

(1) A temperature up to 105° F.
 (2) Intense pain in the lumbar regions and tenderness all round the kidneys on both sides.

(3) Marked irritability of the bladder, i.e., micturition every few minutes with the passage of only a few drops of urine and great pain and scalding during the act.

As soon as the temperature dropped the patient felt very much better except for the local pains; these continued, decreasing for six to seven days. A second dose was given one week after the disappearance of the pains. This time the dose was reduced to 400,000. A very satisfactory slight reaction was obtained, the chief point again being slight pain round the kidneys and slight irritability of the bladder.

The next three doses all had the same slight but decreasing effect, the dose being increased to half as much again on each occasion.

A very marked improvement set in. The patient became robust and with a good appetite began to put on fat. He stated that he had not felt so well for several years. He also stated that the *B. coli* vaccine had never had any marked effect on him and had never given him any such benefit.

He had to return to England before his course was completed and took the remaining doses with him. He considered that he had been cured of his chronic complaint.

Comments.—It may be presumed that probably his condition has been a coscoroba bacilluria from the beginning and that a *B. coli* vaccine should not have been used. There seems no doubt that *B. coscoroba* was the actual causative organism since it was obtained in pure culture from catheter urine and also from the fact that it had such marked results.

The very marked reaction to a small dose of an organism which one would not naturally regard as pathogenic was somewhat startling. The dosage should presumably commence with not more than about 200,000 and rise by about 200,000 for eight to ten doses.

The chief feature of the case, however, is the nature of the causative organism and the satisfactory results of treating the same with an autogenous vaccine. In all the literature available (Pasteur Institute Library available by kind permission of Lieutenant-Colonel Cornwall, I.M.S.) no mention or trace of a case of coscoroba bacilluria could be found. It is therefore considered that this case has sufficient interest to bring it to the notice of others who may chance to meet a similar condition, especially as regards treatment with autogenous vaccine.

A CASE OF SPLENIC ANÆMIA IN A CHILD DUE TO *LEISHMANIA INFANTUM*.

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A MALE child, aged 3, was admitted to the Military Families Hospital, Curragh, late in August, 1920.

History.—The patient was born in Malta, and lived on the island until 2 years old, when it was brought home by the parents apparently in good health. While in Malta it had associated with a poodle from time to time.

State on Admission.—Medical advice was not sought by the parents until May, when they were alarmed by the increasing pallor and protuberant abdomen. The child was first seen by Dr. Agnes Murphy, who referred to me for a general examination of the blood, with a view to determine, if possible, the cause of the anæmia. The blood finding was as follows: Blood smear, extremely watery, almost invisible; hæmoglobin (Gowers' hæmometer) about fifty per cent; total white count 7,000.

Differential count:—

Polynuclears	37
Mononuclears	38
Large mononuclears	25
Others	—
	100

Parasites.—*Leishmania infantum* bodies in large endothelial cells (twenty counted in one cell), in large mononuclears, and free.

The reds were not appreciably altered.

The abdomen was very large, and the spleen, which was hard and with a well-defined notch, was largely responsible for the enlargement.

The parents were advised to bring the patient to hospital for admission, but they did not consent until later, when the child developed broncho-pneumonia.¹

Treatment and Progress.—As soon as possible after the diagnosis was established, the patient was treated with organic antimony, the compound used being acetyl-P-aminophenyl stibiate of sodium as prepared by Messrs. Allen and Hanburys under the name of stibenyl, given intramuscularly in progressive doses, beginning with 0.05 gramme.

After the fourth dose the splenic enlargement showed appreciable reduction, and the death-like pallor also improved somewhat. The patient, however, succumbed to the complication above referred to within a week of its development.

A NOTE ON FOUR CASES OF INFECTION WITH *BACILLUS FÆCALIS ALKALIGENES*.

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Although *Bacillus fecalis alkaligenes* is stated to be usually non-pathogenic, disease due to this organism is recognized and is fully described in Castellani and Chalmers' "Manual of Tropical Medicine," and the following note is written because in two, at any rate, of the cases under notice, bacteriological and serological findings give rise to the suspicion that *B. fecalis alkaligenes* may not have been

¹ As other instances of secondary infections in leishmaniasis have come to my notice I should like to quote here my experience of the same disease in Northern India among a few European soldiers similarly affected.

In these cases (about eleven patients in all) the most common infection was *Bacillus pyocyaneus*, apparently of intestinal origin. This organism was isolated from blood and urine. One case was so markedly similar to enteric fever that the patient actually found his way to an enteric convalescent depot.

Pyocyaneus infection is very common in some parts of North India and certainly responsible for septicæmias and a form of dysentery.