The baby was artificially fed from birth—any attempt at nursing being contra-indicated in interests of mother and child.

December 10.—Patient has gained in weight, is cheerful and looks a different person—is able to take any food of bland and simple nature, walks about the veranda and looks after her baby.

December 13.—Patient discharged from hospital and instructed to continue taking parathyroid.

Total parathyroid taken to date 7½ grains.

The case appears to illustrate in a dramatic manner the successful response to parathyroid medication that sometimes takes place. It may be that the premature labour was in some measure caused by the giving of saline bowel wash-outs. This risk it appeared wiser to take, my reason being that in a former case of sprue under my treatment, in which the bowel wash-outs were prematurely stopped, there was a temporary setback which disappeared on resumption of the bowel washes. It would appear wiser primarily to treat the sprue and to let the pregnancy look after itself, rather than in any way to modify the sprue treatment. During the frothy motion stage the wash-outs are of undoubted value. There is no doubt of the value of big doses of sodre bicarb. to relieve stomach pain.

The old treatment of sprue by massive doses of sodre bicarb. was claimed to give relief.

When seen at the end of January, 1925, Mrs. R. had regained her normal weight, eight stone seven pounds.

She eats ordinary food without any discomfort, manages her house and looks after her baby, unaided. Stools normal and bowels regular.

NOTES ON A CASE OF SPONTANEOUS RUPTURE OF THE SPLEEN IN MALARIA.

By Captain W. Campbell.
Royal Army Medical Corps.

Pte Q., aged 22, was admitted to the British Station Hospital, Allahabad, on September 20, 1924, complaining of severe headache, vomiting, and constipation of four days' duration. His temperature on admission was 101.2 F., rising to 104 F. in the evening.

On examination he appeared dull and listless; the skin particularly of the face had an icteric tinge, but the sclerotics were clear. The tongue was coated with dirty yellowish fur. His general condition was poor; he appeared to have lost condition, and, on being questioned, admitted that he had not been feeling well for a fortnight prior to admission. There was no history of malaria, and he had no rigor or even a feeling of "chill" either before or after admission. The spleen was found to be definitely enlarged, extending for two-fingers' breadth below the costal margin, and extremely tender—so tender, that ordinary palpation could not be tolerated,
and even percussion over the left hypochondrium caused pain and tightening of the abdominal muscles. Routine treatment for malaria was prescribed, but quinine by the mouth had to be replaced on two occasions by intramuscular injection on account of vomiting.

His temperature was subnormal on the day after admission, and did not rise again at all. The pulse throughout was steady and of very good quality. On the third day after admission he began to become definitely jaundiced, and although this deepened gradually, it was never severe.

His condition on the morning of September 25, 1924, was quite satisfactory, and he appeared to be doing well, but in the afternoon he suddenly collapsed and died. There was no trauma, and he had not been vomiting at all that day.

In view of the suddenness of his collapse and death, a post-mortem examination of the body was held next morning, and, on opening the abdomen, it was found that there had been a severe hemorrhage into the peritoneum, the blood being found mostly on the left side. The spleen was carefully removed and examined. It was enlarged and tense, weighing 1 pound 1½ ounces; and a tear one inch long was found on the lower border. Smears were taken from the spleen substance, and showed the presence of large numbers of benign tertian rings. No malignant tertian parasites were found.

With the exception of some thickening of the mucosa of the small intestine and an abnormally full gall bladder, the other abdominal organs were normal.

In the chest the pleura on the right side was adherent practically all over, and a little fluid was present in the left pleural cavity. The heart was normal.

The brain was removed and examined, but showed nothing abnormal.

It was concluded that death was due to spontaneous rupture of the spleen, probably caused by a sudden enlargement of the organ rupturing the capsule.

The above notes are published at the suggestion of the Director of Medical Services in India, on account of the rarity of spontaneous rupture of the spleen in malaria.

The following note of a somewhat similar case, which has been extracted from an official report by Major G. G. Tabuteau, the Surgical Specialist at Murree, may be of interest.—(Eds.)

The patient, a Gunner of the R.F.A., was detained at Lower Topa on the evening of June 4, 1924, with a temperature of 103° F. He had a story of a recent attack of benign tertian malaria.

On June 7 the patient complained of pain all over the abdomen, which was tympanitic. He was transferred to the British Station Hospital, Murree, and admitted for further treatment.

When seen at 9:45 p.m. his temperature was 96° F. and the pulse was
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144—very weak and streaky. He still complained of very severe pain all over the abdomen. On inspection, the abdomen moved with respiration, but was rigid and very tender. Abdominal reflex was present. There was no loss of liver dullness, and no tumour could be felt. His condition rapidly became worse, and it was decided to perform an exploratory operation. Laparotomy was performed through the right rectus border (inner) incision. On opening the abdominal cavity it was found to be full of fresh blood. On passing the hand into the abdominal cavity the spleen was felt to be very soft and friable, though not a very large spleen. The patient's pulse completely failed on the table. The wound was quickly closed and no further surgical interference attempted. The patient was put back to bed and hot-water bottles applied, etc., but he died in about one and a half hours.

June 8.—On post-mortem examination the abdomen was found full of blood and enormous clots. The spleen was completely pulped, and weighed nine ounces. There was no appearance of external trauma. The rest of the organs appeared normal.

A SMALL OUTBREAK OF PNEUMONIC PLAGUE.

By MAJOR ALEXANDER HOOD.

Royal Army Medical Corps.

Primary pneumonic plague is a relatively rare disease, and being one of the most infectious and fatal diseases is of personal interest to every medical man liable to meet it. On his prompt recognition of the condition his own safety and that of the other attendants on the sick depend.

A recent letter [1] on this subject pointing out the danger to doctors and nurses has prompted this note.

Pneumonic plague may be primary or secondary to other forms of plague, but is obviously more dangerous to the attendants.

An outbreak of primary pneumonic plague occurred among the Indian servants of the Soldiers' Home, Upper Topa, Muree Hills, India, some years ago and the history of the outbreak may be of interest and help to others.

On the evening of September 22 (19?) a sick man arrived at the servants' quarters of the Home from Rawalpindi; he was a hill-man like most of the servants of the Home and he was brought into the servants' quarters where eight servants sat with him all night. On the following morning, early, he was carried off on his charpoy and his further history is unknown. There was plague at that time in Rawalpindi and in view of later events it is probable that this man had secondary pneumonic plague; had it been primary he would scarcely have survived the journey. On the evening of the 24th, the eight servants who had sat with this man were complaining of "fever." I was called to see these patients on the morning of the 25th; the history one got before seeing them was, simply, that the previous