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the prompt administration of repeated courses of santonin, acting on
the principle that where one worm is expelled more remain behind, and
being guided as to the efficacy of the treatment by the presence or
absence of ova in the stools.

A CASE OF PARATYPHOID FEVER "A" WITH RELAPSE.

By Major W. R. P. GOODWIN.
Royal Army Medical Corps.

The following case of paratyphoid fever "A" is interesting as showing
a typical relapse. Corporal M., East Yorkshire Regiment, was admitted
to the Station Hospital, Fyzabad, on November 16, 1913, having been
transferred from camp near Sultanpur, where his regiment was undergoing
battalion training. He had been feeling unwell for some four or five
days previously, with headache, constipation, and general malaise. On
admission to hospital, beyond a coated red-tipped tongue and the general
appearance of a man with fever, he exhibited no pathological physical
signs of any note. Examination of blood smears failed to reveal malarial
parasites. A blood culture taken on the eighth day of illness showed the
presence of Bacillus paratyphosus "A." He had an uneventful illness,
except for slight bronchitis, and on November 29, that is to say on the
nineteenth day of the disease, his temperature became normal. The
temperature remained normal and the patient steadily improved in every
way until December 13, the thirty-third day of his illness and the
fourteenth since the temperature had become normal, when he com­
plained of severe headache and feeling generally ill, and his evening
temperature rose to 102.5°F. He had been allowed light solid food on the
previous day, and it was at first thought possible that this was responsible
for the change, and a return to strict liquid diet was ordered, but the
change had no apparent beneficial result. Blood smears again failed
to show malarial parasites, and the patient had all the appearances of
suffering from a relapse. A blood culture taken on the morning of
December 16, that is on the third day from the recurrence of fever, gave
a positive result for B. paratyphosus "A." From this time onwards the
patient passed through another typical attack of paratyphoid fever,
similar to the first attack except that it was much more severe. This
second attack was actually shorter than the first, sixteen days as compared
with eighteen, but the patient suffered greatly from severe headache and
sleeplessness, and the degree of intoxication was much more intense.
On the eighth day from the commencement of the relapse a roseolar rash
began to appear on the abdomen, this rash increased in intensity and
lasted for eight days, in appearance it exactly resembled the "rose-spots"
of typhoid fever. In other respects pathological signs and symptoms
were absent, there was no tonsillitis, no appreciable enlargement of the
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spleen, no abdominal tenderness, and no tenderness over the gall-bladder.

The relapse lasted until December 29, that is for sixteen days, after which convalescence was uneventful and uninterrupted.

As regards the cultural reactions, Major N. H. Ross, R.A.M.C., who carried out the tests, reports as follows:

**CLINICAL CHART.**

<table>
<thead>
<tr>
<th>NOV. 1913</th>
<th>DEC. 1913</th>
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<tbody>
<tr>
<td>DATE</td>
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<td></td>
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<tr>
<td>RESPIR.</td>
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<tr>
<td>BOWELS</td>
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<td>PULSE</td>
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</table>

"First Culture."—Five cubic centimetres of blood taken, incubated in ox-bile for twenty-four hours, and then plated. The plate on the following day showed typical colonies of *B. paratyphosus* 'A.' These were put through the sugar tests, and in every one gave the indications for *B. paratyphosus* 'A.' This result was confirmed by the officer in charge of the Convalescent Depot, Naini Tal.

"Second Culture."—Carried out similarly to the first showed typical
colonies of *B. paratyphosus* ‘A’ next day. These ‘clumped’ with 1 in 10 paratyphoid ‘A’ serum, and not at all with dilutions of typhoid serum.”

The case is of interest in showing a typical relapse after fourteen days of convalescence, the blood giving positive cultural reactions, in the occurrence of a roseolar eruption during the relapse, and in the absence of tonsillitis and tenderness over the region of the gall-bladder—so often seen early in paratyphoid fever—and the absence of enlargement of the spleen. Other points which one notes on inspecting the chart are the comparatively slow pulse-rate, even at the height of the fever, and the marked daily remissions in the temperature before finally becoming normal.

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**A PECULIAR CASE OF HÆMOPHTYSIS.**

**By Lieut. JAMES C. SPROULE.**

Royal Army Medical Corps.

I have recently had a patient under my charge who suffered from hæmoptysis, and the interesting relationship which the condition bore to her menstrual periods appears to me to make the case worthy of record. The woman, aged 42, is the wife of a serjeant, and I was called to see her on June 27, 1913, as she was spitting up considerable quantities of blood.

The patient's previous history reveals no serious illness. She had her first menstrual period at 15 years of age, when she spat up a little blood. She always had slight hæmoptysis at each period till she was 27 years old, when the hæmoptysis on one occasion was so severe that a doctor had to be called in. Slight hæmoptysis occurred at each menstrual period thereafter. The periods were always regular, lasting four days. The amount of the flow seemed to have some relation to the amount of the hæmoptysis, as when the latter was copious the former was small in amount, and vice versa. There was no abnormal pain during the period of menstruation. She was married at 32 years of age and has been pregnant twice. The first, a boy, is alive and well. The second was a miscarriage. During the time she was pregnant the hæmoptysis ceased. The patient states that there was no lactation and that the breasts enlarged very little. About ten months after parturition the menstrual flow and the hæmoptysis re-appeared. At this time she was anæmic and the periods were irregular. Sometimes she would miss two or three periods, but at each there was definite hæmoptysis. During the last few years, just previous to menstruation, she has had severe headaches and something seems to "stick in her throat" which she tries to cough up.

The family history is of no importance. The patient is the third of a family of nine and none of the sisters suffer from hæmoptysis.

On examination the patient was found to be emaciated and anæmic; the lungs normal; the breasts not enlarged although there was a dark