Clinical and other Notes.

A CASE OF DUM-DUM FEVER (KALA AZAR).

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PRIVATE R., 2nd West Riding Regiment, was admitted to the Station Hospital, Lebong, on May 9th, 1905, as a "transfer" from the plains. The history of his case is as follows:

Previous History.—Medical History Sheet shows no entry of importance during the last five years, and no admission to hospital since 1902. During 1904 he was stationed at Dum-Dum and Barrackpore, and enjoyed good health.

History of Present Illness.—About the second week of January, 1905, he reported sick with "fever" at Barrackpore. Was detained for a few days, off and on, but did not improve, and was admitted to hospital on February 14th.

His temperature chart shows an irregular pyrexia, sometimes remitting, sometimes intermittent; the highest point reached being 105.4°F. on the third day after admission. About this time "spots" were noticed on the abdomen. Apart from this, there were no particular symptoms, except the usual headache, shivering, sweating and malaise, that accompanies all oscillating temperatures. This continued for twenty-three days, when the temperature became normal.

During this first pyrexia period the blood was examined for malarial parasites, with a negative result; large doses of quinine were given without affecting the temperature, and Widal's reaction for enteric proved negative on two occasions.

The temperature now remained normal for twenty days, and then—on March 29th—began to swing, being usually normal or sub-normal in the morning, and 100°F. to 102°F. in the evening. This fever has continued unbroken up to the present (June 30th), with occasional evening rises to 103°F. to 104°F., and showing well (in the four-hourly chart) the twice-a-day rise which is so often a feature of this disease. It has been accompanied by anaemia, loss of weight and progressive asthenia. Constipation has been more or less marked, and occasionally, after an enema, a little blood was passed. On arrival at Lebong (altitude 6,000 ft.) on May 9th, there was a sharp attack of diarrhoea with abdominal pains; this gradually passed off.

Extracts from Notes.

Patient is rather emaciated, but not so much as might have been expected, from the long history of fever. The face is waxy-yellowish-
white, with a superimposed earthy tint, and is remarkably devoid of expression, although the patient is of quite average intelligence. The nipple areolae are deeply pigmented, and there is a mottled-brown pigmentation of the skin of the lower part of the abdomen, more marked towards the inguinal regions.

Temperature.—98.4° F. morning; 100.6° F. evening.

 Pulse.—84. Respiration 24. Tongue clean.

Heart.—Appears healthy; apex in fourth space (displaced upwards by the enlarged spleen).

Lungs.—Appears healthy, though a few crepitant rales are heard here and there.

Liver.—Enlarged; extends from fourth rib to below the costal margin, where it is easily palpable.
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Spleen.—Much enlarged; extends from seventh rib in mid-axillary line to three inches below the level of the umbilicus; is firm and solid, tender on pressure over the outer part, not towards the middle line.

Diarrhea.—Is present; light yellow, semi-formed motions.

Urine.—Normal.

Blood-count.—Red blood corpuscles, 4,000,000; white blood corpuscles, 2,200.

May 20th.—Splenic puncture performed to-day, strict precautions being observed against sepsis and haemorrhage. An all-glass syringe was used, and the long platino-iridium needle inserted just below the costal margin and well to the outer side, at a point where there was tenderness on pressure. Thirty minims of blood, &c., were obtained. In smears prepared from this, numerous oval and circular Leishman bodies were found, some apparently free (but often with cell protoplasm adhering), others included in a matrix substance, others in the interior of large cells; one large cell contained thirty-eight bodies. A few were found lying singly in the interior of polymorphonuclear leucocytes. A few bodies were found in process of division.

This concluded the diagnosis of “Dum-Dum fever,” or, as it is now officially styled in India: “40. Diseases of Animal Parasites (kala-azar).”

The administration of red bone marrow was commenced, with a view to increasing the leucocytes. Quinine was given in large doses, both intra-muscularly (the soluble bi-hydro-chloride) and by the mouth, but was found to cause severe headache and discomfort without affecting the temperature, and was discontinued after a few days.

Splenic puncture was repeated on June 8th, with the same result as on the first occasion.

Culture experiments were carried out in collaboration with Lieutenant Smallman, R.A.M.C. Several tubes of sterile sodium citrate (4 per cent.) were inoculated with the products of splenic puncture on both occasions, and kept at a temperature ranging from 20° to 25° C. The development of the parasites was watched through all the stages of enlargement, vacuolation, fission and flagellation, already described and illustrated by Rogers¹ and by Leishman and Statham². Fully developed motile flagellates were obtained on the third day.

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DISORDERED ACTION OF THE HEART IN SOLDIERS.

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The prevalence of palpitation of the heart in soldiers of the British Army was attributed in former days to constriction of the chest produced by the cross-belts supporting the old form of knapsack. In many cases,

¹ Quarterly Journal of Microscopical Science, November, 1904.
² Journal of the Royal Army Medical Corps, March, 1905.