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Scabies—Diagnosis and Treatment

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Scabies or Itch, as it is commonly called, is one of the very few diseases in Dermatology that could be successfully controlled and cured It has been my experience that in private practice, it is not often that you get a patient coming to you for relief from Scabies It will be a welcome change from the usual run of chronic conditions we get, that react indifferenty, or, not at all to the various treatments adopted.

Scabies is the commonest condition seen in the Out Patient Department General Hospital. The causative agent is an Arthropod (insect) of the order Acarina, of the family Sarcoptide known as Sarcoptes or Acarus Scabei Degur. The female which is the cause of the whole mischief is about 1-3 to 1-4 m.m. in length The male is much smaller in size and dies a few hours after copulation The chief lesion is the burrow, a winding circuitous pathway from 1 to 20 m m. in length The life of the female acarus is spent in the burrow. It travels the length of the burrow, laying eggs along the path and settles down at the other end underneath the vesicle The burrow is situated in the horny layer The Acarus could be demonstrated by running a needle along the burrow, very gently till the vesicle is reached, when, the needle is lifted up gently, bursting the vesicle. The tip of the needle very often picks up the Acarus But it is certainly not so easy and straight forward as the books describe it; you have to make quite a few artificial burrows before you succeed in putting your needle in the real one The Acarus is visible to the naked eye as a minute whitish speck—a lens helps us to examine it in greater detail. The body bears 8 legs The two anterior pairs bear suckers Both the hind pairs in the female bear bristles, while, there is only one pair of bristles in the male.

This burrowing insect is specially adapted to the human host The mite burrows into, and within the horny layer reaches the less cornified epidermal cells, and there derives the nutrient substances which enable it to live and to propogate The mating and entire life cycle of the insect take place on the human host The result of this parasitism is the disease Scabies. The severity of the manifestations and the degree of itching vary, from person to

person In the case of the burrowing mite, it is said, that the salivary secretion of each species of mite, is capable of dissolving the horny layer only, of its specific host.

It is of interest to say a word about the various sub varieties of Sarcoptes Scabeii that exist, but, which are parasitic to animals To give a few examples—Sarcoptes Bovis to cattle, S. Equino Gerlach to horses, Notoedris Cati Hering to cats, etc

The mite which thrives on apes and monkeys is supposed to be very similar to the human parasite Any of the sub varieties could produce itching in man, with consequent 'scratch lesions' resembling to some extent human Scabies. These have been collectively called Itching Dermatoses These lesions differ in their destribution In them, burrows are absent, urticarial lesions are present, so is dermatographia, and impetiginisation is not a prominent feature. It is well to remember about these Pseudo-scabies, and, the cure is so very much hastened in a persistent case, by correctly advising the removal of a cat or a dog from the household Since the 17th century reports of Itching Human Dermatoses caused by the mites of animals have been appearing in Dermatological literature. In 1931 the Royal Society of Medicine held a symposium on Scabies and Ringworm of animal origin at a joint meeting of the sections of Comparative Medicine and Dermatology. The mites of the cat and dog, seem to be fairly common causes of dermatitis in man, and have therefore received particular attention from medical authors Human dermatoses due to mites from birds have been reported but certainly less frequently.

Diagnosis of Scabies is fairly easy, but there is a tendenly to be slightly indiscriminate about it. You all know the sites of election—webs of fingers, volar aspect of wrist, anterior axillary fold—glans penis etc. It is worth while to remember that the scalp, palms, and soles, are affected more often in children and infants Discrete lesions on the soles and palms in children could be invariably put down as scabies even when the commoner sites are free. Affection of the palms and soles do occur in adults in very severe types. This is given the name Norwegian Scabies This condition is due entirely to neglect, perfunctory treatment and greatly undermined general condition. In a generalised bad type it is useful to eliminate Hansen infection in the individual Glans penis, is such a common site, that, any scratchy lesion there, could be straight away treated with Unguentum Danish

Pediculosis rather rare May have to be differentiated sometimes. The itching is most on covered areas and it is always possible to demonstrate the Pediculi in the seams of the clothes and over the hairy regions

Fungus of the Palm The destribution, the marked nocturnal itching in Scabies and if possible the demonstration of the Acarus identifies Scabies

Cheiropompholyx is a disease entity that must be considered in the differential diagnosis It is rather unusually sudden in onset, often occuring over night and is symmetrical on palms, palmar surfaces of the fingers and soles Tense deep seated vesicles preceded or accompanied by burning or stinging sensation rather than itching There should not be any difficulty

Scabies occuring as discrete punctate lesions on the thighs, scratchy—very much more during the night—with the places of election free, is often missed; on careful examination in the majority of the cases you could detect a few very early papules on the prepuce.

Very great stress is laid on the correct diagnosis, because, Scabies, as I have said, is one of the very few diseases which has a specific, and could be cured and controlled Thousands of soldiers were delayed from doing very useful work, just because they were prescribed Unguentum Hydrargyri Ammoniata instead of Unguentum Danish

Scabies of the glans penis and prepuce has to be differentrated from soft sore, primary chancre, herpes and lichen. The multiple, slightly crusted lesions. not painful, not indurated, extremely itchy with the other places of election affected in most cases, help us to identify Scabies.

To say a few important things about treatment:—Danish ointment is today the unguent of choice in the majority of cases It was introduced by Ehlers in 1917. It is to the formation of a Polysulphide of Potassuim that Danish ointment owes its high degree of efficacy; unfortunately it involves an elaborate process in the making

I will lay stress on three points, in the treatment

1 The preliminary scrub:—The idea is to open up all the burrows and vesicles. The more thoroughly this is done the quicker and more complete the cure

2. Use of a sufficient quantly of ointment:—One of the chief causes of delayed healing is insufficient and consequently perfunctory application of ointment.

3 Treat the family: There is no use treating the patient if the other members of the family have the disease untreated. We should try and avoid the chances for reinfection by treating the other membets of the family suffering from the affection and disinfecting the clothes, vessels etc. which the patient has used In the early part of the evening the part is washed with soap and water—a nail brush could be used with advantage If the infection is quite generalised, it is advisable to have a bath The ointment is rubbed in throughty over the entire affected area, left overnight, and washed in the morning This is repeated on 3 consecutive nights The ideal thing to do will be to put the patient to bed for 2 or 3 complete days. This is however not a practicable step in the case of the majority of patients coming to us for treatment Over-use of the ointment produces an irritation which is mistaken for the itching due to Scabies and thus, the condition is aggravated by rubbing in more ointment

Constipation, anaemia and albuminuria may have to be attended to in addition to the specific treatment. Sometimes we do get a case of inflamed Scabies The hand and forearm are swollen and painful and sometimes a rise of temperature. This is due to bad handling of the case Boric or permanganate baths, starch poultice, staphylococcal vaccine for the pustulation, any of the sulphonamides orally or through the needle, Lotio Calaminae or Cremor Zinci for external use, quietens the condition. A weak Unguentum

Hydrargyri Ammoniata is more useful than Danish in these cases. From my experience, where the usual Lotio calaminae does not agree, the lotion without the glycerine, is suitable Cremor Zinci without the Aqua Calcis agrees in some cases, where the schedule cream causes irritation.

Please remember, that the acid boric in a starch poultice may cause a certain amount of irritation—reduction or deletion of this sometimes makes all the difference

To mention a few other line of treatment—

To get over the inconvenience involved in the use of ointments, one or two suggestions have been tried, which aim at precipitation of sulphur over the involved areas The methods have not yielded sufficiently uniform good results to enable them to be adopted as standard measures

Revant and Mahew suggest painting the affected areas with a 40 per cent aqueous solution of Sodium Thiosulphate after a soap and water wash. After 15 minutes, the parts are painted over with a 4 per cent solution of Hydrochloric Acid This procedure is repeated the next evening.

Macleod is in favour of a 6 per cent solution of Hyposulphite of Sodium A lint soaked in this solution is kept over the area for 10 minutes. The lint is taken away and the part painted with 3 per cent Tartaric Acid

Sherwell advises sprinkling a tablespoonful of flowers of sulphur over the bed clothes before retiring He promises good results

Application of a 1 in 2 solution of Sulphuretted Potash and dabbing the area with 5 to 10 percent solution of Acetic acid—sulphur is left adherent as a thick coating (B. M. J)

A 10 to 20 percent solution of Hexamine intravenously is said to be good for Scabies.

The curative action of sulphur taken internally as a specific, is far fetched. It is converted into an alkaline sulphide in the intestine where it acts as a laxative

Cases where the ointment may not be suitable sulphur could be added on to Lotio calaminae, 10 to 20 grains to an ounce

Sulphur could be added to Cremor Zinci with advantage.

Specially in children, sulphur may have to be substituted by either Beta-Naphthol or Balsam of Peru To mention a few patents which I have used Sarcoptol A F D, Scabicide Upjohn, Mitigal, Nyal's Itch paste, and Sulphur '48' Crooks Scabicide and Mitigal are best used diluted When Scabies occurs with any other condition it is advisable to treat the scabies first.

A Case of Incisional Hernia

C. J. SHIVA RAO, M.B., B.S.

Honorary Assistant Surgeon, Government Royapuram Hospital.

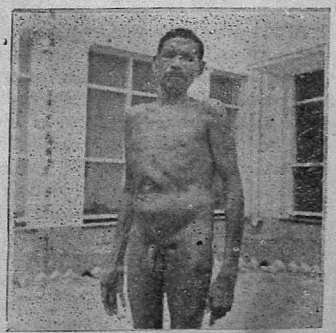
Patient Ponnuswami, now unemployed, aged 52 years, was admitted on 26-6-40, in the Napier Ward of the Govt. Royapuram Hospital, for a big swelling in the abdomen, about the level of the umbilicus, said to have been the result of 2 previous abdominal operations, the first one done about 1 year ago and the second one about 6 months ago. The patient was unable to state the exact condition for which he was operated. All that he could state was that he noticed the swelling at the site of the previous operation, just when the wound was healing and that it gradually became prominent and increased in size whenever he coughed, or strained during defaecation.

Condition on admission. There was a prominent abrupt swelling about the size of a pealed cocoanut, situated in the median line, at the level of the umbilicus. There were linear scars on the anterior abdominal wall due to previous operations. Coils of intestines were plainly visible though the attenuated abdominal wall. On careful palpation one could feel the margins of the elliptical opening in the abdominal wall. The recti were wide apart, and the hernia could be easily reduced.

Before operation.

Operation After satisfying ourselves about his general condition, an operation was decided upon and was done on 8-7-1940, under spinal anaesthesia.

A vertical elliptical incision enclosing the orginal scar was put, the peritoneum exposed, and the medial borders of both rectii clearly defined. The central elliptical portion of the skin with the peritoneum was excised. The left rectus was normal but the right

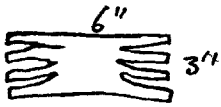


After operation.

was a bit atrophied, probably due to previous operations.

The edges of the peritoneum were mobilised, well overlapped like a double breast coat, and stitched as in Mayos' operation with this difference that in this case the line of stitches was vertical instead of horizontal.

A fascial graft about 6" x 3", was cut from the left fascia lata and both edges cut and fashioned as in a many tailed abdominal bandage The central portion of the graft was applied right in



front of the hernial opening and the tails were passed around the outer borders of both the rectii and tied. The tied knots were reinforced with silk stitches to prevent slipping.

Patient stood the operation well, which took about 1½ hours. Intravenous saline was given as a measure of safety. For about a day or two, patient had distension of the abdomen which went down gradually. Stitches were removed on 16-7-40 i.e 18 days after the operation and patient had an uneventful recovery.

The interest in this case is that an incisional hernia was successfully repaired by a fascial graft and the site of weakness has been so strengthened by this operation that there is a hollow at the site of the original protuberance.

This case occurred in our wards and was operated by Dr. C R. Krishnaswami and I am publishing this by his courtesy

Organization is Power

A planter down in Kentucky had just employed a new mule driver, a negro He handed the driver a new blacksnake whip, climbed up on a seat with him behind a pair of mules and asked the darky if he could use the whip Without a word, the mule-driver flicked a beautiful butterfly from a clover blossom alongside the road. "That isn't so bad," remarked the planter; "now can you hit that honeybee over there?" Again the negro swung the whip and the honeybee fell dead Noting a pair of bumblebees on still another blossom, the negro switched them out of existence with the cracker of his new whip and drew still further admiration from his new boss. A little further along the planter spied a hornets' nest in a bush beside the road. "Can you hit them, Sam?" he asked "Yas, Sah, I kin," replied the negro, "but I ain't a goin' to, dey's organized "

"South Western Medicine"

Abstracts and Notes

THE TREATMENT OF HAEMORRHAGE FROM THE GASTROINTESTINAL TRACT.

A. Brunschwig: *Illinois Medical Journal*. Jan 1940

The treatment depends upon whether the haemorrhage is of such magnitude that symptoms of shock develop in rapid order, or whether the haemorrhage is in itself not severe but rather a sign directing attention to the lesion causing it.

Severe gastrointestinal haemorrhage which in a relatively short time is fatal, does not occur very often but haemorrhage of sufficient magnitude to produce symptoms of shock is not very rare. In the latter instances immediate treatment is concerned with supportive measures The patient is put to bed as quickly as possible and as near the place of accident as possible with the minimum of transportation According to some, nothing is permitted by mouth for at least 24 to 48 hours, others permit limited bland feedings with or without alkalis, sedation by means of morphine is prescribed and constant attendance is of utmost importance Application of icebags to the abdomen in cases of haematemesis or in severe melena is a time honoured procedure but is of questionable value. If it appears desirable to favour more rapid clotting of the blood, an intramuscular injection of 10 cc of 10 to 20 per cent calcium gluconate may be given every 4 hours for 2 to 4 injections When possible, frequent blood pressure readings should be recorded, as these together with the pulse rate, afford accurate means of gauging the severity of the shock due to loss of blood, and continued drop in blood pressure with increasing pulse rate may be an indication of further haemorrhage before it becomes manifest as haematemesis or melena. The question of parenteral fluids depends upon the general condition of the patient and the arrest or continuance of the haemorrhage after the above measures have been instituted. Rapid intravenous injections of fluids or blood are contra-indicated as these would raise the blood pressure which in turn favours renewal of the haemorrhage Hypoclysis of Ringer's solution or isotonic saline may be started shortly after the patient is put to bed and administered slowly so that 1½ to 2 hours are required for the injection of 1500 cc This may be repeated in 8 or 10 hours. If there is evidence of continued haemorrhage blood transfusions are indicated and should be administered in amounts of 100 to 200 cc at intervals of 1 to 2 hours rather than the entire transfusion (600 to 700 cc) in a relatively short period. Continued severe bleeding may require more rapid replacement of blood and fluids

The common cause of severe haematemesis is *peptic ulcer* Immediate operation for excision or exclusion of the bleeding lesion is not generally advised, because experience has shown that under conservative management the ultimate recovery from any severe haemorrhage occurs in the great majority of cases where the bleeding is the first or second accident Upon recovery medical management for peptic ulcer is instituted When severe haemorrhage occur during medical management immediate operation is considered Adequate blood transfu-

sion immediately precedes laparatomy which should be done under local anaesthesia whenever possible Excision is the treatment of choice, with or without gastro-enterostomy Large chronic ulcers near the pylorus usually call for pylorectomy followed by a Billroth or Polya type of gastro-intestinal anastomosis Peptic ulcers with the above history usually exhibit patent sclerotic arteries in their craters Repeated haemorrhage from stoma ulcer is indication for resection of the anastomosis, with or without its reconstitution.

Oesophageal varices are usually the result of interference with the venous portal drainage. Repeated attacks of severe haematemesis may eventually prove fatal In elderly debilitated patients with advanced cirrhosis the treatment is essentially symptomatic, including a blood transfusion In younger patients attempts at obliteration of the oesophageal varices is indicated as a palliative measure—laparotomy for injection of sclerosing solutions into the veins, or splenectomy with removal of the gastric brevia venous branches that drain into the splenic vein, and ligation of the left gastric veins

2 When the haemorrhage has not been of sufficient magnitude to cause shock and so not a major emergency problem, treatment is directed to the lesions causing it Blood studies are made to determine the degree of anaemia, and when surgical intervention is performed, a preliminary and a post-operative blood transfusion may be necessary

Carcinoma of the stomach Small to moderate haematemesis may occur, and melena is the rule The treatment is resection after suitable preparation

Papilloma of the stomach is not diagnosed clinically but gives rise to repeated small haemorrhages Gastrotomy and excision of the tumour is indicated.

Carcinoma of the small bowel: A marked secondary anaemia may be the principal finding before there is evidence of obstruction An exploratory laparatomy will decide the diagnosis.

Carcinoma of the colon: Varying degrees of secondary anaemia occur. Some carcinomas may cause sudden haemorrhage with shock Treatment is excision

Papilloma and papillomatosis of the colon and other benign tumours:—Diagnosis is possible by fluoroscopy if sufficiently large to produce filling defects, or through the sigmoidoscope if low enough In the latter instance they are excised or destroyed by fulguration in one or more stages When situated higher up, laparotomy for excision is indicated- A single large papilloma may be removed by colotomy Segments of colon exhibiting several bleeding papillomas are best resected, not only to arrest haemorrhage but also because such lesions constitute a precancerous condition.

Haemorrhoids and anal fissure usually cause small haemorrhages A proctoscopic examination should be routinely performed in elderly patients so as to eliminate carcinoma.

Haemorrhage from the alimentary canal may occur in a variety of non-surgical diseases such as the leukaemias, purpura haemorrhagica and ulcerative colitis

RECTAL ADMINISTRATION OF SULPANILAMIDE

Marire & Other *Medical Times* 1940: 68 110

Sulphanilamide administered by rectum in solution or suppository is absorbed Blood concentration tests indicate that better alsorption occurs when solutions are employed

The rectal route of administration is recommended whenever sulphanilamide cannot be given by mouth; it is successful in venereal lymphogranuloma

The authors are still standing the effectiveness of sulphanilamide administered rectally in bacillary dysentery.

No harmful effects were observed in the mucous membrane of the normal recturn and colon following the introduction of sulphanilamide in the rectum

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THE USE SODIUM SULPHAPYRIDINE BY HYPODERMOCLYSIS

Taplin & Others: *J A M A* 1940; 114 1733

The authors have used sodium sulphapyridine by hypodermoslysis in more than 50 cases of pneumonia and numerous other conditions for which sulphapyridine was indicated but in which oral administration was difficult or impossible The drug was given in from 0 3 to 0,7 per cent solution in physiologic solution of sodium chloride and no local reactions were observed in any cases More than 1,100 gm of the drug has been given by this method This route is advocated when the drug is not tolerated by the mouth or is poorly absorbed from the gastrointestinal tract and when a high sustained concentration in the blood is imperative. The mode of preparation is as follows physiologic solution of sodium chloride is brought to boil and allowed to cool for 5 minutes and powdered sodium sulphapyridine is added; the solution is allowsd to cool to the body temperature and injected into the thigh or under the breasts Physiologic sodium chloride is preferred to Ringer's solution as sodium sulphapyridine is slightly soluble in the latter In an average patient the amount to be administered by this route is at the rate of 200 to 300 cc per hour.

RADIOLOGY IN PREGNANCEY

Putzu Doneddu *Ars Medici* 1939· 17 527.

The information obtainable from X-ray is as follows:—

1 Early diagnosis of pregnancy by demonstration of the ossification points is possible beginning from the end of the second month Endopelvic calcareous concretions simulating parts of foetal skeleton such as phleboliths, calcified myomas, dermoid cysts incuding teeth and bones etc. must be excluded.

2 Differential diagnosis between pregnancy and other conditions.

3 Diagnosis of multiple pregnancy.

4 Diagnosis of hydrocephalus and bone malformations.

5. Death of the foetus is recognised from roof-tile position of cranial bones (over lapping of the edges in consequence of brain disintegration) but only when the head is still free above the pelvis; from the presence of gases in the foetus and under-development of its skeleton

6. The age of the foetus can be estimated from the development of the skeleton, the presence of certain nuclei of ossification, etc.

7. In cases of obesity and polyhydramnios, attitude, position, presentation of the foetus are best recognised. The extremeties are better visible in posterior than in anterior positions.

8. Pelvimetry by X-rays, lateral exposures (spine straight, legs extended) show the extreme points of the conjugate vera.

PRINCIPLES IN CLEAN WOUMD HEALING.

Whipple: *Surg Gynec & Obst.* 1940: 70. 257.

The following basic principles must be kept in mind constantly to evalute any measure for the repair of wounds:—

1 Haemostasis must be maintained.

2. Infection must be elimated as far as possible by (*a*) exclusion of pathogenic organisms through the use of sterilized instruments, (*b*) cutting away devitalised, contaminated tissues in accidental wounds and irrigating them with normal saline, (*c*) reduction to a minimum of the foreign bodies such as heavy ligatures, sutures, and drains and (*d*) bacteriostasis by means of chemotherapeutic measures

3. The severed tissues should be replaced and maintained in apposition to as nearly normal anatomical relations as possible.

4. Nutrition of the tissues involved in the wound must be restored and maintained by (*a*) preserving the blood supply to the tissues as far as possible, (*b*) reducing to a minimum the trauma caused by blunt haemostats, large needles, etc, and (*c*) avoiding application of much pressure to the closed wound by dressings and bandages

5 The patient and the repaired wound should be placed at rest by (*a*) eliminating pain during and after operation, (*b*) supporting and immobilizing painlessly the repaired parts until fibroplasia and nutrition of the wound edges are completed and (*c*) eliminating tissue tension caused by tight sutures, muscle spasm, and distension.

6 Normal tissue metabolism should be restored and maintained by (*a*) fluid and electrolyte balance, (*b*) proper elimination of body excretion and (*c*) preventing and correcting cardiovascular disturbances.

JOURNAL OF SOUTH INDIAN MEDICINE

NOVEMBER 1940

The Andhra Medical College.

The Andhra Medical College, till recently called the Vizagapatam Medical College, is one of the many institutions which owe their origin to the genius of the late Raja of Panagal. There were many at that time who loudly expressed the view, that it was one of the political *make beliefs* of a party leader And probably a few really believed that it was an unnecessary and expensive gift to satisfy the vanity if not the greed of a few party adherents At any rate that was very much the feeling of many members of the medical services The members of the Indian Medical Service were dissatisfied with the institution when they realized that it was staffed almost entirely by members of the Provincial Medical Service The members of the Provincial Medical Service welcomed it when they felt that it provided an opportunity for many of them to be promoted as Civil Surgeons But once they were promoted as Civil Surgeons they developed many grievances For one thing, they missed the amenities of Madras And the small population of Vizagapatam did not provide them sufficient scope for private practice It is used to be the joke some years ago that there were more doctors than patients in Vizagapatam. Some of the Professors were anxious to get a transfer to the Madras College The walls of the Surgeon-General's Office and the Secretariat might tell stories if they can, of the pilgrimages of the professors of the Vizagapatam College to get a transfer to Madras on one ground or an other. On the other hand the professors of the Madras College seriously resented any suggestion of their transfer to Vizagapatam College Heads of Departments in the Vizagapatam College were only too pleased to be transferred to Madras to hold a subsidiary place When such transfers were made, some of the staff set up a wail that the Andhra College was treated by the Goverment as an inferior college And many of those who had not the influence nor the opportunity to get transferred to Madras felt that the Andhra Medical College was unnecessary and that it could be abolished so that the medical officers could be transferred to more lucrative jobs This might appear to be an uncharitable statement But whether such sentiment was current or not, those that were in the College in those early days know best Things are different now The officers there, are beginning to be proud of the institution But one should know the background before one understands the

various causes which ultimately led to the non-recognition of the Medical degrees of the Andhra University

It was in such an atmosphere that the Inspectors appointed by the Medical Council of India visited the college and the Hospital The reports of these Inspectors bear ample testimony to the fact that many of the fancied defects and grievances were freely ventilated before the Inspectors In fact we have personally known one of the staff taking pride in the fact that he drew the attention of the Inspectors to some of the defects The Inspectors were but human, and they have evidently been carried away by this information For, one would have expected the staff to minimise the defects of the institution and shown off good points of the College As if to enhance this impression some of those intimately associated with the College and the Hospital made it a point of requesting some of the members of the Medical Council of India to withhold recognition of the degree in the hope that thereby the Government of Madras may be coerced to sanction the necessary funds and and staff This mischief was made The recognition was withheld And all concerned realised, when too late, the harm that was done to a group of young medical men in every way worthy and competent. And by a series of blunders partly of the College and partly of the local Government the Medical Council of India was forced to express its opinion more than once that the education and equipment of the Vizagapatam Medical College was "not sufficient." And after three years, thanks to the energetic and forceful personality of the present Surgeon-General, the Government of Madras was made to realize that some buildings and equipment were essential. They have started making improvements in the College, and the Medical Council of India has agreed to recognize the degrees from the end of 1938.

But this does not rectify the harm and injustice that have been done to the medical graduates of the Andhra University They ask for retrospective recognition We have reasons to believe that this is not in the power of the Medical Council of India. Logic and the Indian Medical Council Act are evidently against such a possibility But we are glad to hear that the Government of India contemplate certain measures to mitigate the evil One of the evil effects of this non recognition is that these graduates are at present held to be ineligible for Emergency Commissions in the Indian Medical Service. The young men feel that their talents and enthusiasm are treated with indifference by the authorities We have reasons to believe that the Government of India will soon take away this indignity and absorb the willing medical graduates of the Andhra University into the Army

The remedy for permanent removal of all distinction rests with the Andhra University itself The Calcutta University had also such conditions to meet

And we understand that, that University has devised ways and means to help their medical graduates to get over similar difficulties. What was possible for the Calcutta University is also available to the Andhra University.

Haemetemesis and its Treatment

The treatment of haemetemesis, the most common cause of which in ordinary practice, is ulcer of the stomach and duodenum, has been under dispute for the past one or two years.

On one side has been the orthodox treatment—complete rest, repeated injections of morphia to keep the patient quiet and allay anxiety, starvation for 24 hours, and no operation As against this, came the Meulengracht treatment, with its immediate full puree diet as it was called, consisting of five meals a day, in which were included meat, bread and butter, vegetables, fruits, gruels and milk. Nothing very much is left out in this diet from that of a normal individual! Meulengracht claimed that with his method he had treated 273 cases with only 3 deaths whereas formerly the mortality from this condition was 7 to 10 per cent.

The practitioner treating a case of haemetemesis was in the horns of a dilemma The newer treatment was too heroic for him and to continue with the older method, faced with Meulengracht's claims he thought he was not doing his very best for the patient.

Now, however, Sir Arthur Hurst has come to our aid with a authoritative statement on this subject. According to him the orthodox and old fashioned treatment used by most general practitioners is best. Of about 525 patients with haemetemesis and melaena under the care of general practitioners only eight died giving a mortality of 1.5 per cent.

The improved results recorded by Meulengracht with immediate feeding were due to the prolonged starvation formerly practised in Denmark, in contrast with the rapid return to hourly or two hourly feeds commonly practised in England, after the short period of starvation Since in the large majority of fatal cases haemorrhage has occurred from a large hole in a sclerotic artery exposed at the base of a chronic ulcer, it is obvious that immediate feeding could not prevent fatal haemorrhage in such a case

There are other lines of treatment. A transfusion may be necessary at times and surgery has its occasional indications, but Meulengracht was the only one who started a startling innovation in the treatment of this condition and its usefulness or otherwise was a debated problem, and so, Hurst's conclusions provide a safe lead in the treatment of this troublesome complication.

Association Notes

COUNCIL OF THE SOUTH INDIAN MEDICAL UNION.

Minutes of the meeting of the Council of the Union held on Monday the 8th October 1940 at 6-15 p.m at Gokhale Hall, Y. M. I. A , Madras

Members present :—

Dr. E V. Srinivasan
" J. A. S. Masilamani
" L. V Srinivasan
" T. Satakopan
" P Natesan
" P. T Raghavachari and
" P. Govinda Rau

The applications for membership from the following persons were considered and approved

Dr. T N. Krishnaswami, M.B,B S.,
49, Kutcherry Road,
Mylapore, Madras.

Dr Mrs. P. T Madhavi Ammal,
M.D , M R C P (Lond.)
Raja Annamalai Chetty Road,
Vepery, Madras.

Dr. Miss Pushpam Venkataswami,
M B.B S.
Esoda Gardens, Kilpauk, Madras.

Dr D Damodar Das, M B B.S.,
436, Mint Street, Madras.

Dr. M Rathnavelu,
L M & S , M.R C.S , F D S (Lond.)
3, Kallukkaran Street,
Mylapore, Madras.

Dr. A. V. S. Sarma, M.B., B.S., D.C.H., (Lond.)
40, Ekambareswaran Agraharam,
P. T. Madras.

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Dr. B Venkat Rao, L.M P ,
145, Brodway, Madras.

Dr P. Raghunathachary, L.M P ,
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Dr. M. A. Nair, M B , B S., D.O M S ,
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Dr. Mrs D Rajivi Bai,
Lady Apothecary,
127, Purasawalkam High Road,
Vepery, Madras.

Dr. H R. Tajuddin,
Lady Apothecary,
63, Wallajah Rd , Mount Road, Madras.

Dr G Srinivasan, M B , B.S ,
Infectious Diseases Hospital,
Tondiarpet, Madras

Dr R Madhavan Nair, M B , B.S ,
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Balfour Road, Kilpauk, Madras.

CLINICAL MEETING.

Dr S Rajagopalan read a paper on "Scabies—Diagnosis and treatment" on the 20th November 1940. Capt. S Thambiah, M C, M R C P., D.T M. & H, F.D.S, (Lond) presided The following discussion took place

DISCUSSION

Dr. Natesan referred to the contagiousness and said that the keeping of patients suffering from scabies in a General Ward was not a good practice although it was being done.

Dr L. V. Srinivasan suggested the examination of the blood for Wassermann Reaction in doubtful cases of Scabies There is a danger of certain cases of secondary syphilis being mistaken for Scabies.

Dr. Sudarsanam said he had recently come across cases of Scabies in infants of 3, 4 and 6 months In these cases the eyelids had been swollen and oedematous and in a few the cornea had been affected, probably due to scratching, resulting in blindness He laid stress on the importance of early and energetic treatment in Scabies.

Dr M. Krishnamurthi; It is a well recognised Public Health practice that children with Scabies either are asked to stay away from school or are accomodated on a separate bench He wanted to know the usefulness of the home remedy of first scrubbing the part and afterwards applying a paste of Sandal wood and copper sulphate He said, occasionally, a staphylococal condition like pyonephric abscess or osteomyelitis might result in a Scabietic child.

Dr. T. Satakopan complimented the lecturer on the short, at the same time lucid paper. He has attempted to see the burrow and pick up the Acarus but he has never been able to succeed Scabies he said was recognised by the French writers only about 100 years ago The French women used to pick up the Acarus themselves and bring it to the physicians but the medical men were not able to recognise it as the cause of Scabies. Scabies occurs in epidemics and specially in certain seasons of the year. This has also been observed to occur in the more insanitary countries of Europe. Danish ointment has a bad odour in spite of which it is the best remedy. Some practitioners hold that sulphur by mouth is also useful, but it is the general view that internal medication has no place in the treatment of Scabies.

Dr P T. Raghavachari wanted to know whether there was any predisposing constitutional factor in the causation of Scabies

Dr S Rajagopalan replying to the discussion, said that Scabies was contagious and he agreed with Dr. Natesan that it was wrong practice to keep these cases in a general ward He had not had any experience of the home remedy suggested by Dr Krishnamurti. Scabies had no predilection for the eyelids and certainly did not affect the cornea. The special sites of election and the exaggerated nocturnal scratching are enough to distinguish Scabies from any manifestation of Secondary Syphilis An undermined constitution may aggravate an attack of Scabies or delay the cure, but, it is never a factor in the causation. Isolated pustules, Scabietic in nature, may be mistaken for one of the exanthemata.

Capt S. Thambiah: You have listened to a very interesting lecture. Dr.

Rajagopalan had produced a concise paper, The lecturer had very aptly taken up a subject which was is one of the four commonest skin diseases—Scabies, Impetigo, Fungus and Leprosy.

Alvanciez of Cordova, a leading Mohomedan physician, discovered the mite in 1116 Bonoma, an Italian physician rediscoved the mite in 1687. As remarked previouly by Dr Satakopan, French women used to pick out the bladder like mite—the Acarus—in the same way as our women pick out the Pediculi

Scabies is very common. Hebra came across 2000 cases of Scabies in a total of 2700 cases of skin diseases

Scabies was one of the greatest disabling diseases in the army during the last war In soldiers, who were constantly wearing uniform, Scabies affected only the buttocks and genitalia as these were the only parts exposed in answering calls of nature, and so liable to be scratched

Dr. Rajagopalan had laid stress on the importance of a liberal use of the ointment. An average case requires about a pound of ointment, for a complete treatment, four ounces being used at each time for four days Danish ointment—ought to contain Benzaldehyde to cover the hydrogen sulphide smell—the usual preparation available in the hospitals however does not contain any Benzaldehyde and so the bad odour,

Norman Walker brought into usage the 'While you wait' treatment. The patient is placed in a bath containing 3 oz. of "liver" of sulphur in 30 gallons of water for half an hour; taken out and brushed with soft soap and scrubbed; again a similar bath for another half an hour, dried, and four ounces of ointment rubbed in, at the end of which the patient, dressed in his Thresh disinfected clothes sent out, declared cured.

Intimate contact is the most important factor in the spreading of infection and obviously Winter is very favourable for this spread Shaking of hands has also been known to carry infection.

The fundamental factor in the treatment is thorough opening of the burrows. If that is done, even the much despised Unguent Sulphuris will be found useful Only in the case of pustulating lesions it is necessary to with hold sulphur in the treatment.

Revant and Mnahew's treatment in which sodium thiosulphate and the subsequent dabbing with 4 per cent hydrochloric acid is used is not satisfactory on account of the impracticability, of carrying out the necessary details.

Acknowledgement.

Reprint of a paper on "The Gold preparations of Hindu Medicine" (in German) by C. Dwarakanath, L I.M, Z T. (Hamburg), on his work done in Experimental Pharmacology at the University of Hamburg in 1937.

Jottings

The present Surgeon-General of Madras has been able to complete a number of new hospital buildings during his tenure of office One more hospital has been added to the Province of Madras. The Madura Hospital which has recently been declared open by His Excellency the Governor is an institution of which both Madura and Madras could be greatly proud Madura is the sceond largest town in the Province and it is appropriate that it should have the second largest hospital in the Province The Madura Hospital has had a great reputation as a Surgical Centre. Major F. A. B. Sheppard, the present Superintendent, is sure to maintain the tradition.

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The local Goverment has made a welcome departure in appointing a Committee to select Honorary Medical Officers for appointment to the City Hospitals The South Indian Medical Union has been in favour of such a committee. The profession is sure to appreciate this arrangement. The experience gained on the first occasion will help in the future choice of suitable officers to these hospitals.

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Every month, almost every week, more and more of the young members of our profession are taking up the Emergency Commission in the Indian Medical Service. We are confident that in their career in the Army, our graduates will maintain and enhance the high traditions of the Madras Medical College.

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The Medical Council of India has requested the Goverment of India to constitute a Reciprocity Board It appears to be a pious wish. It is difficult to understand the need for reciprocity. Many countries seem to get on quite well without ever a thought of reciprocity for their medical qualifications.

Journal of South Indian Medicine

NOTICE

CONTRIBUTIONS of medical interest—original articles, case notes, clinical memoranda—are invited They should be addressed to the PUBLICITY OFFICER, JOURNAL OF SOUTH INDIAN MEDICINE. 56, Thambu Chetty Street, Madras and should be accompanied by a stamped addressed envelope if their return is desired in case of non-publication.

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MANUSCRIPTS must be written clearly or preferably type-written, with double spacing, on one side of the paper only.

Books and pamphlets for review should be sent to the Publicity Officer who will be pleased to receive also reprints of which abstracts will be of interest to the profession Journals for exchange or review should be addressed to the Publicity Officer

NOTICE

BOMBAY MEDICAL UNION

The Dr. B. S. Shroff Memorial Gold Medal.

The following subject has been selected by the Bombay Medical Union for competitive thesis for the above Prize for 1940 :—

"The question of mortality in infants and children in India, laying special empasis on measures to control it, and on detailed treatment of the various diseases causing it"

The award will be in the form of a Gold Medal called the Dr B. S. SHROFF MEMORIAL GOLD MEDAL of the BOMBAY MEDICAL UNION.

The competitor must be (i) a duly qualified member of the Medical Profession holding a degree or degrees and diplomas from Indian and other Universities created by statute, or (ii) a duly qualified member of the Medical Profession holding the diploma of Membership of College of Physicians and Surgeons of Bombay The thesis must be sent in six typed copies so as to reach the Honorary Secretaries, Bombay Medical Union, Blavatsky Lodge Building, French Bridge; Chowpatty, Bombay, 7, on or before the 31st December 1940,

The thesis should be designated by a motto instead of the writer's name and should be accompanied by a sealed cover containing the name of the writer and his Post-Office Address The name of the Prize, the year of competition, the subject of the thesis, and the writer's motto should be superscribed on the cover No study or essay that has been published in the medical press or elsewhere will be considered eligible for the Prize, and no contribution offered in one year will be accepted in any subsequent year unless it includes evidence of further work. The accepted thesis shall be the property of the Bombay Medical Union All other theses shall be returned if not accepted provided the return postage expenses are paid in advance by the writer In the award of the Prize to the successful candidate, the decision of the Committee shall be final.

The Dr. Sir Bhalchandra Krishna Kt., Memorial Fund Gold Medal

At a meeting of the Subscribers of Sir Bhalchandra Krishna Kt. Memorial Fund held on the 11th July 1924 the following Resolution was adopted:—

"That from the funds called to perpetuate the memory of the late Sir Bhalchandra Krishna, Kt, a memorial Prize Medal be founded to be awarded every year on the anniversary of his death to a member of the Medical Profession who submits a thesis or delivers a lecture on any medical subject before a Meeting of the Medical Profession to be held under the auspices of the Bombay Medical Union, preference to be given to one who submits any original or research work especially with reference to Indigenous Medicine on Western lines "

In consonance with the above Resolution, members of the profession are invited to submit a thesis or a paper by the 15th of March 1941 to the undersigned for submission to a Selection Committee for making the above award. The thesis or paper shall have to be read by the prizeman on the day of the award at a Meeting of the Profession to be held in accordance with the above Resolution.

All communications to be addressed to The Jt Hon. Secretaries, Bombay Medical Union, Blavatsky Lodge Building, French Brige, Chowpathy, BOMBAY, 7.

THE XVII ALL-INDIA MEDICAL CONFERENCE, VIZAGAPATAM, 1940.

In connection with the Scientific section of the forthcoming 17th All-India Medical Conference at Vizagapatam during the last week of December 1940, it is proposed to have symposiums in the following subjects in addition to the reading of papers.

1. Surgery:—Surgical complications of Filariasis.
2. Medicine:—High blood pressure, its etiology, pathogenesis and treatment.
3. Obstetrics:—Maternal Injuries of Child Birth.
4. Venereal Diseases:—Modern treatment of Gonorrhoea.

The names of the openers of discussion on the above subjects will be announced in due course. All those who propose to attend the Conference are requested to take part in the discussion and make the symposiums a complete success.

ALL-INDIA OPHTHALMOLOGICAL SOCIETY

The Seventh Conference of the Society will be held in Bangalore in December 1940, under the presidency of Dr R. P Ratnakar, Bombay The Conference will open on the 20th December and will continue for 3 days

The subject for a symposium is Trachoma Members who desire to read papers before the Conference are kindly requested to send a copy of their paper with a short summary, to one of the Secretaries before the 30th of November At past conferences, it had been found difficult to get the final programme of papers printed in time as the titles of the papers had not reached the Secretaries early. Kindly, therefore, send in your papers early It is hoped that many of the members will contribute papers and make the Conference a success.

Details of the arrangements will be issued later by the local committee

G. ZACHARIAH,
Flitcham, Marshall's Road, Egmore, Madras

B N BHADURI,
10-5A Willington Street, Calcutta.
Hon. Secretaries.

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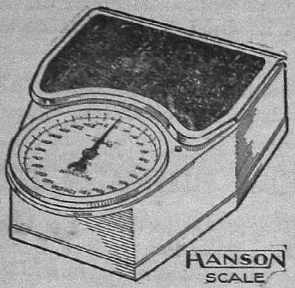
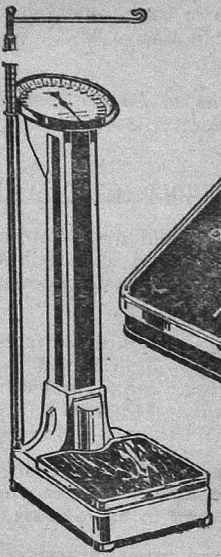
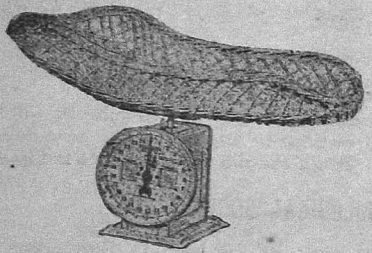


Consulting Room Model.



Hi-Dial Model.

Portable Model.



Nursery Scale with Basket.

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