Clinical and other Notes

(1) The question whether the injection of sulfarsenol had any curative effect on the disease. In Case 1 it did certainly seem to act in a miraculous fashion. After the first injection the patient never looked back, there were no complications and no relapse occurred. In Case 2 the temperature became normal for the first time after the second injection, but unfortunately, a complication set in shortly afterwards.

It is interesting to note that in both cases cessation of fever occurred on or about the forty-sixth day of the disease.

Two cases are of course too few for any conclusion to be come to as to the value of sulfarsenol treatment in glandular fever, but it is thought that it should certainly be tried in any other cases which may occur.

(2) These cases certainly bear out the contention that the disease does not possess a high degree of infectivity. No case occurred amongst the nursing orderlies and there were no further cases in the hospital.

(3) The incubation period in Case 2 was twelve days.

(4) The appearance and disappearance of the rash in Case 1 coincident with the febrile and afebrile days has not apparently been noted before.

(5) No enlargement of the spleen was noticed in either case.

(6) The blood picture showed a lymphocytosis in both cases.

(7) The acute serous pleurisy in Case 2 has not been described before as a complication of glandular fever.

We are indebted to Major Swayne, O.B.E., R.A.M.C., Military Hospital, York, for the notes on the literature of the disease.

A NOTE ON BALANTIDIUM COLI.

By Major C. J. H. Little, O.B.E.,
Royal Army Medical Corps.

WHilst in charge of a laboratory in India, a stool was brought to me for examination which was found to contain, besides much blood and some mucus, swarms of active Balantidium coli. The majority were swimming rapidly and freely in all directions, but already some few showed the peculiar rotatory movement said to presage their death, that is, a rolling motion round the long axis in one direction, followed by a pause and a reversal in the other direction.

Some writers have given their opinion that, if more frequent microscopical search was made, balantidiosis would be found to be more common than at present appears to be the case. It seemed worth investigating, therefore, whether Balantidium coli might not resemble E. histolytica in the rapidity with which it becomes unrecognizable in the standing stool, since such a characteristic would account, at least in part, for the difference between the recorded and the estimated incidence of the disease.
The stool had been passed about one hour before the first examination. A second cover-slip preparation was therefore made one hour later. The stool, which was faintly alkaline to litmus paper, was covered by a cloth between the two examinations; the temperature of the laboratory was 80°F and the atmosphere was moist, so that the general conditions would appear to have been favourable to survival.

The change seen in the second preparation was startling. In place of swarms of lively protozoa there were a very few sluggishly moving parasites rolling to and fro in one spot, as described above. Amongst the red blood corpuscles were numerous small clear areas. Some of these contained the whole or part of the ectoplasm of a protozoon, enclosing some refractile granules, while the remainder were empty of all visible contents, but, judging from their size, may have been filled with perfectly clear protoplasm from disintegrated protozoa.

It seems then that one of the reasons why infection by Balantidium coli is not found more commonly may be the difficulty of microscopical diagnosis due to the very rapid breaking up of the vegetative forms. On the other hand it is possible that these were adversely affected in this case by the unusually large quantity of blood present, the result presumably of the erosion of a vessel in an ulcer.

The patient, an Indian grass cutter, denied any association with pigs, but his occupation would appear to have exposed him to the possibility of infection from their droppings.

---

**Echoes of the Past.**

THE ARMY MEDICAL SERVICE IN INDIA, 1840-53.

By Lieutenant-Colonel G. A. Kempthorne, D.S.O.,

Royal Army Medical Corps.

(Continued from p. 238.)

THE GWALIOR WAR OF 1843.

This war, the result of a dispute about the succession, was decided in two battles fought simultaneously at Maharajpur and Panniar on December 29, by two columns led by Sir Hugh Gough, the Commander-in-Chief in Bengal, and Sir John Grey respectively. In the first the Mahrattas put up a stiff fight, our casualties being eight per cent, half of which were borne by the 39th and 40th regiments. Superintending Surgeon Andrew Wood and Field Surgeon Alexander Chalmers of the Company's service were mentioned in Sir Hugh Gough's despatches, and also Assistant Surgeon Stephens of the 63rd, on the Commander-in-Chief's staff. Stephens we may be sure well earned this distinction,