Clinical and other Notes

The sutures usually employed have been silk or silkworm gut. Kirkpatrick's method of carrying patients from the stretcher to the operation table, and the reverse, has been employed.

I should like to enter my plea for the addition, to each hospital establishment of over one hundred beds, of an orderly who has been trained as a masseur. Massage is now so generally used in cases of injury that his time would be well employed, and cases would benefit greatly by systematic treatment. Untrained massage is a danger.

LANDRY'S PARALYSIS AND MALTA FEVER.
BY SURGEON-MAJOR R. SAMUT.
1st K.O.M.R. of Militia.

This case is of interest, inasmuch as it proves that acute ascending, or Landry's paralysis may arise during an infection by the Micrococcus melitensis.

E. G., aged 25, coachman, was admitted to the Central Hospital, Floriana, in a semi-comatose condition. He answered questions with the greatest difficulty, so that little could be known with regard to the onset of the disease. The information elicited from his friends was meagre and incomplete, as the man was a bachelor and lived alone. The patient had complained of feeling weak and of being easily tired for about a week prior to his admission to the hospital, but he was able to attend to his duties without difficulty. On the day of admission he had been to church in the morning, and had knelt for some time, when he felt that his knees "were giving way." He tried to stand up, but was unable to do so, and after repeated efforts to raise himself he had to call for help and was carried home, where he remained till the afternoon, and was then transferred to hospital for treatment.

On admission, the patient was suffering from complete paralysis of the lower extremities; the upper extremities were affected to a less degree. Sensibility to ordinary touch was normal throughout the body. The knee, plantar, and cremasteric reflexes were completely abolished; all other reflexes were greatly diminished. The pupils reacted to light and accommodation. Speech was slow and the patient articulated with difficulty. The sphincters were normal. The urine was loaded with phosphates, but contained neither albumin nor sugar. The temperature ranged between 101° and 102° F.

Signs of diaphragmatic paralysis became manifest on the second day after admission, and respiration was intercostal and laboured. The patient became comatose and died of asphyxia forty-eight hours after admission to hospital.

The case was clearly one of acute ascending or Landry's paralysis,
and I was eager to study the pathological changes of the spinal cord and its membranes.

I performed the post-mortem examination and kept the following notes: Spleen greatly enlarged (three times its normal size, soft and friable). Liver, signs of cloudy swelling present. Kidneys enlarged and hyperemic. Stomach normal; the intestine showed patches of congestion in the lower part of the ileum, solitary glands slightly congested and raised. Heart flaccid and its cavities dilated. Lungs oedematous. Brain and cord apparently normal; meninges in the vicinity of the pons hyperemic; those at the level of the cervical enlargement extremely congested and almost hemorrhagic.

From the above data one could not exclude the possibility of an acute general infection, and in order to establish the nature of the infecting agent, I made several smears on agar from broth cultures of the spleen, bile-ducts, and cerebrospinal fluid; these were labelled I., II., and III., respectively. A growth appeared in I. after three days' incubation at 37° C., while II. and III. remained sterile. The colonies were greyish-white, circular, and transparent; and consisted of cocci which did not stain with Gram's method. Cultural reactions showed that the microorganisms did not liquefy gelatine and did not ferment glucose, lactose, and saccharose. Litmus milk was not clotted. Neutral red was unchanged after sixty hours' incubation. MacConkey's bile-salt broth was unchanged. A positive agglutination reaction with the serum from typical cases of Malta fever, in a dilution of 1 in 200, was obtained in a few seconds. There could be no doubt that the micro-organism isolated from the spleen was the *M. melitensis*, and that the signs of ascending paralysis in this case had supervened during the course of an attack of Malta fever.

**REACTION OF SERA OF ANOMALOUS AND OTHER FEVER CASES TO BACILLUS COLI.**

By Major F. Smith.

Royal Army Medical Corps.

In thirty-six consecutive cases sera sent for examination have been tested for agglutination with Bacillus coli. A surprisingly large proportion showed a positive reaction, and in a few instances the reaction was so pronounced as to suggest that *B. coli* may be an occasional cause of a typhoid-like fever in India.

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The examinations were made microscopically, employing a twenty-four hours living broth culture. Reactions below 1 in 20 were not taken into account.