Clinical and other Notes

Toxins, and had not been caused by the antidysenteric serum administered during the early stages of the acute bowel condition.

REFERENCES.


A CASE OF CYSTICERCOSIS (CYSTICERCUS CELLULOSÆ).

By Major G. H. Dive, D.S.O.
Royal Army Medical Corps.

The patient, aged 23, a healthy adult of European extraction, was admitted to the Royal Victoria Hospital, Netley, in February, 1929, having been invalided from India for epilepsy.

He was born in India, and up to this time had not been out of the country.

The first series of fits, three in all, began on July 19, 1928, and terminated on July 21, after which he was apparently free from attacks until March 12, 1929, when he developed a new and very severe series of fits which lasted until March 30. Careful examination failed to reveal any evidence of organic disease of the central nervous system. The fits continued despite treatment and the patient became gravely ill, a condition of lethargy, almost amounting to coma, supervening.

Occasional rises of temperature were noted between March 10 and 28, after which an irregular fever of a “typhoidal” type developed, terminating on April 15.

On March 27 he began to complain, when roused, of generalized muscular pains, and incontinence of urine and faces commenced.

On March 30 a number of small, elastic, freely movable swellings were noted in the triangles of the neck and a few similar swellings in the subcutaneous tissue elsewhere.

The swellings, now recognizable as lenticular cystic bodies, became larger and many more could be palpated. The main distribution was: Scalp and face, triangles of the neck (most frequent), chest, back (frequent), fore-arms, groins, thighs, and calves. The largest were approximately two-fifths of an inch in length. Several were excised—actually from muscular tissue—and identified microscopically.

The patient’s condition at the end of March was pitiable, anorexia and wasting being extreme—from then he commenced to improve and the fits ceased, although occasional incontinence of urine persisted until May 15.
Clinical and other Notes

Two slight fits occurred in June and nocturnal incontinence on one occasion, but by the end of the month he was apparently fully recovered, physically and mentally. The majority of the cysts had much decreased in size and could only be palpated with difficulty.

The total leucocyte count on March 30 was 23,000 (eosinophils 1.5 per cent), on June 7 it was 17,600 (eosinophils 16 per cent), and on July 5 it was 21,600 (eosinophils 16.5 per cent).

No record of helminthic infection was obtained in this case and frequent examinations of the faeces, both before and after the administration of an appropriate vermifuge, were negative.

I am indebted to Lieutenant-Colonel D. Ahern, D.S.O., R.A.M.C., for permission to publish these notes.

THE KAHN TEST AS A METHOD FOR THE SERUM DIAGNOSIS OF SYPHILIS.

By MAJOR R. F. O'T. DICKINSON, O.B.E.
Royal Army Medical Corps.

The growing tendency to employ one of the flocculation tests in the serum diagnosis of syphilis, owing to their great simplicity, led us to use the opportunities existing at Woolwich to "try out" the Kahn test side by side with the Wassermann reaction. Three hundred sera in all were examined when the approach of the trooping season with its necessary changes brought our work reluctantly to a conclusion.

The plan adopted was to take the sera which gave a positive Wassermann reaction and test them by Kahn's method, and in addition to include among the tests sera from early and treated cases of syphilis, and also sera from cases of general diseases.

Of the 300 sera examined, ninety per cent gave results which corresponded. The remaining ten per cent gave a positive or weakly positive Kahn, plus a negative Wassermann reaction, and were made up of the following types of cases: (1) syphilis (early), 5; (2) syphilis (old or treated), 13; (3) venereal sore, 4; (4) general diseases, 8 (weak positive).

On analysing these cases we find:

Types 1 and 2.—The Kahn reaction apparently detected the syphilitic antibody where the Wassermann reaction did not.

Type 3, i.e., four cases of venereal sore, consisted of one case of early syphilis which gave a strong positive Wassermann a week later, one case who was an old syphilitic undergoing treatment, and two cases which gave a weak reaction, i.e., non-diagnostic.

Type 4 consisted of various general diseases, and gave weak positives which were non-diagnostic.

Our results, therefore, based on 300 cases, appear to show:---