Clinical and other Notes

The formula in use is the following:—

Metallic mercury 3 1 by weight.
Wool fat 5 iv.
Liquid paraffin to 5 x. by volume.

An ordinary supply sample of this cream was accordingly submitted to the Professor of Pathology, Royal Army Medical College, and he was asked to report: (1) Whether the cream was sterile? (2) Whether pathogenic germs could live in it, if so, for how long? (3) Whether pathogenic germs could propagate in it?

The following replies were received:—

(1) The cream proved sterile.
(2) Pathogenic germs will not live in it; the following organisms were tested, and died within twenty-four hours—
   (a) Staphylococcus pyogenes in aerobic cultures.
   (b) Bacillus tetani in anaerobic cultures.
(3) Pathogenic germs will not propagate in it.

A CASE OF SMALL-POX.

By Lieutenant-Colonel C. T. BLACKWELL.
Royal Army Medical Corps.

SMALL-POX is epidemic in Hyderabad (Sind) City and district, the type of disease is severe, and there have been many deaths amongst the natives. In the cantonment the disease is not so prevalent, and is of a mild type, and there have been no deaths other than the one now recorded. Soldiers bearing insufficient marks of vaccination have been revaccinated, and natives whose business brings them in contact with Europeans, and who did not bear good marks, have been also revaccinated. The garrison consists of two batteries Royal Field Artillery, two companies British Infantry, and one native regiment.

Gunner H., of 47th Battery Royal Field Artillery, was admitted on Sunday evening, April 16th, 1905, and was placed in the "Detained Ward"; he called the attention of the assistant-surgeon to a rash on his body; the assistant-surgeon told me the following morning that the rash had been like that of measles. The next morning I saw the patient. He had a profuse petechial rash on abdomen, extending on to the flanks; he had also a profuse papular rash on forehead, but with very little discolouration. He complained of very severe pain in the small of the back, not relieved by position, typical of the disease. He was at once, with his bed, &c., removed to the isolation block. He had five good marks of vaccination on right arm, and three good marks of revaccination on his left arm; the latter were done in 1902. In two days the petechial rash disappeared, the small-pox rash on face, feet and hands, became confluent, and on the body very nearly so.
On April 23rd the patient became delirious and very troublesome; he was with difficulty controlled by the native attendants, and two volunteers from the battery were kept in waiting to assist should the patient get beyond the power of the native attendants. He presented the usual loathsome spectacle of very severe small-pox, and the odour was most offensive.

On April 27th he again became conscious, the pustules gradually dried, and he seemed in a fair way to recover; but his pharynx was badly ulcerated, and the superficial structures on the plantar aspect of his feet sloughed.

On May 2nd he expressed himself as not feeling as well, and the next day he was weaker, with hurried, shallow respirations; he gradually got weaker and died in the evening of May 4th.

The case seems worthy of record in that he had five good marks of vaccination and three of revaccination, the latter dating from 1902, yet in three years his powers of resistance had been exhausted. It points to the truth of the book axiom that in times of epidemic it is safer to be revaccinated. It is not known how he contracted the disease. The city of Hyderabad is "out of bounds" for troops, and the patient on being questioned as to whether he had been in the city a fortnight before said he had not, but his manner of saying so gave me the impression that he was not speaking the truth. It was disappointing that he should die after having apparently got to an almost convalescent stage, for his death did not occur until the nineteenth day of disease, and during the most loathsome part of his illness he had been nursed extremely well by the native attendants. Had the season been less exhausting possibly the patient would have recovered, for, on the day he died, the thermometer in the hospital north verandah registered 112° F. in the shade, and this temperature alone requires some strength to combat. It would be interesting to know the opinion as to whether it was a particularly virulent strain of small-pox microbe in this case that was able to overcome the resistance of a man who apparently was so well protected; or was it that the power of immunity of the man had become completely lost since 1902? I leave the question to be answered by one more qualified to give an opinion than I am, but the latter would seem to be the case, as none of the attendants contracted the disease; they had either good marks of vaccination or had had small-pox, but had not recently been revaccinated. This is the only case that occurred in the 47th Battery, and only two cases, both very mild, occurred in the 32nd Battery. The medical history sheet of the patient is interesting as showing that he was a very vulnerable man, for, in less than three years, he had five entries for severe illnesses. Pleurisy twenty-nine days, bronchitis thirty-two days, epistaxis seven days, pemphigus twelve days, small-pox eighteen days.

June 30th, 1905.—No case has since occurred in cantonments, and the epidemic in the city has nearly ceased.