The Use of Ground-nut Oil in the Treatment of Leprosy

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From time to time one chances to read about new discoveries in the treatment of leprosy, and recently the vernacular press especially has been printing extracts about a remarkable cure of a leper who ate the fruit of the cashew or karoo nut for some time. This is but one of many cases who have evidently had the disease arrested at least, if not cured, by articles other than chaulmugra oil. It was, therefore, with great interest when the report of a sample of oil that we had sent to Dr. Muir for analysis came back to us. This oil had been bought from a reliable and well-known Bombay firm, whose honesty no one questioned. We had used it for several months, both intravenously and subcutaneously as well as intramuscularly, with very gratifying results. One man, who was brought in a cart and who was unable to take any solid food at all from ulceration of the oesophagus, improved so greatly that he was able to resume his occupation of carpenter, was able to walk considerably without tiring, and began to eat solid food. Furthermore, the oil when taken by mouth was well tolerated and the patients did not complain of nausea and vomiting, as they did when pure unadulterated oil was given them. The report that we received from Dr. Muir, therefore, was very surprising to us, for it stated boldly that the sample as sent contained no oil chaulmugra at all, but an adulterant, which was probably ground-nut oil. Up to that time we had been paying at the rate of Rs. 2 for a twenty-ounce bottle of what was supposed to be oil chaulmugra, but which on examination proved to be an oil which in the market originally cost not more than four annas.

As a result of this, oil from the Ernakulam Trading Co. of South India was ordered and used, but from the first the lepers complained that it caused nausea and vomiting; and they requested me to order some of the old stock. However, it could not be had in the Bombay market. Then we started diluting the pure oil from South India with equal parts of ground-nut oil, which was well tolerated, and the complaints have ceased. Then we started injections with the pure ground-nut oil, both intravenously and subcutaneously, with gratifying results. For the last three months injections have been continued, with the lepers preferring the intravenous injection with ground-nut oil to the subcutaneous injection with oil chaulmugra iodized to half per cent strength.

In the three centres where we have leper clinics there are about 300 lepers who come as outdoor patients for treatment. One Brahmin, who has come almost daily for a subcutaneous injection of ground-nut oil, has been greatly benefited. The oil is well tolerated intravenously and does not produce much cough.

In Western India ground-nuts are grown in large quantities for market, and the oil, after extraction, is used by the people largely for cooking purposes. It
is cheap and easily procurable locally. It will be experimented with further, and it is hoped that others who have lepers under treatment will try it and report to the writer their findings.

Some Modern Uses of Magnesium Sulphate

BY DR. JESSIE ALLYN, PITHAPURAM

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In a Materia Medica of as recent a date as 1925 one finds, under the uses of magnesium sulphate, simply, 'It is one of the most useful of saline cathartics.' This paper attempts to give a few of the recent uses to which this exceedingly cheap drug lends itself.

As long ago as 1905, Meltzer and Auer demonstrated the sedative and anti-convulsive effects of magnesium sulphate, and since that time various attempts have been made to make use of these actions of the drug in tetanus, labour, anaesthesia and eclampsia. Several articles have appeared recommending its use as rectal, subcutaneous, intramuscular, intraspinitous, and, more recently, intravenous injections.

Combined with serum treatment in tetanus, spasms of the muscles are undoubtedly relieved by intramuscular injections of mag. sulph. We have found in obstetrical work, where morphine is indicated, that its action is enhanced by dissolving it in 2 c.c. of 50 per cent mag. sulph. instead of water. It is being thus used in normal labour also, combined with rectal ether anaesthesia, in some of the large maternity hospitals, as a new form of twilight sleep.

In anaesthesia we believe it to be of decided value. For several months now we have been giving it to all our major operative cases as preparatory to a general anaesthetic. The routine order is to give hypodermically, one hour before operation, one-eighth grain of morphine sulphate in 2 c.c. sterile mag. sulph. of 50 per cent strength. This is repeated half an hour before operation. The advantages noted are the removal of the element of fear, the reduction of nervousness, use of less anaesthetic, prolonged period of sleep afterward, and less complaint of pain. The injection may be repeated, if thought advisable, after operation, substituting codein or heroin for morphia. We consider that the general sedative effect of the mag. sulph. also lessens the incidence of post-operative vomiting.

With regard to the intravenous injections of mag. sulph in eclampsia, the following notes on a recent article, by Lazard, in the American Journal of Surgery, may be found interesting. The treatment of eclampsia is directed toward:—

First, the control of convulsions.

Second, the elimination of toxins.

Third, the reduction of the blood pressure, and oedema.

Fourth, the removal of sources of irritation.

In the opinion of Lazard, the anti-convulsive action of the mag. sulph. and its dehydrating effect bring about the desired results as no other lines of treat-