A piece of wire is now fastened to one mosquito net wire about eighteen inches from the wall (see wire tie, fig. 1). The loose end of this wire is then brought over the second mosquito net wire, pulled tight so that the two mosquito net wires are drawn together, and then fastened off.

To adjust the wires, the stretcher is now forced towards the wall (see arrow, fig. 1). The nearer the stretcher to the wall, the sharper the angle of the wires at the wire tie, and the tighter the mosquito net wires become (fig. 2).

When the wires are sufficiently tight the stretcher is kept from slipping back by small pieces of wire attaching the ends of the stretcher to the hooks in the wall (see thin lines, fig. 2).

All the wards in the Indian Station Hospital, Maymyo, Burma, were wired by me in this way for Rs. 35, the price of the wire and hooks. The estimate for wiring in the ordinary way was Rs. 800.

At the end of six months only two wires required readjustment, a matter of a few moments.

The walls of this hospital are of corrugated iron, and beams which are never in the right place for the hooks. Fig. 3 shows how this difficulty was overcome. An iron rod (iron mosquito net poles were used) was fixed to two beams by iron hooks and wire, and the mosquito net wire fastened to this iron rod at the correct height. If the iron rod was vertical, this wire was prevented from slipping down by a short wire attached to the hook above (see thin line, fig. 3).

The galvanized iron wire should not be too thick, otherwise it is difficult to work with and adds unnecessarily to the expense.

The mosquito nets hang from the wires by their tapes. Patients soon learn how to fold up the net, roll it into a neat bundle and attach it to the mosquito net wire when not in use.

By this very inexpensive plan the wires are kept more taut than by any other method that I have seen. In fact they may be tightened until the stretcher breaks, the wires snap, or the hooks come out of the wall. Such tension is, of course, quite unnecessary.

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**DIFFICULTIES IN THE DIFFERENTIAL DIAGNOSIS BETWEEN RABIES AND NERVOUS FORMS OF DISTEMPER.**

**By Captain S. J. L. Lindeeman, M.C.**

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The differential diagnosis between rabies and nervous forms of distemper in dogs is still very uncertain, and is often of extreme practical importance. Both diseases are very prevalent in many parts of India, and to mistake a case of rabies for distemper may have very disastrous consequences, while the reverse will cause a great deal of unnecessary discomfort and worry. The following cases which have occurred recently in Karachi illustrate the
difficulties. In May, 1926, I had a well-bred cocker spaniel bitch and two puppies; the last of a litter of ten, born December, 1925. The remaining eight puppies had been sold. There was also a full-grown fox terrier dog living in the house. All the dogs had been very carefully looked after, and it is certain that none of them had been bitten. In April, 1926, both puppies had been inoculated with three doses of antistreptemper vaccine in tabloid form.

On May 22 pup "A," at 3 p.m., suddenly had an epileptiform fit, i.e., its jaw began working, it frothed at the mouth, fell down unconscious and became rigid all over; it recovered consciousness in about a quarter of an hour, seemed dazed and sleepy, slept for a few minutes, and woke up perfectly well and normal in every way. It remained well all day, playing and eating as usual. At 12.30 a.m. on the 23rd, it had another fit, followed by a rabid period lasting twenty minutes, in which it ran round in a frightened manner, obviously unconscious, with a high-pitched yapping and knocking into furniture, etc. It showed no tendency to bite anyone or anything, and in half an hour it was again normal, jumping up its master, drinking water and eating food. It was taken down to a local veterinary hospital tied up in an open stable, and by morning had broken the single light chain catch and run away. On the 26th the pup was found and brought back; it was very dirty and thin, but seemed normal. It had a sore at each corner of the mouth as if it had been biting through it rope with which it was tied up. It ate food and remained normal all day; at 10 p.m. it had another similar fit, followed by the same rabid period and return to normal within half an hour. It was then sent back to hospital. On the 27th it had two fits, and was treated with bromide and chloroform, and had no more fits. On the 28th the pup looked dazed, and clonic spasms of the muscles of the jaws started, also a distinct weakness of the hind quarters. On the 29th choreic movements of the jaws were well marked, he was paralysed, and could not stand, and did not recognize his master, but had no more fits, and was eating his food. On the 30th the pup was destroyed. He had been seen by three vets., who all said these symptoms did not suggest rabies and diagnosed worms or distemper. Post-mortem examination showed all internal organs normal except slight congestion of the small intestines—no worms. The meninges and the cerebral cortex were acutely congested. Part of the brain was sent to the Pasteur Institute at Kasauli and Bombay, both of whom reported: "Negri bodies found, positive rabies."

On receipt of a positive finding persons who had been licked were inoculated, while pup "B" and the adult dogs were shut up under observation. On June 22, 1926, pup "B" was noticed to be ill with fever, an eruption on the abdomen, and a slight weakness of the hind quarters. In view of the diagnosis of "A" it was considered this was the beginning of rabies, and the adult dogs were destroyed, though apparently perfectly healthy.
On June 23, 1926, choreic movements of jaws, head, and hind limbs commenced, and rapidly got worse, followed by paralysis of the hind quarters. There were no fits, and he continued to eat well, but by July 4, 1926, he was in such a pitiable state with the chorea and paralysis that he was destroyed. Post-mortem: liver slightly congested and soft, and a few Tania marginata in the small intestine, otherwise nothing abnormal discovered.

The report on the brain was “No Negri bodies, rabies unlikely.”

On June 28, 1926, pup “C” of the same litter, sold four months previously, living in the same station, but not in contact, developed exactly the same fits as pup “A”; the fits lasted for about four days, and were more frequent than in the case of “A”; no more fits occurred after the fourth day, but chorea and paralysis followed.

Special care was taken not to destroy this pup, and it died on July 20 or the 22nd day of disease. Port-mortem examination showed general congestion of the lungs, liver, kidneys, stomach, and brain. Examination of the brain showed “Negri bodies, positive rabies,” and it is unfortunate that inoculation tests were not carried out owing to a laboratory mistake.

The important points about these cases are:

1. The adult dogs would be more likely than the puppies to contract rabies first, while the puppies were just at the age at which distemper is so common.
2. Pup “A” and “C” had fits, and Negri bodies were found, while “B” apparently had the same disease, but no fits, and no Negri bodies were found.
3. Epileptiform fits followed by a return to normal are not described as symptoms of rabies, neither is chorea, though both are described in nervous distemper.
4. “A” was destroyed after eight days, and presumably would have survived a few days longer. “B” was destroyed after twelve days, while “C” died after twenty-two days. Now it is laid down in the textbooks that any dog which survives eight days from the commencement of its disease cannot have rabies, and this point is often taken into consideration in deciding whether people who have been bitten or licked need be inoculated.

To sum up it appears that on clinical grounds all three had nervous distemper, and the question remains whether Negri bodies are actually diagnostic of rabies or whether they do occur in some forms of nervous distemper. I am informed that it had been suggested that Negri bodies do occur in distemper, but that most of the workers in Pasteur Institutes consider that such cases are actually rabies and not distemper; it would appear that the question could be settled by some careful inoculation tests combined with clinical observations. If these cases were rabies, the symptoms were very definite, and should be described as occurring in that disease, and the fact broadcasted that a rabid dog can survive twenty-two
days, whereas, if they were cases of distemper, a number of people could have been spared the unnecessary, and none too pleasant, course of inoculation, while valuable dogs need not have been destroyed.

THE REGIMENTAL WATER-CART.

By Major S. M. HATERSLEY.

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The accompanying photographs show the damage done to the clarifying reels of a regimental water-cart when the relief valve on the pump fails to act.

My only reason for publishing them is that various persons who have had experience in working the water-cart and have seen these reels, seem surprised that they can be damaged in this way by the pressure of water in the cylinder.

I am indebted to Regimental Sergeant-Major R. G. Leggett, D.C.M., R.A.M.C., for taking these photographs for me.