

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,

large, of a greenish-yellow colour, and had a very disagreeable odour. Widal's reaction carried out on this date gave a positive result with a dilution of 1 in 50. The patient's general condition had changed little since admission, but he now complained of headache and seemed rather stupid. The stools now numbered four or five per diem.

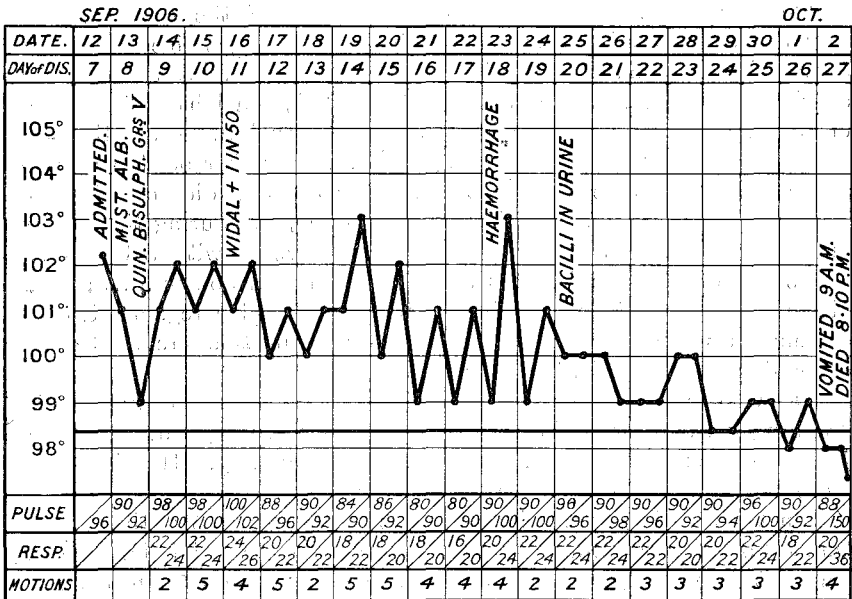
There was nothing unusual in the progress of the case until the morning of September 23rd, when he had a slight hæmorrhage, a quantity of dark blood appearing in one stool only. His temperature on the evening of the same day rose to 103° F., a height that had only once before been reached during his stay in hospital. From this time on the temperature gradually declined, and the number of stools passed per diem became fewer. The general condition did not improve. The patient was slightly delirious at night-time, and during the day was dull and stupid. His tongue was dry and covered with a brown fur. There were sordes on his lips and gums. The abdomen was slightly distended, and gurgling could be felt in the right iliac region. No pain or tenderness on pressure was complained of in this area. He also suffered from bronchitis.

On October 1st he seemed much better. His temperature on that day ranged from 98° F. in the morning to 99° F. in the evening, while his pulse was 90 to 92 per minute and of good quality. He also looked more intelligent and answered questions readily.

On the morning of October 2nd, when I was present in the ward, he vomited once. The vomit consisted of clear bile-stained fluid. For the rest of the morning he seemed quite comfortable, but late in the afternoon he became restless and complained of abdominal pain. I saw him at 4.30 p.m.; he was then lying on his back with his knees drawn up. His face bore an anxious expression, and it was difficult to rouse him. His pulse was about 150 per minute, small and wiry. The respirations were shallow and noisy, about 36 per minute. The temperature was 99.8° F. The abdomen was much distended. The percussion note was tympanitic all over the abdomen, and the liver dullness was quite obscured. Lieutenant-Colonel Spencer, I.M.S., saw him with me at this time, and the question of operation was discussed. It was decided that, in the absence of an operating room and good light, this would not improve his chances of recovery. He rapidly got worse and died the same evening.

Post Mortem.—A partial examination of the abdomen was allowed. The abdominal cavity contained about two pints of clear fluid. Small flakes of lymph were found on the intestines, which were much congested, especially the ileum and lower half of the jejunum. The ileum was perforated about 9 inches from the ileo-cæcal valve, the perforation being large enough to admit a good-sized quill. At the edge of the perforation there was a small bead of faecal matter. Typical ulcers were found in large numbers in the lower part of the jejunum and the whole length of the ileum. The spleen was much enlarged and very

soft. A culture of typhoid bacilli was obtained from the spleen. Typhoid bacilli were also cultivated from the urine, withdrawn by catheter under aseptic precautions on September 25th. Cultures from the urine made previous to this date were sterile.



This case serves to show how typical enteric fever can be in a native of India. It is also interesting as being only the second admission for enteric to this hospital since January, 1900. The total admissions during this period have been 7,238, of which 4,922 have been cases of malarial fever.

CASE OF GUNSHOT WOUND CAUSED BY A BLANK CARTRIDGE.

BY MAJOR I. MACCARTHY.
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The following case is not one of any special surgical interest, and my only reason for submitting an account of it is to show what amount of injury may be inflicted by a blank cartridge.

Bombardier J., 71st Battery, R.F.A., at manœuvres on May 31st, 1906, was fired at by one of the "enemy," the muzzle of the rifle being, he stated, in direct contact with him. A clean, circular hole, about a third of an inch in diameter, was made in his service-dress jacket, his