

Case No. 30.—Sadat Mondol, M. M., aged 20. Kala-azar, 5 months. Spleen + + +. Liver +; anæmic.
 Hb—38%, R. B. C. 2,400,000
 W. B. C. 1,800
 P. M. 48%
 S. M. 48%
 L. M. 4%
 No malaria.

U. S. reaction + + +.
 Globulin test +.

Case No. 31.—Babunandan, H. M. Kala-azar. Fever 9 months. Ascites; after tapping, spleen and liver not enlarged.
 Hb—30%, R. B. C. 1,900,000
 W. B. C. 1,200
 P. M. 44%
 S. M. 50%
 L. M. 2%
 Eosino 4%

U. S. reaction + + +.
 Globulin test +.

Case No. 32.—Kali, H. M., aged 15. Kala-azar. Fever for a year. Spleen + + +.
 Hb—18%, R. B. C. 1,400,000
 W. B. C. 800
 P. M. 46%
 S. M. 50%
 L. M. 4%

Widal — reaction 1 in 20.
 U. S. reaction + + +.

Case No. 33.—Hazra, H. M., aged 40. Kala-azar. Spleen + + +. Liver +, 2 years fever; anæmic.
 Hb—26%, R. B. C. 2,600,000
 W. B. C. 4,600
 P. M. 56%
 S. M. 40%
 L. M. 4%

U. S. reaction + + +.
 Globulin test +.

Case No. 34.—Tilak Bahadur, H. M., aged 20. Spleen not enlarged at all. Fever with rigor off and on. Harsh breathing and crepitation at left apex. He responded to quinine apparently but I was doubtful.
 Hb—46%, R. B. C. 3,200,000
 W. B. C. 11,600
 P. M. 74%
 S. M. 22%
 L. M. 4%

U. S. reaction + + +.
 Globulin test +.

Case No. 35.—Kartick Chandra, H. M., aged 55. Hæmoptysis. History of diarrhoea. Tubercular focus in right apex. Spleen not enlarged.
 Hb—50%, R. B. C. 3,400,000
 W. B. C. 4,800
 P. M. 53%
 S. M. 42%
 L. M. 3%
 Eosino 2%

U. S. reaction + + + (twice examined.)
 Globulin test +.

Case No. 36.—Barendra, I. Ch., male, aged 12, 7 days fever with rigor; spleen +; liver normal. Yielded to quinine; malaria.

Hb—50%, R. B. C. 3,700,000
 W. B. C. 3,800
 P. M. 52%
 S. M. 44%
 L. M. 4%

No malaria parasite found.
 U. S. reaction — absolutely negative.
 Globulin test — not done.

Case No. 37.—Kalipada Das, H. M., aged 35, 7 days fever. Spleen and liver normal; gurgling of intestines.

Hb—50%, R. B. C. 3,700,000
 W. B. C. 11,800
 P. M. 78%
 S. M. 20%
 L. M. 2%

Widal negative 1 in 20.
 No malaria parasite found.

Case No. 38.—Sanatani, H. F., aged 25. Fever 6 months; took 15 injections of urea stibamine, seldom gets any fever now. Ascites; spleen + +.

Hb—42%, R. B. C. 2,900,000
 W. B. C. 3,400
 P. M. 50%
 S. M. 46%
 L. M. 4%

Globulin — not done.
 U. S. reaction + +.

Case No. 39.—Golapi, H. F., aged 30. Kala-azar, fever 6 months. Spleen + + + + weak.

Hb—40%, R. B. C. 2,600,000
 W. B. C. 800
 P. M. 40%
 S. M. 56%
 L. M. 4%

U. S. reaction + + +.
 Globulin test +.

Case No. 40.—Thakomoni, H. F., aged 32. Kala-azar, ascites; spleen + + +; bronchitis.

Hb—38%, R. B. C. 2,700,000
 W. B. C. 5,000
 P. M. 76%
 S. M. 20%
 L. M. 4%

No malaria. U. S. reaction + + +.
 Globulin test + (Partial).

Case No. 41.—Nasar Mondol, M. M., aged 40. Kala-azar; duration of fever 1½ years. Spleen + +; Liver + +.

Hb—40%, R. B. C. 2,900,000
 W. B. C. 2,000
 P. M. 48%
 S. M. 48%
 L. M. 4%

U. S. reaction + + +.

Case No. 42.—Rampal Singh, H. M., aged 35. Gives history of fever for only 8 days during this present attack; spleen + +, very weak. Unable to walk about. Complained of headache. Fever came down after 10 days. (Kala-azar).

Hb—54%, R. B. C. 3,900,000
 W. B. C. 1,400
 P. M. 48%
 S. M. 48%
 L. M. 4%

No malaria. U. S. reaction + +.
 (This case could not be observed as he left hospital.)

I am greatly indebted to Major E. W. O'G. Kirwan, M.B., F.R.C.S.I., Superintendent of the Campbell Hospital, for allowing me to publish these cases.

THE INCIDENCE OF HELMINTHIC INFECTIONS IN THE CARMICHAEL HOSPITAL FOR TROPICAL DISEASES, CALCUTTA.

By A. K. MUKERJI, M.B.,
 Assistant Research Worker, Hookworm Research
 Laboratory, Calcutta School of Tropical
 Medicine and Hygiene.

IN a recent paper, Chatterji (1927) has described the incidence of helminthic and proto-

zoal infections in the surgical wards of the Calcutta Medical College Hospitals during the years 1925 and 1926. It will be of interest to compare the findings during the same period in the Carmichael Hospital, attached to the Calcutta School of Tropical Medicine, with those of its neighbour, the Medical College Hospitals.

Examination of the stools of every patient admitted in the Carmichael Hospital is a part of the routine procedure adopted in the Bacteriological, Helminthological, and Protozoological Departments and here the helminthic infections only are considered. All stools are examined by Lane's direct centrifugal flotation method and also by McVail's thick smear and levitation process. By a combination of these two methods, it is unlikely that any infection has been overlooked. The findings are shown in the annexed table, and to facilitate comparison Chatterji's figures for the Medical College Hospitals have also been included.

On the back it extended from the 6th dorsal vertebra to the anus, with involvement of both buttocks. A part of the abdomen on the right side had escaped. The scald was of the second degree throughout.

As the patient was not in a condition of extreme shock, the scalded condition was first treated. The area of skin surrounding the injured surfaces was cleansed with soap and water, with the aid of a brush; and the actual scalded area was carefully cleaned up by manual application of soap and water. After drying, the whole area was dressed with gauze smeared with vaseline, blisters being carefully snipped and their contents allowed to escape. The vulva required separate dressings which had to be more frequently changed. The utmost care was taken to preserve full aseptic precautions whilst dressing the case, and bandages were applied rather lightly.

For the first three days, the patient remained

TABLE.

Total No. of stools examined	1925.		1926.		Total.		Medical College Hospital.	
	665	%	859	%	1,524	%	371	%
Ova of <i>Ankylostoma</i> ..	178	26.7	245	28.5	423	27.6	43	11.6
„ „ <i>Ascaris lumbricoides</i> ..	78	11.7	84	9.8	162	10.7	20	5.4
„ „ <i>Trichuris trichiura</i> ..	95	14.3	108	12.6	203	13.4	11	3.0
„ „ <i>Tænia saginata</i> ..	1	0.15	7	0.8	8	0.47	2	0.5
„ „ <i>Hymenolepis nana</i> ...	1	0.15	1	0.1	2	0.12	5	1.3
„ „ <i>Oxyuris vermicularis</i> ..	..	..	5	0.6	5	0.3	3	0.8
„ „ and larvæ of <i>Strongyloides</i> ..	8	1.05	13	1.5	21	1.27	7	1.9
„ „ of <i>Trichostrongylus</i> ..	1	0.15	5	0.6	6	0.37	..	..
„ „ <i>Heterodera radiculicola</i> ..	..	..	2	0.2	2	0.13	..	..
„ „ <i>Fasciolopsis buski</i> ..	..	..	1	0.1	1	0.06	..	..
„ „ <i>Bertiella satyri</i> ..	1	0.15	..	..	1	0.06	..	..

REFERENCE.

Chatterji, D. M. (1927). The Incidence of Intestinal Parasites in Calcutta Hospital Population. *Indian Med. Gaz.*, 62, No. 5, p. 252.

A Mirror of Hospital Practice.

A CASE OF EXTENSIVE SCALDING.

By NOOR HUSAIN, M.B., B.S.,
Medical Officer, Kistwar, Kashmir State.

S., A FEMALE child, aged 2½ years, whilst playing in the kitchen, fell into a large basin full of boiling hot milk, on the 25th May 1927. She was instantaneously pulled out by a servant close by and I saw her two hours after the accident. She was then in a condition of acute restlessness, and the extent of the scalding was extremely severe. In front the scalded area reached from below the xiphisternum to the vulva, and involved the inner side of both thighs to the knees.

in rather a collapsed state, which was combated by giving brandy, strychnine, adrenalin, and saline infusions. There was also an inflammatory fever, ranging from 99° to 103°F.

On the 9th day after the accident, the patient complained of gripping abdominal pains; these were paroxysmal in character, and each paroxysm lasted about one or two minutes, with marked restlessness, a pinched facies, and rigidity of the abdominal wall. She passed three or four stools daily, semi-solid, of a greenish colour, and containing mucus. No blood was passed. She was now put on to castor oil emulsion, and bismuth-starch-opium enemata administered.

As to actual tenderness of the abdomen, it was practically impossible to elicit definite information on the point; but she cried out at every manipulation of the abdominal wall. The abdominal wall, however, was quite flaccid between the paroxysms. Finally, the 11th night after the scalding, she was in an extremely restless condition, and subsequently pulseless. She died