

## Clinical and other Notes.

### A CASE OF PARATYPHOID (SCHOTTMÜLLER'S BACILLUS).

BY CAPTAIN R. S. H. FUHR, D.S.O.

*Royal Army Medical Corps.*

2ND LIEUTENANT W. A. GARDINER, attached to The Queen's, was admitted to Lady Robert's Home from Barian Camp, Murree Hills, on October 6th, 1906, as a possible case of enteric fever.

*Previous History.*—This officer arrived in India on March 8th, 1906, and proceeded with his regiment to the hills on April 23rd. He had not been inoculated for enteric either in England or in India. His health was excellent until September 13th, when he contracted a severe attack of diarrhoea from eating a cucumber obtained from a native village while out shooting. (Note.—His companion, who also ate of this vegetable, did not contract diarrhoea.) This diarrhoea lasted until the 19th, and was accompanied by intense malaise, headache and vomiting, but from the above date until October 2nd he was in good health. He stayed at a hotel in Murree, from which several cases of incipient enteric had been removed on September 20th. On October 2nd he had slight rigors and a little fever, but played through a Rugby football match in Murree in a hot sun, afterwards riding some seven miles back to Barian without changing his clothes. From October 2nd the feeling of malaise, with headache, loss of appetite and fever, steadily increased.

On admission patient, who is 20 years of age, and of slight physique, had a temperature of 101·8° F., pulse 88, severe headache, and tongue coated in the centre with a dry white fur and red and dry at the edges. The face was drawn and anxious in expression, pupils dilated, no rash present. Abdomen somewhat full in outline, intestines loaded. Liver slightly enlarged downwards, with acute tenderness extending into the right iliac fossa. No gurgling present, bowels stated to have acted on preceding day, stool loose and light yellow. The urine was of high colour and specific gravity, otherwise normal. Spleen, heart and lungs, normal. Patient's habits regular, disposition phlegmatic; no family history of tubercle, &c.

*Progress of Case.*—Pyrexia lasted twenty-two days and was mild in type. No delirium or hæmorrhage of any kind ensued, nor were there any other complications. The stools, although light in colour and deficient in bile for the first fourteen days, were not offensive, nor were they at all like those peculiar to enteric fever.

Six roseolar spots like the enteric appeared on the abdomen on October 10th, and had almost completely faded by the 15th.

Blood reactions, kindly undertaken for me by Major B. H. Scott, R.A.M.C., Sanitary Officer, Northern Command, were as follows: Widal's serum test for *Bacillus typhosus* negative on two occasions. Widal's serum tests for *Micrococcus melitensis*, para-colon, and para-typhoid (Brion and Kayser), negative. No malarial parasites in blood-films.

Widal's reactions with para-typhoid (Schottmüller's bacillus), positive 1 in 40 and 1 in 80.

*Treatment.*—"Empty bowel," "postural," and calomel. Diet, whey, with sanatogen, when apyrexia ensued. Convalescence normal.

*NOTE.*—Owing to the laboratory being moved to Rawal Pindi, no cultivation of the bacillus from the blood could be attempted.

---

#### A CASE OF ENTERIC FEVER IN A NATIVE OF INDIA. PERFORATION. DEATH.

BY LIEUTENANT G. S. WALLACE.  
*Royal Army Medical Corps.*

No. 1357 Gunner Polo, No. 2 Company, Ceylon and Mauritius Battery, R.G.A., was admitted to the Native Military Hospital, Port Louis, on September 12th, 1906, complaining of "fever" of six days' duration.

The patient was a Hindoo, aged 20, born in Sohongra, Hoshiarpur, where he had lived and wrought as a cultivator until August 2nd, 1905, when, along with some friends from the same village, he went to Jullundur to enlist in the Ceylon and Mauritius Battery, R.G.A., being medically examined for this corps on August 5th. He then went to Colombo and remained there until October 28th, 1905, when he sailed for Mauritius, arriving in Port Louis on November 7th. Up till the date of his arrival in Mauritius he had suffered from no serious illness. Since his arrival here he has been under my care for ague, being eight days in hospital with his first attack, and nine days with his second. Since June, 1906, he has been taking prophylactic doses of quinine.

On admission his temperature was 102.2° F., pulse 96 per minute. His tongue was moist and coated with white fur. The bowels were constipated, although he complained that for some days before admission he had suffered from slight diarrhoea. The abdomen was not distended. There was no pain or tenderness in the right iliac region. The spleen was much enlarged.

On the morning of the 13th he was given a dose of *mist. alba*, and in the evening, his temperature having fallen to 99° F., he was given a subcutaneous injection of quinine bisulphate, grs. v.

On the 14th his temperature had again risen to 101° F., and on the same evening it was 102° F.

On the 16th his stools first attracted attention. They were fluid,