

urine can be obtained in patients suffering from malarial fever even when the malarial parasites are absent from the peripheral blood.

As is well known, the high colour of urine in malaria depends upon the increased amount of urobilin present. Plehn, in 1909, recommended this very delicate and simple reaction to demonstrate the presence of urobilin in the urine. To obtain it we require the following: 1. Schlesinger's solution, which consists of zinc acetate, 1 part; alcohol, 10 parts. 2. Tincture of iodine. 3. A sample of the urine to be tested.

In a test tube one-third filled with the unfiltered urine an equal quantity of Schlesinger's solution, which has previously been well shaken, is added. A few drops of a weak solution of tincture of iodine are now added, as this accelerates the reaction. The mixture is then filtered, and if urobilin be present the filtered mixture shows a more or less distinct fluorescence. This reaction is met with in the urine of patients suffering from all types of malarial fever. To show how delicate it is, in cases of malignant malaria it can be obtained after diluting the urine with 200 parts of water. Quite healthy urine does not give the reaction, as it contains, if any, only the slightest amount of urobilin. Urobilin is present, of course, in many other diseases, such as cirrhosis of the liver, liver abscess, many infectious diseases, &c.

This test was used frequently in the Government Civil and Victoria Hospitals, Hong-Kong, and we found it useful, particularly in diagnosing doubtful cases where parasites were not present in the blood. Now and then a case of malarial fever may happen in which the hepatitis and hæmolytic are not sufficient to cause urobilinuria. The absence of this reaction, however, speaks strongly against acute malarial fever, a fact of great value when a quick diagnosis is to be made.

Welbeck-street, W.

#### NOTE OF A CASE OF AMŒBIC DYSENTERY OF THREE AND A HALF YEARS' DURATION RAPIDLY CURED BY INJECTIONS OF EMETINE HYDROCHLORIDE.

BY FERNAND L. DE VERTEUIL, M.D. EDIN., M.R.C.S. ENG.,  
L.R.C.P. LOND.,  
SURGEON, R.N. (RETIRED).

THE following case is of interest as showing the rapid, nay immediate, effect of emetine in a severe chronic case of amœbic dysentery.

The patient, a Frenchman, aged 44, first came to consult me on May 5th, 1913. He gave the following history. In October, 1909, he left France for Panama, where he was to represent an important French firm. Previous to this he had always enjoyed excellent health, and was a strong, powerfully built man. Two months after his arrival in Panama he suffered from a sharp attack of dysentery with passage of mucus and bloody stools. From Jan. 1st to April, 1910, he was constantly ill, suffering from fever and diarrhoea. Besides various other drugs he was dosed with quinine. As he was rapidly going downhill he was advised by Dr. Preciado, of the Panama Presidency, to leave immediately for France. During the last few months of his stay in Panama he had lost 30 lb. in weight. Immediately on his arrival in Paris (April 21st) he was operated on by Dr. Launay for a huge liver abscess. Three months after this operation he felt fairly well. This period of comparative health was, however, of short duration, for as soon as he attempted to return to a normal diet he had a recurrence of his dysenteric symptoms, and had to confine himself to a strict milk diet. During the following two and a half years he had six severe subacute attacks. These attacks would last for several weeks. Two of them were followed by liver abscess, for which he underwent two further operations.

In April, 1913, the patient arrived in Vancouver. Shortly after his arrival here he had a subacute attack, and it was for this he came to consult me. He had an urgent and constant desire to go to stool; he was passing from 20 to 30 stools daily, the majority of which consisted of only a little mucus and blood, accompanied by a good deal of griping and tenesmus. There were pain and tenderness over the region of the colon. He had a slight evening rise of temperature. He also suffered from external hæmorrhoids, which had apparently been caused by the constant straining at stool. The patient appeared a complete nervous and physical

wreck; he was thin and emaciated, with a muddy, icteric-looking complexion, prominent cheek bones, with sunken eyeballs. The marvellous results first obtained and published by Leonard Rogers,<sup>1</sup> and subsequently by others,<sup>2</sup> with emetine made me anxious to try it. Five days, however, elapsed before I could obtain a supply of the drug. Late in the evening of May 10th the patient received his first injection, consisting of 1/3 gr. of emetine hydrochloride dissolved in saline solution and enclosed in a glass ampoule (Burroughs and Wellcome). On the following day at noon he received a second injection. During the night of the 11th he had no call to stool; previously he had to get up seven or eight times during the night. On the 12th, 36 hours after the first injection, he received a third injection, and from that date there was a complete disappearance of all dysenteric symptoms. That day he had but one stool, which was quite normal in appearance. He subsequently received seven more injections as a matter of precaution. During the time he was receiving the emetine injections no other drug or treatment was used. The injection of the drug did not cause the slightest unpleasant sign or symptom.

It is barely three weeks (May 29th) since the patient received his first injection, yet the mental and physical change that has already occurred is remarkable. As the patient graphically states, "it was like passing suddenly from Hades to Olympus." He is gradually resuming a normal diet. In fact, on May 17th, a week after he had begun the injections, he could not resist the temptation and consumed a large steak. This did not cause the slightest inconvenience, though previously such a dietary indiscretion would have been followed by the most dire results.

It is as yet much too early to speak of a permanent cure in this case. The results obtained have, however, appeared to me to be so extraordinarily rapid that I have not hesitated to describe the case in some detail. We have few specific drugs in medicine. The addition of a new one is certainly an epoch-marking discovery. Emetine seems to be as potent a specific in amœbic dysentery as quinine is in malaria or salvarsan in syphilis and yaws. When we consider the dangers and fatal complications of this malady, as well as the years of misery and suffering which on account of its chronicity and liability to recurrence it often entails, Major Leonard Rogers's great discovery must occupy a foremost place in the medical achievements of the present century.

Vancouver.

<sup>1</sup> Rogers, Leonard: The Rapid Cure of Amœbic Dysentery and Hepatitis by Hypodermic Injections of Soluble Salts of Emetine, Brit. Med. Jour., June 22nd, 1912, p. 1424. Further Experience of the Specific Curative Action in Amœbic Disease of Hypodermic Injections of Soluble Salts of Emetine, *Ibid.*, August 24th, 1912, p. 405. Amœbic Colitis in India: Prevalence, Diagnosis, and Emetine Cure, THE LANCET, Oct. 19th, 1912, p. 1062. The Rapid and Radical Cure of Amœbic Dysentery and Hepatitis by the Hypodermic Injections of Soluble Salts of Emetine, Therapeutical Gazette, Dec. 15th, 1912, p. 837.

<sup>2</sup> Allen, William: The Emetine Treatment of Amœbic Dysentery, Journal of the American Medical Association, March 1st, 1913, p. 664. Lyons, Randolph: The Treatment of Amœbic Dysentery with Subcutaneous Injections of Emetine Hydrochloride, Report of Six Cases, *Ibid.*, April 19th, 1913, p. 1216.

**MEDICO-PSYCHOLOGICAL ASSOCIATION OF GREAT BRITAIN AND IRELAND.**—The seventy-second annual meeting of this association will be held on Wednesday and Thursday, July 16th and 17th, at 11, Chandos-street, Cavendish-square, London, W., under the presidency of Dr. James Chambers. The meeting will commence at 11 A.M. on Wednesday. At 2 P.M. the retiring president, Dr. James Greig Soutar, will make a presentation to Dr. H. Hayes Newington, member for 40 years and treasurer of the association since 1894, president 1889. The presidential address will then be delivered by Dr. Chambers, and the following papers will be read:—Dr. H. Campbell Thomson: Traumatic Neurasthenia; Dr. Henry Devine: The Clinical Significance of Katatonic Symptoms. The annual dinner will be held that evening at the Café Monico at 7 for 7.30 P.M. On Thursday at 10 A.M. the following papers will be read:—Dr. C. A. Mercier: The Interpretation of Dreams; Mr. H. Salter Gettings: Dysentery, Past and Present, with Especial Relationship to the Origin of Asylum Dysentery; Mr. E. Barton White: The Bacteriological Examination of the Urine in Some Cases of General Paralysis. At 12 noon there will be a discussion on the Report of the Status of Assistant Medical Officers' Committee. From 4 to 6.30 P.M. the President and Mrs. Chambers will give a garden party at the Priory, Roehampton.