

A note on the external use of creasote in the treatment of malarial intermittent fevers / Leonard Rogers.

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A NOTE ON THE EXTERNAL USE OF CREASOTE IN THE TREATMENT OF MALARIAL REMITTENT FEVERS

Leonard ROGERS

The British Medical Journal,
1896, i.

REPORTS

REPORTS ON THE TREATMENT OF MALARIAL REMITTENT FEVERS
AND OTHERS OF GREAT INTEREST, INCLUDING
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after taking the poison, as she was able to rush out and cry for help.

Shepherd's Bush Road, W. LEONARD C. DOBSON, M.D.Lond.

MELÆNA NEONATORUM.

INSTANCES of melæna neonatorum are unusual enough to merit a mention in the BRITISH MEDICAL JOURNAL, were it for no other purpose than to assist subsequent classification. In contrast to Dr. Pringle Morgan's case may be noted the following:

On October 30th, 1894, Mrs. R. was delivered of her first child, a boy. Labour lasted for 21 hours and presented no difficulties; the amount of blood lost was normal in quantity, and the mother made a good recovery, getting up on the tenth day.

The child was apparently healthy when born, of average size (weight not taken); it cried immediately, and did not require artificial respiration. What appeared to be a small nœvus was, however, observed close to the inner canthus of the right upper eyelid. Two days after birth hæmorrhage occurred from the bowel. This lasted for 36 hours, and the amount lost appeared to be about 3 iss. In colour it was very dark, contained no clots, and was most offensive. The child seemed to be in no pain; his temperature was normal; he slept well, and took sustenance every two hours. On the same day one spot of blood appeared at the cut end of the umbilical stump. The hæmorrhage yielded to three ice-water injections, and to small doses of hamamelis and krameria every two hours. Feeding was by white wine whey.

Early on the fifth day the hæmorrhage recurred to a slight extent, and again on the eighth day, when it lasted for 19 hours, and amounted to about 3vj.

Since then no hæmorrhage has taken place from any surface of the body; and though subsequently some difficulty was experienced in establishing digestion on a sound basis, this did not last for more than a fortnight, and from then till now the health of the infant has been most satisfactory. The nœvus has disappeared.

In boyhood the father suffered occasionally from epistaxis, but has not done so for many years.

Hornsey.

WILLIAM GEMMELL.

A NOTE ON THE EXTERNAL USE OF CREASOTE IN THE TREATMENT OF MALARIAL REMITTENT FEVERS.¹

THE action of external applications of creasote and guaiacol in producing perspiration and lowering the body heat suggested to me that they might be of use in the treatment of malarial intermittent fevers. I have used 15 minim doses of creasote rubbed into the axilla and covered with cotton wool in eight cases of severe intermittent fever with temperatures varying from 103.2° to 104.4° F., the temperature being either stationary or rising at the time the drug was applied. In every case perspiration, usually free, was produced in from half an hour to two hours, more commonly in about three-quarters of an hour, and was accompanied by a marked fall of temperature, averaging 1.6° F. within three-quarters of an hour, 2.3° after an hour and three-quarters, and 3° within four hours of the use of the drug. Not only was the temperature reduced, but at the same time all the distressing symptoms, including the severe headache always present with high fever in these cases, were markedly relieved, and the patients stated they became quite comfortable when the perspiration came on. In some of these cases during other paroxysms of the fever, which were not treated with creasote, but in which the ordinary diaphoretics, such as ammonium acetate, etc., were given, the temperature remained high for eight or more hours. In only one case was there an after-rise during the paroxysm of more than 1° F. In five out of seven cases in which the blood was examined during the fever, Laveran's organism was found in the red blood corpuscles. In one case of continued fever in which I tried this treatment a slight fall of the temperature accompanied by some relief of the

¹ Towards the expenses of this research a grant was made by the British Medical Association on the recommendation of the Scientific Grants Committee of the Association. A fuller report will be published in India.

symptoms was produced, but the good effect lasted only a few hours.

This method of treatment I think deserves a careful trial in tropical remittent and continued fevers, whilst I feel sure it will prove of great service in shortening and lessening the severity of the paroxysms of severe intermittent fevers, as its antipyretic and sudorific powers are much greater than those of the diaphoretics in common use, while it has not the drawbacks of the antipyrin class of drugs, namely, in the depressing action on the heart and the tendency to reduce the number of the red corpuscles of the blood, and thus to increase the state of anæmia caused by malarial fever.

LEONARD ROGERS, M.B., B.S., F.R.C.S.,
Surgeon-Lieutenant I.M.S.

A CASE OF TUBERCULOUS TUMOUR OF THE PONS.

F. A., aged 1 year, 2 months, had been under my care for rickets and bronchitis for about two months; he was a fairly well-nourished child, anæmic, and of tuberculous aspect.

When seen on June 17th, 1895, he was semi-conscious, breathing stertorously, and occasionally convulsed; the spasms commenced in the left arm and leg, and extended to those of the right side. On June 18th and 19th he was in much the same condition, but the convulsions were more frequent, and on June 20th the child was weaker; the movements were confined to the left arm and leg. On June 21st the child was lying on his back with his head turned on to the right shoulder and his eyes turned to the right; the left pupil was larger than the right. The left arm and leg worked continually in spasmodic movements, whilst the right extremities lay quiet. He was quite unconscious and breathing stertorously. He resisted any attempt to quiet the left arm and leg and to straighten his head. He died the same evening.

At the post-mortem examination performed twenty-four hours after death, on removing the skull-cap and exposing the membranes, they were found very congested and in places adherent to the skull. The cerebrum on exposure was congested on the left side; and on both sides, especially in the region of the fissure of Sylvius, was a collection of milary tubercles.

On making sections of the tissue of the cerebrum there were found two or three small tuberculous foci about the size of a millet seed, just above the left lateral ventricle; the ventricles themselves were quite free from tubercle. On the right-hand side of the pons and deeply embedded in its substance was a large caseous mass, the size of a hazel nut, consisting of tuberculous material; it was so placed in the pons as to catch the right crus cerebri. The tumour was easily shelled out from the surrounding fibres.

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Medical Officer to the Children's Hospital,
Gartside Street, Manchester.

Eccles.

REPORTS

ON
MEDICAL & SURGICAL PRACTICE IN THE HOSPITALS
AND ASYLUMS OF GREAT BRITAIN, IRELAND,
AND THE COLONIES.

NEWCASTLE-UPON-TYNE ROYAL INFIRMARY.

CASE OF AMMONIA POISONING: RECOVERY.

(Under the care of Dr. OLIVER.)

POISONING by ammonia can scarcely be said to be of frequent occurrence, yet it was the cause of 64 deaths by accident and of 34 by suicide in the ten years 1883-92 in England and Wales. Amongst the poisons it stands seventh on the list as a cause of accident, and ninth as a means of suicide. Poisoning by ammonia vapour is rare, but, just as one would expect, the cases reported show that the strong vapour is extremely fatal to human life. Accidents are much more likely to arise from swallowing a strong solution of ammonia, which acts as a caustic, or by swallowing some liniment containing the strong liquor. The patient whose case is now reported had drunk some of the liquid ammonia used for domestic purposes.

A boy, aged 7 years, was admitted on September 16th, 1895,

