

a Camp Reception Station of twenty to sixty beds as part of the team. To cope with all the demands made, however, taxes the ingenuity of the staff owing to the small War Establishment, which leaves them particularly short of storemen and clerks, a Warrant Officer for the Orderly Room and transport. The British Red Cross helped greatly in the latter respect by providing a bus for recreational purposes.

Latterly no sick leave was granted to officers in the Middle East and Convalescent Sections for 120 officers were attached to certain 2,000-bedded Depots. They had their own Establishment which included another medical officer. The experiment worked well and, much to our surprise, they became quite popular. Officers fed with the staff and every effort was made to Mess them as well as was physically possible. They were occupied in the camp till lunch time with P.T., bathing, riding, games and craft work, but they could go where they liked during the latter part of the day. They usually paid a few visits to the nearest town, but many spent the bulk of their time interesting themselves in Depot activities.

A Convalescent Depot is a very difficult unit to run happily and efficiently yet, when so run, it is of all medical units the most important from the point of view of manpower. Conversely, a poor Depot is not only a squanderer of manpower but is a menace to morale.

MENINGOCOCCAL SEPTICÆMIA ASSOCIATED WITH JAUNDICE.

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SINCE the rarity of association of these two conditions is likely to lead to the question being raised of their being entirely due to the meningococcus or of the septicæmia occurring as a separate entity in a patient with an infective hepatitis already developing on its own, brief notes of another example of this nature are submitted for comparison with those already published in the *B.M.J.* of 4.3.44 [1].

A. P. A. became ill on 23.4.44 with headache, malaise, nausea and vomiting; there was no cough, bowels were regular, stools of normal colour and urine was slightly dark. There was no fever and apart from the features mentioned clinical examination was negative until 28.4.44 when icterus of skin and conjunctivæ was observed and he was admitted to hospital on 29.4.44. On admission he proved, for the first time, to have a temperature of 102° and a pulse of 90 per minute; he had moderate jaundice and the only other feature was a petechial eruption chiefly seen on his legs but also on his chest and fore-arms. He still had headache and anoræxia but did not look very ill. Apart from these physical signs and symptoms, together with the presence of albumin, bile salts and bile pigment in his urine, examination yielded nothing.

His blood count was Hb. 104 per cent (Haldane), R.B.C. 5,150,000, W.B.C. 13,800. Polymorphs 73 per cent, lymphocytes 20 per cent, monocytes 7 per cent.

His temperature fell to normal that night and on 30.4.44 rose to 101; there was no change in his condition. Blood culture was undertaken. On 1.5.44 a scanty growth of Gram-negative diplococci was observed and at 14.00 hours sulphathiazole treatment was commenced, 2 grams followed by 1 gram four-hourly. His temperature had fallen to normal again by then and remained normal subsequently.

His condition, never regarded as serious, rapidly improved, the petechiæ fading and shortly afterwards the jaundice. One or two of the petechiæ on the legs developed small vesicles in their centres but culture of the contained fluid (before therapy had been instituted) was sterile. On 5.5.44, Major Riddell, Pathologist, reported that meningococcus was confirmed on culture and biochemical reaction; confirmed also by agglutination test—Griffiths type II. A total of 20 grams of sulphathiazole was given over a period of four and a half days. He is now (15.5.44) convalescent and up and about but rather washed out; his hæmoglobin fell to 80 per cent during his illness. At no stage was there any evidence of meningeal reaction.

It is impossible to say if this man suffered from meningococcal septicæmia causing jaundice or from meningococcal septicæmia accompanied by infective hepatitis; the mode of onset and appearance of jaundice on the fifth day, and before any manifestation of septicæmia was observed, suggested the latter. There are a sufficient number of cases of hepatitis in the district at the moment to justify postulating such a course of events.

I am indebted to Colonel F. D. Annesley, *M.C.*, for permission to forward these records.

REFERENCE.

- [1] CRAWFORD, C. (1944). *B.M.J.*, p. 325.

NOTES ON AN UNUSUAL BATHING FATALITY.

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The subject of this article was a healthy man aged 31. On the morning of the accident he had gone to the Public Baths and at the time of the accident was swimming at the deep end. A youth of about 18, estimated weight of about nine stone, did a backward somersault from the diving step, the height from the water not being known. He struck the deceased with his back in the region of the neck (? upper part of the chest). The man was seen to float under the water and had to be fetched up from the bottom.

On being brought out, after a submersion estimated at 3 to 4 minutes, artificial respiration was carried out. He was sick, coughed and spat a pinky fluid. He was taken to lie down in a side room and was unable to say what had happened to him. On getting up unassisted he was sick and was helped to a truck which brought him to a Reception Station about eight miles away. He was sick again on the journey.

Condition on Admission.—He was admitted at 09.30 hours and was seen by me about fifteen minutes later. He was obviously an ill man with a soft pulse of 70 and no obvious external injury. He was sick, the vomit containing brown-coloured material. Bouts of coughing with frothy reddish sputum occurred. The systolic blood-pressure at this stage was 110 mm. Owing to his condition an exhaustive examination was not deemed advisable but such auscultation as could be done did not disclose any adventitious sounds.

Progress and Treatment.—Restlessness became more marked and the pulse-rate increased to 150; respiration was 30 at the start and increased to 50. Cyanosis developed and increased in depth. The surface of the body became colder and epistaxis occurred later.

Treatment consisted of rest and warmth, at first by hot-water bottles and later by electric cradle. When restlessness became too marked, morphia gr. $\frac{1}{4}$ was administered at 10.15 hours. Oxygen was given through a funnel as he was too restless to have a mask fitted.

Death took place at about 15.30 hours.

Post-mortem examination.—No external marks of violence were observed when this was done about twenty-four hours later. Post-mortem staining was present.

On opening the chest the lungs were voluminous with dark purplish patches on the surface and emphysematous bullæ under the pleura. There were no pleural adhesions and there was excess of watery fluid in the pleural cavities. On cutting into the lungs frothy blood-stained fluid exuded and there were small dark areas of hæmorrhage into the lung substance. The heart muscle was normal. The left ventricle was empty but the right was full of soft dark clot. The veins generally were full of dark fluid blood. There was excessive fluid in the pericardial sac. The spleen and kidneys were rather congested, the liver not obviously so.

On opening the skull, no evidence of fracture of the base was observed. The veins of the cerebral surface were congested.

SUMMARY.

An account is given of a man who was dived on by another swimmer. As a result of the impact of the diver, he was squeezed between this force and the water.