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TWO CASES OF CYSTICERCOSIS (TAENIA SOLIUM).

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Fusilier J., enlisted in 1924, at the age of 18. There was no history of fits before enlistment and no family history of fits; except for rheumatic fever at 8 years of age, he had had no illnesses before joining the Army. In 1926 he proceeded to India and served there six and a half years, mainly in the Central Provinces and in the Punjab. In 1927 he noticed a small nodule on his right forearm when boxing but did not report it.

His medical history sheet shows an entry for myalgia in 1928 with three days fever of a low type and with pains in his back. Three months later appears the first entry for a supposed fit which he had in barracks.

From 1928 to 1932, there are numerous entries on his sheet for fits, but there appears to have been some doubt in the minds of the medical officers who treated him as to the nature of these fits as the entries invariably state that they were not true epileptic fits, and in most cases they were diagnosed as being hysterical. There is one entry for heat stroke and several for myalgia. Finally, in 1932 he had a series of fits, Jacksonian in type, involving the left face, arm and leg, without loss of consciousness, the fits lasting about two minutes. These were followed a few days later with what are described as true epileptic fits with loss of consciousness. He was invalided from India at the end of 1932 as a case of epilepsy major.

On his arrival in the United Kingdom it was found on examination that there were numerous subcutaneous nodules scattered all over the body; he was still having fits.

He was transferred to the Queen Alexandra Military Hospital, Millbank. On arrival there he was suspicious, truculent, obstinate and difficult to deal with. There were subcutaneous nodules on the forearms, chest and especially on the back; nineteen in all.

One of the nodules on the chest wall was excised and a calcifying Cysticercus cellulosae was found in it.

Complement fixation tests carried out by Dr. Hamilton Fairley were found to be strongly positive as were also the intradermal tests. There was no history of tapeworm.

Except for the subcutaneous nodules, his mental condition and epilepticiform fits, there were no apparent physical signs of any organic disease in any system.

His blood showed a four per cent. eosinophilia; the faeces were negative for ova or segments of tapeworm. X-ray examination of the skull and
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long bones showed no evidence of calcifying cysts. The cerebrospinal fluid was normal. Wassermann reaction of blood and cerebrospinal fluid was negative, but the Kahn test of the blood was strongly positive. There was no evidence or history of syphilis. His eyes were normal.

He was treated with bromides and luminal and ten intravenous injections of tartar emetic, starting with $\frac{1}{2}$ grain and working up to $2\frac{1}{2}$ grains per injection, given at intervals of three days.

The condition was unchanged when he was invalided from the Service as a case of cysticercosis (*Taenia solium*) with epilepsy.

Private R., enlisted in 1922, aged 18. He had no illnesses before enlistment and there was no history of fits.

He proceeded to India in 1923, and three years after his arrival there had his first fit. He had a succession of epileptiform fits from 1926 to 1929, and, as he stated, “much trouble with his stomach.” There are several entries on his medical history sheet for atonic dyspepsia and gastric dilatation with vomiting. There is no history of tapeworm infection.

He served for five years in India mainly in the Punjab and the United Provinces and was finally invalided as suffering from epilepsy major, after seven years service and aged 25. On his return to civil life his fits continued. From the date he was invalided from the Army, December 13, 1929 to April 1, 1933, he had twelve fits. Early in the latter year he applied to the Chelsea Commissioners for reconsideration of his case and was admitted to the Queen Alexandra Military Hospital, Millbank, for investigation.

On admission he was found to be an intelligent, well-nourished man. Four subcutaneous nodules were discovered in the left and right forearm, the back and the right groin. The nodule in the groin was about the size of a pigeon’s egg, the others the size of peas, and all were freely movable under the skin.

He stated that the lump in his groin had started in 1930; the others had not been noticed by him until his attention was drawn to them at Millbank. The large nodule was excised and was found to contain a larva of *Taenia solium*.

There were no apparent physical signs of organic disease in any system except the nodules reported above. The blood-count showed no eosinophilia. The complement fixation test carried out by Dr. Hamilton Fairley was negative in ordinary dilutions, but with 3 M.H.D. of complement it gave a weak positive group reaction to tapeworm antigen. Intradermal tests were negative. The cerebrospinal fluid was clear and not under pressure; it contained six lymphocytes per cubic millimetre, globulin and sugar were in normal quantities. Seven examinations of stools were negative for worm segments or ova. His eyes were normal. X-ray examination of the limbs showed two calcified cysts, one in the right forearm and one in the right upper arm.
He had one fit in hospital. He was treated with ten injections of intravenous tartar emetic, starting with $\frac{1}{2}$ grain increasing every third day until a dose of $2\frac{1}{2}$ grains was given; in all he received 19 grains. His condition was unchanged on discharge from hospital.

These two cases illustrate how necessary it is to view with suspicion all alleged idiopathic epilepsy occurring in soldiers, aged 24 to 26, who suddenly develop fits in the later years of their service overseas.

The character of the fit is not really of importance as fits caused by the *Cysticercus cellulosae* may simulate a true idiopathic epilepsy; the important fact is that the epilepsy usually manifests itself between the 22nd or 24th year.

It will be noted that neither of these cases gave a history of tapeworm.

Reference has been made to these cases by Colonel Mac Arthur in his recent paper on the subject in the *Transactions of the Royal Society of Tropical Medicine and Hygiene*.

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SOME OBSERVATIONS ON AN OUTBREAK OF ENTERIC FEVER.

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As a result of universal protective inoculation and modern hygienic supervision, an outbreak of typhoid fever is rarely seen on anything approaching epidemic scale among British troops living under peace conditions. The following is an account of such an outbreak which occurred in Lahore Cantonments in the early part of 1932.

The epidemic referred to was wholly confined to the 1st Battalion The East Surrey Regiment. It broke out with explosive suddenness, the first case being admitted to hospital on March 16, 1932. By April 15 eighteen cases had been admitted, after which date the epidemic ceased as suddenly as it had broken out.

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The frequency with which the cases developed pointed to some infected article of food as being the most probable source. The water supply, being by pipe distribution and common to the Cantonment, could be excluded, as otherwise the epidemic would have been widespread and not confined to an isolated unit. The same applied, though to a lesser extent, to the milk supply, as all milk was, it was assumed, obtained from the military dairy. As a matter of fact it was subsequently proved that this was not wholly the case, and that the contractor of the regimental institute was in the habit of procuring milk from unauthorized sources. If, however, milk had been