MALARIA COMPLICATED BY DERMATITIS EXFOLIATA AND PYÆMIA; VACCINE TREATMENT; CURE.

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PRIVATE A. B. was admitted on June 15th, 1909, to the Section Hospital, Mhow, for malaria, and on his blood being examined benign tertian parasites were found.

Two days after admission a peculiar pink blush was noticed over the whole of his face, body, arms, and legs; this being most marked on his face and abdomen, no rash, however, could be detected. He had been given quinine since the time of his admission to hospital.

On the third day a fine scaly process of desquamation commenced on the soles of his feet and the palms of his hands, spreading later to his body and face. The flakes of desquamating epidermis increased in size, and eventually almost a complete cast of both soles exfoliated, leaving in places underneath small raw fissured surfaces; these were the only areas in which the flakes of desquamated epidermis were of a large size, over the remainder of his body, face, and limbs the fine scaly character persisted. Vaseline was at first used as a local application, but being found to dry too quickly, olive oil was substituted, and in addition any raw surfaces were protected by dressings.

About the seventh day it was noticed that there was a number of red
swollen points in the skin over his whole body and extremities. Many of these were of a papular form and had a tiny bead of pus in the centre, the remainder were red raised points with an indurated hyperemic circumscribing zone and confined to no particular area.

On the eighth day it was noticed that some of the glands in his axillæ and groins were enlarged and suppurating; local fomentations were applied. The next day a smear was taken from the pus of one of the axillary glands and examined microscopically, large numbers of staphylococci were seen. The remaining glands in which pus formation was evident were incised and the pus evacuated. Several of the red swollen points mentioned above had by this time greatly increased in size and in several fluctuation could be obtained; these were accordingly incised and dealt with, some eight or ten being opened, all proving superficial and all healing up rapidly once they were drained of their contents.

On the eleventh day, as systemic infection was evident, I injected the patient that evening with anti-staphylococcus vaccine, which had been prepared at the Kasauli Institute. About ten o’clock the same night the patient complained of feeling ill and perspired freely, his condition, however, gave no cause for anxiety and was only temporary and soon improved.

The following morning the patient’s temperature had fallen and he looked infinitely better, and he stated that he felt a great improvement in his condition, also his appetite, which had been bad on the previous day, now returned. At this time three more superficial abscesses were opened and a considerable quantity of dark red blood-stained pus was evacuated from each.

The patient from now on continued to make steady improvement, and though I found it necessary to open some more superficial abscesses during the next few days no fresh ones formed after the dose of vaccine was given. No second dose of vaccine was considered necessary and the patient was allowed up after twelve days.

During the course of the disease a relative and differential blood-count was made for me in the Divisional Laboratory, which gave the following results:

<table>
<thead>
<tr>
<th>Red blood corpuscles</th>
<th>5,100,000</th>
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<tr>
<td>Leucocytes</td>
<td>20,000</td>
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Differential count—

- Polynuclears: 4 per cent.
- Large mononuclears: 56
- Small: 0.4
- Eosinophiles: 56

which shows a marked leucocytosis.

During the convalescence of the patient it was thought it would be interesting to see what agglutination results could be obtained from the patient’s serum against the vaccine of staphylococci, so I took a
Clinical and other Notes

sample of his serum and sent it together with a capsule of the vaccine to the Divisional Laboratory, where a positive reaction was obtained with all dilutions up to 1 in 5,000; at 1 in 10,000 there was very slight, if any, reaction.

NOTES ON A CASE OF KALA-AZAR.

By Captain Charles White.

Royal Army Medical Corps.

Number 32173 Bombôr. B., aged 25, was admitted to Station Hospital, Jalapahar (Darjeeling), on June 2nd, 1909. History of the case up to the date of his being admitted to the Station Hospital, Jalapahar:-

Patient first had fever in October, 1907, at Barrackpore, diagnosis being "ague"; notes on medical history sheet are: "Bilious remittent; excessive vomiting; hæmatemesis." The fact of this "bilious remittent" fever starting in October is important, as Major Rogers points out that European cases of kala-azar usually commence in the cold weather, and that infection is limited to this time of the year. A statement of the patient's worth noting in connection with the theory of the spread of the disease is that "the bed-bugs were very bad at Barrackpore, in fact, so bad that on Thursdays the men were put on special duty in the barrack-room for the purpose of washing the beds with carbolic, &c., and so trying to get rid of this plague of bugs."

The man landed in India, February 10th, 1905, so that he was only two years and nine months in India when attacked. For the first admission of fever patient was in hospital seventeen days, was discharged and readmitted in about six weeks with very severe vomiting (so severe that he was reported dangerously ill), was detained in hospital about seven weeks, was then discharged "to attend" and was all right for seven or eight months. At the beginning of August, 1908, he was again admitted with "malaria," was discharged, and admitted about two months later with symptoms of ptomaine poisoning. He had two or three more admissions for malaria, vomiting and diarrhœa. Patient left Barrackpore on November 18th for Barkacha Camp, was sent in from camp to Allahabad Station Hospital, again with fever and vomiting, remaining in hospital eight days, and then returned to camp. The Battery arrived at Cawnpore on March 1st, 1909; he kept "fit" till March 28th, when (an important fact) his nose bled profusely for an hour without any apparent cause. Next day he was admitted to hospital, again being diagnosed "malaria." From Cawnpore he was transferred to the Station Hospital here (Jalapahar).

Symptoms on admission to hospital (Jalapahar): High fever, but no mental dulness or delirium; cough with blood-stained expectoration; spleen greatly enlarged, extending to below navel; liver also enlarged, but