

As regards individual symptoms, the colic demands the most attention. In a certain percentage of cases the abdomens have been explored, and in some it is only by the greatest attention to the history, particularly to the sequence of events and to the presence of even small purpuric patches, which should always be carefully sought for, that laparotomy can be avoided. Other cases at the onset resemble very closely rheumatic fever, but the purpura and colic appearing later lead one to a correct diagnosis.

Nephritis is found in nearly all the fatal cases; in those which apparently recover, and in which this symptom has been present, the albuminuria very often persists, and the expectation of life is thereby materially diminished.

With regard to the hæmorrhage, attention has been called to the similarity between Bright's disease with bleeding and Henoch's purpura with nephritis. Intestinal symptoms in Bright's disease are also not uncommon. The sequence, however, is quite different. In one case the nephritis precedes the hæmorrhage, in the other it follows; in none of the three cases quoted were there any changes in the fundus oculi.

THE VALUE OF QUININE AS A MALARIAL PROPHYLACTIC.

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THE case against quinine as a malarial preventive has been very strongly put in the last few numbers of the Journal, but some further confirmatory evidence may not be out of place.

There is a tendency amongst combatant officers to believe that if their men are dosed sufficiently with quinine, antimalarial precautions are superfluous. A few years ago, when Sanitary Officer in Hong Kong, I was greatly disappointed with the results of quinine as a malaria preventive, and determined to make a practical test of its efficacy. The opportunity was afforded when A and B Company of the Middlesex Regiment, which had recently arrived in the Colony, and were consequently free from infection, were simultaneously ordered to proceed to camp in a very malarial district, to undergo a month's musketry training. A Company were given a dose of 5 gr. of quinine sulphate daily during their stay in camp. B Company were allowed no quinine. The dose was fixed at 5 gr., as it was considered the maximum amount that a man could take without interfering with the accuracy of his shooting. The officers took an intelligent interest in the experiment, insisting on there being no absentees from the daily quinine parade, and giving a double dose to any man who was seen to eject the drug. The two companies were encamped side by side. The incubation period of fourteen days

having been confirmed by previous observations it was decided, in working out the malarial incidence in the two companies, to include only those reporting sick a fortnight after entering camp to a fortnight after leaving it. The result of the experiment was as follows :—

A Company 47 per cent infected with malaria.

B Company 49 per cent infected with malaria.

The diagnosis was in every case verified microscopically, the parasite found being the benign tertian variety in almost every instance.

When one takes into consideration the greater difficulty of finding the parasites in the blood of a patient who has been taking quinine, one realizes from the above figures what a scant protection the drug gave to the men of A Company.

That this failure was not due to any deterioration or staleness in the quinine used was proved by the fact that, in therapeutic doses, the same stock solution speedily removed the parasites from the blood of patients in hospital.

Experience afterwards proved that to keep men free from malaria whilst under canvas it is essential to select camp sites that are elevated and windswept, and as remote as possible from native villages.

With regard to barrack infection, many officers must have been struck with the fact that occupants of one or two rooms will show a malarial case incidence out of all proportion to the other inhabitants of the barracks. This I believe to be due to a few infected mosquitoes becoming domesticated in these rooms, roosting under the beds during the day and infecting a fresh victim every night. I have obtained most gratifying results in these cases by thoroughly fumigating the rooms with sulphur.

A CASE OF POISONING BY QUININE.

(Communicated by the Director, Medical Services in India.)

THE following case is of sufficient interest, if only from its rarity, to warrant record. The facts are as follows :—

Private M. D., 2nd Cameron Highlanders, was brought to the Station Hospital, Bangalore, at 11.45 a.m. on March 4, 1912, in a comatose condition. The history of the man was that he was employed in the regimental mineral water factory. Not feeling very well, he told a comrade that he thought he had a "touch of fever," and then proceeded to actually swallow two fluid ounces of "essence of quinine," a reagent used in the factory for flavouring an aerated drink known as a tonic water. The so-called essence of quinine is known to contain 120 gr. of quinine sulphate to the ounce. Therefore, he consumed not less than 200, but apparently 240 gr. of quinine. After taking the "essence" he laid down; later a comrade went to see how he was, whereupon the