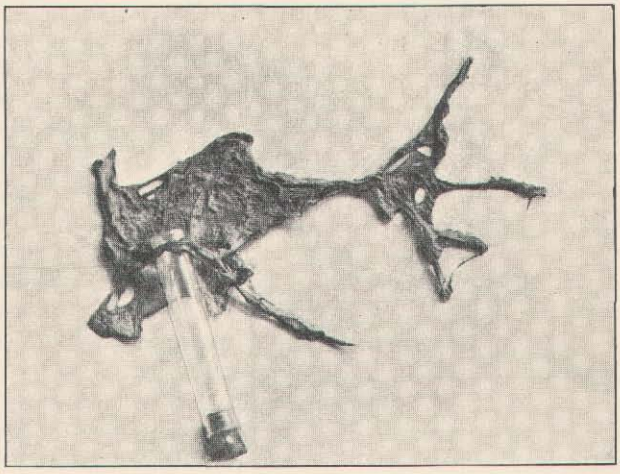
The stools are small in quantity and contain bile, and probably represent the contents of the tumour, which has become much reduced in size.

October 16.—Profuse discharge of pus and fæcal matter from the wound. Bowels have acted five times during the last twenty-four hours, and he has passed a large slough per rectum.



On microscopical examination this proved to be a portion of the gut, but which portion it was impossible to determine, as it had become partially disorganised. The abdominal tumour and pain have entirely disappeared.

From this date patient made rapid progress towards recovery. The portion of the appendix left behind at the operation came away through the wound on October 24. The fæcal fistula closed from the bottom and patient was well by the end of November, having put on over two stones in weight.

MALTA FEVER IN ENGLAND.

By Capt. F. M. MANGIN.
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The following brief extract of a fatal case of Malta fever is, I venture to think, one of great interest, as the disease occurred in a patient who had never been abroad.

The patient, a gunner of the R.G.A. at Dover, aged 22, with one and a half years' service, reported sick November 29, 1903, complaining of abdominal discomfort and general malaise. The evening temperature was found to be 103·8°. On admission no definite physical signs, either in the thorax or abdomen, could be made out. The urine was in all respects normal.

Ten days after admission the spleen was perceptibly enlarged, and tender to palpation. The temperature throughout the illness was typically undulant, rising by 0·4° to 0·6° till the eleventh day after admission, when it gradually sank till it reached normal on the twenty-first day. On the twenty-eighth day it again began to rise, reached a maximum of 102° on the thirty-second day, and again fell to normal on the thirty-ninth. The following day the temperature again began to rise, reaching its maximum of 104·6° on the forty-sixth day, and gradually fell to normal on the sixty-fourth day. Another rise of temperature again took place, the maximum, 105°, being reached on the seventy-fourth day, with a fall to normal on the eighty-fourth day of the patient's illness. The next pyretic attack, which followed immediately on the previous one, reached its maximum of 103·2° on the one-hundredth day, falling to normal on the evening of the one hundred and sixteenth day. The patient died of exhaustion and cardiac failure on the one hundred and twenty second day of the disease.

Widal's test was applied on the seventeenth day after admission, with no result, either in hanging drops (dilution 1 in 30) or sedimentation tubes. The blood was repeatedly examined microscopically (films stained by Leishman's modification of Romanowsky's stain) and at no time was any leucocytosis to be found. On January 17 a film of urinary sediment (derived from urine recently passed, acid in reaction) was stained with gentian violet, and on examination showed numerous extremely minute cocci. On January 28 (sixty-eighth day of illness) the patient's serum was tested against a dead culture of *Micrococcus melitensis* obtained from Major Leishman, R.A.M.C. "Clumping" was well marked both in hanging drops (1 in 30 dilution) in less than thirty minutes, and in sedimentation tubes with dilutions of 1 in 30 after twenty-four hours; a control of normal salt and *M. melitensis* being also used as a standard.

Throughout the patient's illness vague muscular and articular pains were complained of, but no effusion into the joints took place, nor were the testicles affected.

Quinine had no effect on the temperature, and other antipyretics proved unsatisfactory. The pyrexia was best controlled by tepid sponging.

Post mortem.—The body was much emaciated as the result of the prolonged pyrexia, its estimated weight being a hundred and twelve pounds. The lungs, pleural cavities and heart were normal, except that the latter was small and weighed about eight ounces. The bronchial glands were much enlarged, to three or four times their natural size. The stomach and intestines were healthy, with the exception of the Peyer's patches, which were slightly engorged. The liver was enlarged and fatty, weighing ninety ounces. The lumbar glands were normal. The mesenteric glands here and there were slightly enlarged and calcareous, possibly the result of a post-peritoneal tuberculosis. The spleen was enlarged, congested, toughened, and "sago grain" in appearance on section. The remaining organs of the body, bearing in mind the long-continued pyrexia, were normal.