angle can be adjusted to the liking or condition of the patient without disturbing him, by merely regulating the straps underneath to requirements; (8) it is neat in appearance, compact, and once attached to the stretcher requires absolutely no further fastening or unfastening, except for cleansing, renewal, or repair; (9) it is collapsible, and its action being automatic it is always in position, ready for instant use on the stretcher being opened, and vice versa.

In addition to the above, the canvas can in an emergency be utilised as an excellent temporary bandage or splint for an injured limb or trunk, some part of the patient's clothing or equipment being meanwhile extemporised as a pillow. The canvas if detached also lends itself for use as a first-rate arm sling, and forms a very effective straight jacket for use in cases of delirium or violence.

The inventor, a member of the Southern Army Headquarters' Establishment, and late of the 19th (Queen Alexandra's Own) Royal Hussars, has very patriotically made over his invention to the State, unconditionally, for the benefit of the Service.

LONG-CONTINUED FEVER WITH MARKED ENLARGEMENT OF THE SPLEEN CURED BY THE USE OF SENEGA.

By MAJOR N. FAICHNIE AND CAPTAIN J. H. R. BOND.

Royal Army Medical Corps.

In the Journal for December, 1909, appeared an article by Captain H. Ensor, on the treatment of kala-azar by the use of senega.

The diagnosis in the case now reported was not confirmed by the finding of Leishman bodies, but the improvement after the administration of senega was so striking that it seems worthy of publication.

Lance-Corporal W., Inniskilling Dragoons, aged 22, service four years (in India two years), was admitted to the station hospital, Mhow, on January 21st, 1910. The temperature was normal and remained so for three days, during which time malignant tertian rings were found in the blood. From the 25th to the 27th the temperature rose, the maximum being 103° F., and it was noticed that the spleen was much enlarged and tender, reaching down to the umbilicus, while the liver was normal. For the whole of February and March and up to April 11th there was fever of an intermittent type; for a few days the rise came every second day, and then subsequently every day. The patient was very anaemic and the pulse persistently fast, never being less than 100, and generally 110 or 120, even when the temperature was normal. The blood examined at intervals was found to contain malignant tertian rings up to March 2nd; on March 8th and 15th and later none were found, and crescents were never seen. Up to March 11th quinine had been given in large doses, both by the mouth and by intramuscular injection; tincture of iodine in doses of
10 to 20 minims had also been given three times a day. On this date Warburg's tincture was tried, and this appeared to have a distinct effect on the temperature, which for three weeks did not rise above 99° F., or 99.6° F., though it never remained normal for twenty-four hours; but the emaciation and anemia continued, the spleen became larger, the lower edge reaching to three finger breadths below the umbilicus, the liver became also increased in size, and the quick pulse continued. On March 19th, and on two subsequent days, biniode of mercury ointment was applied to the spleen, but without effect. On April 4th the patient was put on tincture of senega in half-drachm doses three times a day, and in a few days most marked changes began to appear; after a week's time the temperature did not go above normal, the spleen began to diminish in a most extraordinary way, and by April 30th could only just be felt below the costal margin; the weight increased 8 lb. in five days, and then 13 lb. in six days; from being intensely anemic and emaciated he quite regained a ruddy healthy appearance; the quick pulse began to improve and slowed down to 80 after a fortnight, and to 72 in three weeks.

Diagnosis.—The finding of malarial parasites in the blood naturally suggested a diagnosis of malaria, but there is very little doubt that there must have been some disability in addition. Rogers states that no case of uncomplicated malaria will resist quinine for more than six days. This is a point which one of us took considerable trouble to verify last year by examining numerous temperature charts while travelling through a large division, and he is in complete accord with Rogers. In this case quinine was given in large doses at first by the mouth, then both by mouth and injection, and eventually 10 grains were injected three times a day for four days. It did not affect the temperature, and parasites were found in the blood both during and after its administration. It should be remembered that, as a matter of experience, malarial parasites are frequently found in the blood during the course of other diseases. At the beginning of the illness enteric fever was suspected, but blood cultures were negative on two occasions. The man had been inoculated, and the Widal (microscopic) reaction was positive in a dilution of 1 in 80. The same result, moreover, was obtained on a second examination of the serum a few days later. Three relative blood counts were made, and in these the large mononuclears were found increased from 11 to 19 per cent., and the polynuclears decreased from 70 to 63 per cent.

The liver was punctured on one occasion; a fine needle was used, and only a small drop of blood obtained; no Leishman bodies were found. Permission to puncture the spleen could not be obtained.

The case seems to us to have been one of kala-azar, but whatever doubts there may be as to the diagnosis, there can be none as to the favourable results which followed the use of senega.