Clinical and other Notes

The third officer, Lieutenant C., was admitted at the end of April, and ran a typical course of enteric fever, *Bacillus typhosus* being grown from his blood. He was seriously ill for some time, but made a normal convalescence.

Finally, while at Quetta in September, 1928, I was asked by Major E. B. Marsh, R.A.M.C., to see with him an officer who seemed very ill with what appeared to be malaria, but no parasites could be found. This officer had been sent in from a Brigade Camp, twenty miles out. It was noticed that his chest and abdomen were covered with a macular rash similar to that seen on Lieutenant A., though it was not so pronounced on the extremities, and some petechiae were noticed. Severe headache was complained of. This patient was more seriously ill, but the fever ran exactly the same course, reaching normal by lysis on the fifteenth day. The Weil-Felix reaction was negative at first, but later became positive.

AN EXPERIMENT TO EXTERMINATE BUGS FROM INFESTED BUILDINGS.

By Major G. D. Jameson,
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An ants' nest was placed in the ceiling of South Barracks guardroom, Gibraltar, in May, 1931.

A considerable degree of success was attained. Bugs decreased rapidly, and ants were observed attacking bugs and taking them to their nest. The subsequent disappearance of the ants can probably be attributed to the fact that the bug population was eventually so diminished as no longer to afford sufficient food supply to the ant colony.

A similar experiment was subsequently tried in a barrack room in South Barracks, the ants being placed in position in August, 1931. In this case the ants rapidly disappeared.

In both instances the species used was the small red ant (*Monomorium pharaonis*?), a small ant about \( \frac{1}{10} \) of an inch long, which is common in Gibraltar.

The chief difficulties in carrying out this experiment successfully are:

(a) In Gibraltar these ants usually build their nests in inaccessible places, e.g., under a tiled floor or under a patio paved with stone or cement, and emerge through a small hole and crack. It is, therefore, difficult to obtain a complete nest. (b) It is difficult to ensure that the ants will remain in the site selected for any length of time.

The following points appear to be absolutely essential for success:

(a) An entire nest complete with eggs, etc., must be obtained. This probably explains the failure of the second experiment. Both the colonies of ants used were collected by myself, and while (1) was apparently a complete nest and contained a large number of eggs, (2) was more in the...
nature of a collection of ants in earth and no eggs could be observed.
(b) The ants' nest must be collected at the time of the year during which
eggs are laid and hatched in large numbers. (c) Care must be taken that
sources of food other than bugs are not available for the ants. Crumbs, etc.,
must be carefully removed after meals, and all stored food must be
"ant-proof."

Water does not appear to be essential. In the experiments quoted
above there was no known easily accessible water supply. Even if water
is readily available, the worker ants do not appear to need it.

RUPTURE OF THE SPLEEN. SPLENECTOMY. RECOVERY.
BY MAJOR A. G. WELLS, D.S.O.,
Royal Army Medical Corps.

The following case being of such an unusual character seems worthy of
recording:

The patient, a big healthy Bombardier, aged 28, was admitted on the
night of Friday, October 7, 1932, stating that at about 10 o'clock that evening
he had been seized with acute pain in the abdomen, chiefly on the left side
and running down into the left testicle. He had played hockey that
afternoon, after which he had eaten a good supper. He
was married, living
in quarters.

He was seen by the Orderly Medical Officer who found nothing definite,
either in his physical signs or symptoms; the temperature and pulse were
normal, and he did not look ill. He had served abroad, but as far as he
knew had had no illness.

On the following morning I was asked to see him. He still complained
of pain down the left side running to the testicle.

There was no rigidity of the abdomen, and beyond appearing to be in
some pain, the patient did not look ill. The lower part of the abdomen
was slightly tympanitic, but no dullness could be elicited in the flanks.
His tongue was dirty, but his bowels had acted the night before by means
of an enema. He stated that his urine scalded when being passed.
The only tender place in the abdomen was the right iliac fossa.

The leucocyte count was as follows: Total leucocytes, 22,400 per
cubic millimetre; polymorphs, 81 per cent; lymphocytes, 17 per cent;
mononuclears, 2 per cent. Examination of his urine revealed nothing
abnormal.

I asked Major St. G. E. Harris to see the case with me and we decided
that although unable to come to an exact diagnosis, it was certainly an
abdominal crisis and that laparotomy was indicated.

Under stovaine, assisted by Major Harris, I opened the abdomen with
a right paramedian incision. On opening the peritoneum large quantities
of blood gushed out. The incision was rapidly enlarged and a hand intro-