The prevention of this disease is an ever-present problem to the Army Medical Officer, and having had no less than fourteen cases in the small garrison here (Fatehgarh) in the past year, it has always been in my mind. The difficulty of tracing the source of infection is always very great, and in the majority of cases one is at a loss to give a satisfactory explanation for single cases, although when there is a distinct outbreak one can generally find enough to account for it. One thing often overlooked is its occurrence amongst the natives who surround us, and I think my experience in that respect is worth recording.

In 1903 there were no cases amongst the troops, so on the admission of a case in January, 1904, having found out that no convalescent had recently arrived at the station, I knew that the man must have become infected from native sources, and on mentioning it to the Civil Surgeon he told me that he had a case in hospital in the person of a police sepoy, showing it was then present in the neighbourhood.

Later in the year I saw four cases in natives; this is rather an unusual experience, and I think as these cases were seen it points to the disease being widespread, especially if one considers how few cases of "bukhar" really come under the care of medical officers, and having regard to the habits of natives as regards their evacuations, it is easy to understand the British soldier becoming infected notwithstanding all the care devoted to the sanitation of his barracks and their surroundings. This especially so in the early part of the hot weather, when clouds of dust penetrating everywhere are the rule. And I think that until we know more of the incidence of this disease amongst the natives little more can be done to protect the soldier. Now he is well housed, well fed, his water-supply carefully looked after, and in many places boiled, and so carefully stored as to be above suspicion, as is the case in this station, and everything done to keep him safe. Yet, as we know, enteric fever is as great a scourge as ever.

A short account of my cases may be of interest, and I have no doubt as to the correctness of the diagnosis in any of them, and Cases 2 and 4 were confirmed by a positive result on the blood being examined by a Widal's test.

Case 1.—In May one of the men, Army Hospital Corps, asked me to see his daughter as she had had "fever" for about ten days, and the
medicine the Hospital Assistant was giving her was not doing her any good. I found a girl, aged 13, with all the clinical symptoms of enteric fever, who had been treated with quinine for a week; the temperature had not been recorded but was reported as continuous, slight diarrhoea, a tongue red at the edges and furred at the centre, the abdomen distended and tender over the right iliac fossa. I ordered all the necessary precautions to be taken, a milk diet given, and small doses of a diaphoretic mixture. The temperature fell gradually and she made a good recovery.

Case 2.—Mahagoo, aged 22, a “sais” of the Mounted Infantry School, came sick on June 28th, saying he had had fever for two days, and was admitted. He had nothing noticeable about him except that he was much more ill than the degree of temperature accounted for, and I thought nothing more than malaria fever (which was then prevalent) was the matter with him. On July 2nd, at my visit, his temperature was 103° F., tongue was coated with a white fur, the tip and edges being red, the abdomen was somewhat distended, but there had been no diarrhoea. Remembering the former case I ordered him to be treated as a suspicious case and all the usual precautions taken. Two days after I saw a stool, which was characteristic, and the other symptoms being more marked the diagnosis was certain. I sent a specimen of his blood to the District Laboratory at Lucknow on the eleventh day and the diagnosis was verified by a positive Widal’s reaction. The patient had a mild attack and recovered without any complications.

Case 3.—In July, when inspecting the Regimental Bazaar, a “bunia” asked me to see his son. He was a boy aged 14, and was reported to have had fever for about a month, and his leg had just swollen. He had been treated by two “hakims.” I saw the boy and found him much pulled down; he had been ill for a month. I was told the fever had been continuous with delirium; diarrhoea had been very bad, and his father had not thought he would recover, but the fever had gone off, and as he had begun to improve pain and swelling of the thigh had come on. The right femoral vein was thrombosed, but except for that when I saw him he was convalescent. I tried to get a specimen of his blood for examination but could not persuade either the boy or his father to let me take it, so my diagnosis is not verified, but no medical man seeing the case would have made any other. I arranged that a hospital assistant should treat him, and kept him under observation myself. I also ordered the disinfection of stools and urine, supplying the material, and hope it was done. All clothes, &c., were boiled, I know. Recovery was good.

Case 4.—In August, while acting as Civil Surgeon, I saw another case, Zaman Khan, aged 23, a police sepoy. He was admitted to the Police Hospital on the 24th in an ague fit, and this recurred on the 27th. On my bi-weekly visit on the 30th the temperature was 102° F., and the Assistant Surgeon drew my attention to the case and suggested it was enteric fever, as he had seen some cases in another district. I examined
the man and thought him a suspicious case and gave directions for his treatment. I saw him again on September 1st and the case was clear. On the 4th some blood was sent to the Pasteur Institute at Kasauli, and the Director reported a positive result with Widal. I have no notes of the case except those made on the temperature chart, but he had a severe uncomplicated attack and made a good recovery.

RUPTURE OF LIVER DUE TO A FALL.

By Captain H. Herrick.
Royal Army Medical Corps.

The following case has come under notice at Sierra Leone, and as it is extremely rare I am sending the following notes for publication.

When paying my evening visit to hospital on January 1st, 1906, I was informed that a man of the 1st West India Regiment had fallen down and injured himself, and that a stretcher had been sent out in charge of an orderly to bring him to the Military Hospital, Tower Hill. In about a quarter of an hour the party returned with the dead body of the man.
It appears he was walking down from Mount Aureol Barracks to Freetown, and must have missed his way (being new to the place), and in coming down a narrow path he slipped and fell a distance of about ten feet into a shallow stream, his right side coming in contact with a flat stone in the centre of the brook.

The man was under the influence of drink at the time. I examined the body at once, and the only external marks were two small bruises over the region of the liver. At 7 a.m. the next morning (January 2nd) I made a post-mortem examination. On opening the abdomen a quantity of clear serum escaped followed by blood-stained fluid; the intestines were covered with thick blood-stained lymph, and the stomach was distended with fluid which smelt strongly of alcohol.

On removing the liver an enormous rupture was found (about 8 inches in length, almost through the right lobe, with several small fissures branching off from the main rupture). The liver was not enlarged, did not feel soft, and weighed 56 ounces.

The accompanying photograph will show the extent of the lesion better than any description. All the other abdominal organs were healthy, and there were no fractured ribs. The brain was healthy with the exception of slight congestion of superficial blood-vessels. There was no fracture of any of the cranial or spinal bones.

REPORT ON FIVE CASES OF BILHARZIA.

BY LIEUTENANT-COLONEL D. WARDROP.
Royal Army Medical Corps.

Five cases of bilharzia have recently come under my notice which call for comment.

Case 1.—Private Raybould, 2nd South Staffordshire Regiment, proceeded to South Africa in November, 1902, and remained there until May, 1903, when he returned to England. In November, 1904, he went to India. Up to this time he had enjoyed good health and is positive that he never had any haematuria or urinary trouble of any sort. In September, 1905, while serving in Allahabad, he went sick with symptoms of bilharzia, and eggs were found.

Case 2.—Private Pedley, 2nd South Staffordshire Regiment, was in South Africa from August, 1901, to February, 1903, when he proceeded to India and was quartered at Allahabad. He had good health and had no sign of urinary trouble until October, 1905, when he began to have pain on micturition and passed blood. He was found to be the subject of bilharzia.

It will be seen that both these cases were in men of the same regiment. Both had been in South Africa, but both had left it for considerable periods—about two years and a half—before the symptoms of