respective localities and that efforts are

already afoot in your quarter to increase the membership strength of the Association.

It is needless to say that on Unity lies our real strength and that as long as the majority of the members of the profession remain outside the fold, of this All India Organisation they help the interested quarters to so divide us as to thwart all our attempts to see the various problems of public Health and Medicine facing the country solved to the satisfaction and in the best interests of the nation and to bring maximum redress to the multifarious grievances from which the medical profession suffer in the country.

The president's desire that, during the course of the year, the membership strength of the I. M. A. should be raised to, at least (12,000) the present strength being nearly 8,000) is a very simple one and can be attained if each and every member of each branch promises to persuade at least one of his colleagues to join the Association, if he has not already done so. I shall feel obliged if you will very kindly acquaint all members of your branch with the above appeal of the President and exert your utmost in the fulfilment of the President's desire during his tenure of Office.

Thanking you,

Yours faithfully,

(Sd.) P. B. MUKHERJI,

Hon. Gen. Secretary, I. M. A.

ANNOUNCEMENT.

"CHIKITSA JAGHAT," a Bengali journal is on our exchange list. We are also getting "Antiseptic" "Indian Medical Journal," "Indian Medical Gazette of Calcutta," and "The quarterly Bulletin of the Mysore Medical Association." The undersigned requests the members to make full use of those magazines to their advantage.

D. SRINIVASAN.

REVIEWS

HIMCO LABORATORIES

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To review a product however popular and efficacious it may be in the field, is most embarrassing to an editor; more so, when he happens to be merely a general practitioner with no laboratory facilities which according to the general trend of the scientific thought of the modern era, are essential. Yet, we have no hesitation to commend the products of the Himalaya Drug Company, Bombay. They have withstood the test of time sufficiently long and that had proved good at our hands clinically on selected cases. On top of it the mere fact many doctors throughout the length and breadth of this country are using in their daily practice itself speaks of their efficacy. We therefore, commend the preparations with great pleasure to the profession to utilise the products on really indicated cases, thus benefit the suffering humanity.

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Sulphanilamide
Margosa (Neem)
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I have used the sample of QREX, given to me on a case of Scabbies and Eczma with almost marvellous effect. The Scabbies and Eczma were checked in 4 days time and the patients were very grateful. I shall endeavour to prescribe it for all my cases requiring a really good Scabbies or Eczma ointment.
Sd. Dr. B.A., M.B.B.S., M.D.

QREX is a sure cure for all skin troubles and quickly kills the germs.

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For Gastro *INTESTINAL* disorders

COMPOSITION PER FLUID OZ:—

PECTIN equivalent to $\frac{1}{2}$ oz. of Raw Apple	
KAOLIN	90 grains.
TINCTURE BELLADONNA	8 minims.
Vehicle	q.s.

Indications:— Children's Diarrhoeas, Gastro-Enteritis, Chronic Enteritis, Fermentative and Putrefactive Dyspepsia, Diarrhoea and Dysentery.

Dosage:— 1 to 2 tablespoonfuls twice or more times a day, depending upon the severity of the case. For children and infants in proportion.

STRYCHEMET (AMPOULES)

for amoebic *DYSENTERY* cases

COMPOSITION:—

EMETINE HYDROCHLOR	$\frac{1}{2}$ gr.
STRYCHNINE	1/60 gr.
Ampoule Water	1 c.c.

Indications:— Amoebic Dysentery, Amoebic Hepatitis, Bilharziasis, Cholera, Guinea Worms and Oriental Sores. Also in Alcoholism and Morphinism.

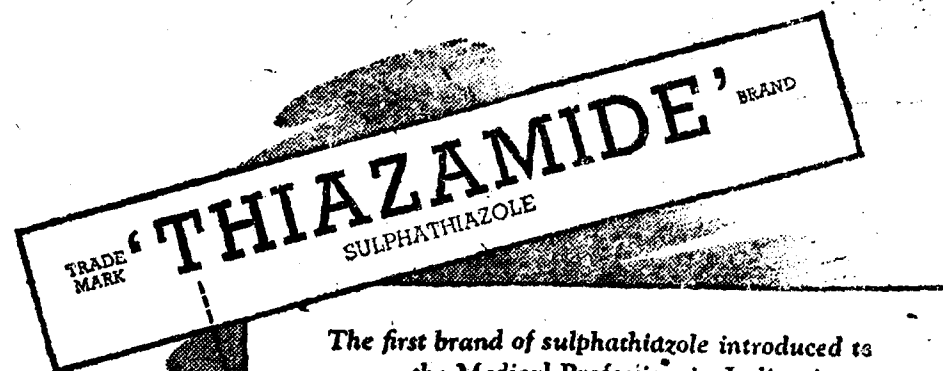
The use of Strychnine in STRYCHEMET counteracts the fall of blood pressure, serves as an anti-depressant and also acts as a circulatory and respiratory stimulant.

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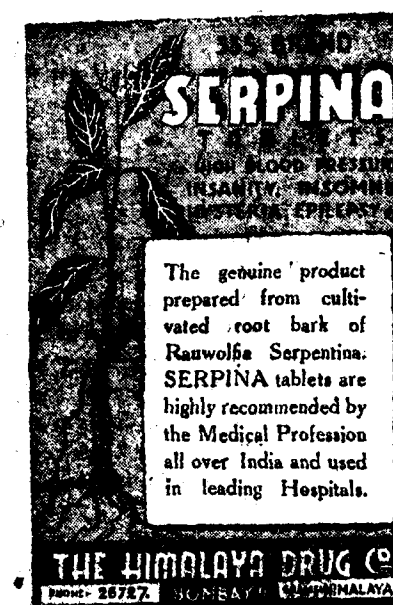
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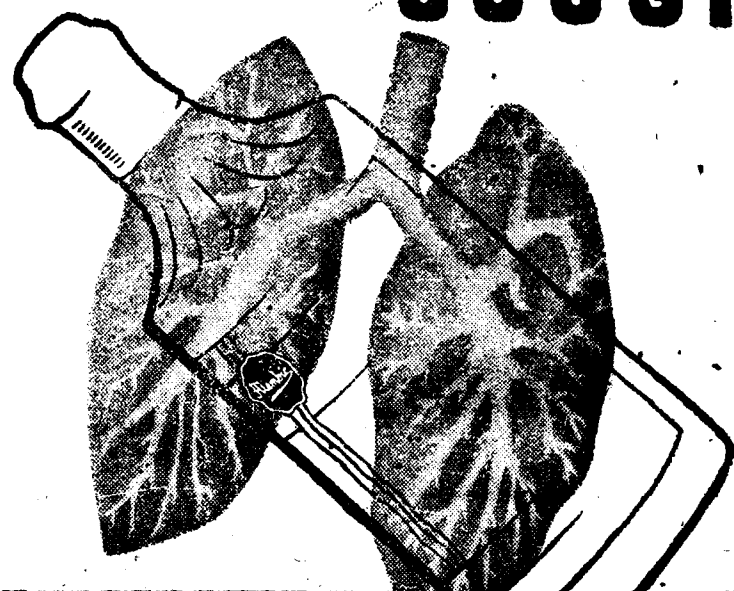


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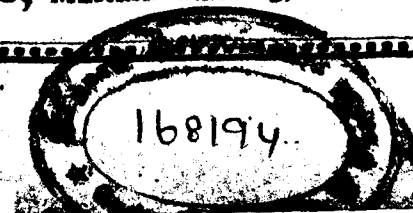
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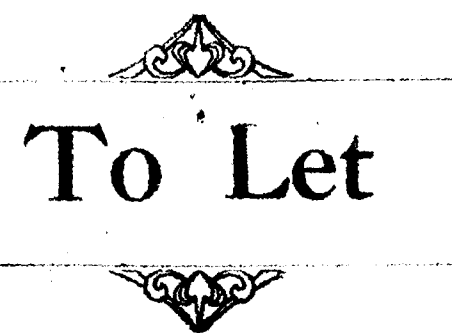
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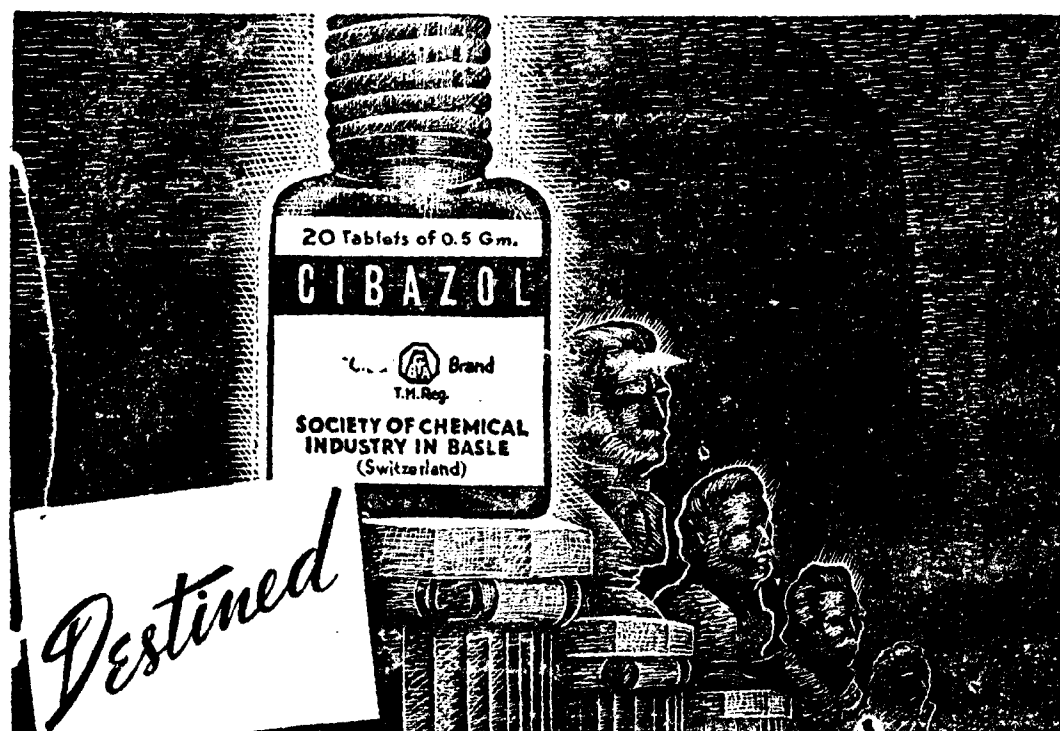


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Edited and Published by D. Srinivasan, L.M.P., Chinnakadai Street, Teppakulam, Trichinopoly,
and Printed at St. Joseph's Industrial School Press, Trichy.