A CASE OF KALA-AZAR.

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The following notes on a case of kala-azar are submitted to show the almost dramatic effects of urea-stibamine in the treatment of a complicated case of this disease. They are not intended to be a full description of the case.

Pte. C., 1st K.S.L.I., was transferred to the British Military Hospital, Lebong, from Dinapore, on April 14, 1928, as a case of "tuberculosis of the tracheo-bronchial glands." He had been first admitted to hospital on January 23, 1928, with acute bronchitis. He soon developed rigors, high temperature, profuse sweating, and diarrhea with occasional traces of blood and mucus. His spleen was just palpable. Malaria, the enteric group, the dysenteries and tuberculosis were eliminated by repeated clinical tests, and kala-azar, which had been suspected from a total white blood-cell count of 2,790 (polymorphs 41 per cent, lymphocytes 53 per cent, large mononuclears 3 per cent), was also excluded by the aldehyde and urea-stibamine tests.

On April 5, 1928, an X-ray examination showed: (1) Perihilar caseating foci, left hilum; (2) caseating tracheo-bronchial and hilar glands; (3) diaphragm movements jerky and irregular, especially on right side.

On arrival at Lebong he complained of severe cough which kept him awake at night, nasal discharge and intermittent diarrhea. On May 14 two teeth (right lower incisor and canine) were extracted; the cavities left by these teeth did not heal, and on May 25 showed definite signs of ulceration. On May 31 a differential blood-count showed lymphocytes 40 per cent and large mononuclears 20 per cent, and the aldehyde test was a strong positive in five minutes. Leishman-Donovan bodies were not found in the blood. The spleen at this time was between one and two fingers' breadth below the costal margin; the patient, however, was much too sensitive for spleen puncture to be attempted.

On June 2, 1928, he was given 0.05 gramme urea stibamine intravenously. On the 4th the dose was repeated; by this time the ulceration in the mouth was a definite cancrum involving the sublingual gland and the under surface of the tongue. On the 6th, owing to the rapid increase of the cancrum, which had now spread back to the angle of the jaw and was accompanied by intense swelling of the neck, there was great difficulty in swallowing and the outlook appeared hopeless; 0.1 gramme urea stibamine was given and the necrotic tissue swabbed with pure carbolic and washed out with spirit. On the 8th the spread of cancrum appeared to be checked, and 0.2 gramme urea stibamine was given. On the 10th the dose of 0.2 gramme urea stibamine was repeated; there was no further spread of the cancrum, and large pieces of necrotic tissue were easily removed. On
the 12th and 14th 0.2 gramme urea stibamine was repeated, and by June 15
the whole of the necrosed tissue had separated and the swelling in the
neck had subsided. As a result of the necrosis, the whole of the sublingual
gland on the right side and a large portion of the genio-hyoglossus
muscle had disappeared, and an area of about 1 inch by ½ inch on the
inner table of the mandible was laid bare. On the 17th his temperature
had remained normal for four days for the first time since the commence­
ment of his illness; subsequently he had slight rises of temperature, not
above 99°F., associated with the separation of small sequestra from the
gingival margin of the mandible.

By June 30 he had received a total of 2 grammes urea stibamine;
the bare area on the inner side of the mandible was covered with healthy
granulations, and the patient was on his feet for the first time since his
illness started.

He was discharged from hospital, pending "change to England," on
July 28, when he had received 3.15 grammes urea stibamine. The spleen
was just palpable on deep inspiration, the mouth condition had completely
healed, the diarrhoea had ceased, and his cough was practically cured;
his blood-count showed total white blood-cells, 6,875 (polymorphs
72 per cent, lymphocytes 18 per cent, large mononuclears and transitionals
10 per cent). X-rays were not available to determine the condition of
his chest.

Points of interest in the case were the small size of the spleen, which
even in the later stages of the disease never reached more than two
fingers' breadth below the costal margin; the presence of all the more
important complications which are associated with the disease; the
absence of any obvious double remission in the temperature and the
rapidity of the cure.

VARICOSE VEINS TREATED BY INJECTION.

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The injection treatment of varicose veins, while in general use all over
Europe, has not yet been popularized throughout India. The following
case is published for the benefit of those, therefore, who have been
unable to devote their attention to the vast quantity of literature to be
found on the subject. It is put forward merely as an example of the striking
success of the treatment as applied to a soldier. It is not intended to
discuss the merits of the treatment, but simply to give details of this
particular case.

The Case.

Previous History.—The patient, a driver in the Royal Artillery at
Mhow, Central India, gave a history of varicose veins covering the past