He came home as a cot case on H. T. "Nevasa," reaching the Royal Victoria Hospital on November 18, 1931, in a semicomatose condition, with a weak pulse of between 46-56; he was quite blind, with a double optic papillœdema. The knee-jerks were increased, ankle-jerks increased; plantar reflex and extensor and abdominal reflexes were absent. Attacks of severe vomiting developed, giving the complete picture of a case of cerebral tumour without any localizing signs. He gradually sank and died on January 24, 1932. A post-mortem examination by Major F. G. A. Smyth was carried out and the following is his report.

Skull.—Dura mater was adherent to the pia-arachnoid by means of soft fibrous adhesions—these corresponded in position to yellowish cystic bodies embedded in the brain tissue surrounded by fibrous capsules. On section it was found that these cysts were cysticerci of tænia. The cysticerci were very numerous throughout both hemispheres of the brain and a few were found in the mid-brain. The medulla and cerebellum appeared free of these, but cysts were found embedded in the dura mater.

Skin.—A fibrous nodule was removed from the skin of the neck with a view to section to see if it was a fibroid cysticercus. The section proved negative. No subcutaneous cysticerci were found.

No cysticerci were found in any other organ of the body. Microscopic examination of the embryo worms showed the hooklets and suckers diagnostic of *Tænia solium.*

In conclusion, attention is drawn to the following points:—

(1) The duration of the illness. From the appearance of the first symptoms to the fatal termination was fifteen months.

(2) There was no history of a tapeworm infection and no tapeworm was found at the post-mortem examination.

(3) There were no cysts of cysticerci discovered in the skin, muscles or any other organ except the brain.

(4) The periodic attacks of pyrexia during the earlier stages of the illness are of interest from a diagnostic point of view.

I am indebted to very many medical officers for their various notes on the case, to Colonel W. P. MacArthur for kindly reviewing these notes, and to Lieutenant-Colonel H. L. Howell, R.A.M.C., Officer Commanding, Royal Victoria Hospital, Netley, for permission to forward the case for publication.

NOTES ON A CASE OF CYSTICERCOSIS.

By Major F. HOLMES,
Royal Army Medical Corps.

Lance-Corporal J. S. was admitted to hospital on December 11, 1930, and gave the following history: He stated that while in India, three or four years ago, he noticed he was passing segments of a tapeworm and had continued to do so on and off since. He complained that at intervals for three years he had had pain in his left chest, and that when this was

present he flexed his head rapidly to the right and was unable to control the movements. This had occurred on eight occasions and lasted about one minute each time. After arriving home in 1928 he noticed several small nodules appearing in his subcutaneous tissue, a few at a time. Since April, 1930, there had been periods lasting up to twenty-four hours when he was disorientated for time and place. He would lose his memory for things he had just done, and his mind would be a blank for periods up to twenty-four hours. His environment seemed strange, and suddenly he would recognize his surroundings and people that he had been unable to recognize before. He was a dispatch rider and at times would cease to recognize towns or the country he passed through, or the people he saw, but would arrive at his destination all the same. This was more apt to occur in cold weather. He often suffered from dizziness and on occasions lost his speech, this being associated with "little lights" in his eyes whether opened or closed, and objects appeared further away than they really were even if he was not looking specifically at them. Apart from this he occasionally had spots in front of his right eye, but his eyesight was good. He "felt as if he had no life in him."

He was admitted to hospital because he had two epileptiform fits on the day of admission. During these fits he had bitten his tongue and contused his lumbosacral region. I witnessed a third fit. He suddenly uttered a cry, became stertorous and cyanosed, had a fixed stare, put his tongue out to the right, flexed and extended both arms and the right leg, but the left leg remained stationary. At the same time he sat up in bed. All movements ceased after one minute and he became tonic. He was dazed after the fit and next day did not remember he had spoken to me the night previously. After the fit his right foot felt as if it wanted to extend and flex itself. During the fit both plantar reflexes were extensor in response and the deep reflexes exaggerated, although normally the plantar reflexes were flexor. He had nausea, but no actual vomiting with the fits. He stated that during the fits he felt as if he was being choked, and pain went down his right leg. He frequently had frontal headaches and usually for two days before the onset of each fit.

Clinical examination showed the following: There were many subcutaneous nodules; his tongue had been bitten.

Central Nervous System.—Sensations normal; general exaggeration of all reflexes; plantar reflexes flexor in response; cranial nerves normal; pupils unequal and reacted to light directly and consensually, and to accommodation; no nystagmus; no paresis; fundi normal; rales all over the chest; the heart and abdomen showed no abnormal signs.

Biopsy of the nodules showed the case to be an infestation with *Cysticercus cellulosæ*. A vermifuge of felix mas and "white mixture" caused him to pass a *Tænia solium*. The urine was normal.

The Wassermann test was negative. Cerebrospinal fluid: Wassermann negative; Lange test, 0111000000; one small lymphocyte per cubic

millimetre; no increase of globulin; slightly decreased reduction of Fehling's solution. X-ray examination of the skull gave negative results.

Previous illnesses: syphilis, 1927; pleurisy, 1921; bronchitis occasionally.

The case is interesting owing to the initial symptoms, particularly the disorientation for time and place before the onset of any epileptic fits. At that stage the case would have been a problem in diagnosis. The other point is that this patient actually had intestinal as well as somatic tæniasis. The previous cases I have seen have neither had, nor was there any history of, an intestinal infection.

The records of the above case have been written at the request of Colonel W. P. Mac Arthur, Consulting Physician to the British Army.

Echoes of the Past.

BRITISH SURGEONS IN THE PORTUGUESE ARMY DURING THE PENINSULAR WAR.

By Colonel MANOEL R. F. GIAO,
Director of Medical Services, Portuguese Army.

Translated from the French
By Lieutenant-Colonel A. D. STIRLING, D.S.O.,
Royal Army Medical Corps.

On March 7, 1809, William Carr Beresford was appointed Commandant of the Portuguese Army with the rank of Marshal. I believe that military critics are unanimous in their judgment that Beresford was a bad General in the field, but a remarkable organizer.

Beresford organized the Portuguese Army on lines that would not to-day be considered very sound. He did not wish to overthrow the whole structure, hoping that from the framework he might build up something new and efficient. He took in hand what he found and slowly, patiently, and with a firm hand, not without at times a touch of humour, he was able to make full use of the remarkable military qualities of the Portuguese.

On March 15 he published the first "Order of the Day" for the Army; in this document one can study his methods and work, but to appreciate these fully it is necessary to study his correspondence, especially with the Portuguese Regency, which has not yet been completely investigated.

On March 29, some days after Beresford was appointed Commander-in-Chief, General Soult occupied Oporto after penetrating the northern frontier of Portugal. Beresford wished to advance to this sector, but General Craddock, commanding the British troops left in Portugal after the