

for instance, without first immobilising it is recognised, it seems just as reasonable to attempt to reduce the work done by the lungs to a minimum. Since as it has been pointed out with the movements of respiration keep up quite sufficient ante inoculation.

Summary.—Anaphylaxis occurs in the early stage of invasion by human tuberculosis. The organism sensitized to a high degree reacts in a characteristic manner, and a number of symptoms chiefly referable to the vaso-motor system occur. These if rightly interpreted lead to a further examination which will reveal a characteristic variation of the rectal temperature which will prove invaluable in the early diagnosis of tuberculosis.

CASE OF LYMPHADENOMA.

By R. H. CASTOR,
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9th October 1911. *Complaint.*—Abnormal swellings. Duration 12 months.

Family History.—Parents died of old age 10 years ago. An elder brother of fever 18 years ago. None suffered like him. No hereditary taint.

Previous History.—No history of my serious illness. Had soft chancre some 4 years ago. Had no secondary symptoms.

History of previous illness.—About a year ago he felt a small swelling size of a tamarind seed in right axilla—next left axilla—next right neck and jaw—left neck—right arm—right inguinal and above Poupart's ligament—left inguinal and above Poupart's ligament, and last of all chest. All commenced in the order given, and began to increase slowly till came to present state.

General characters:—

Swellings—enormously large, free, distinct and painless, size large oranges and more. Glands free and moveable. Round and egg-shaped.

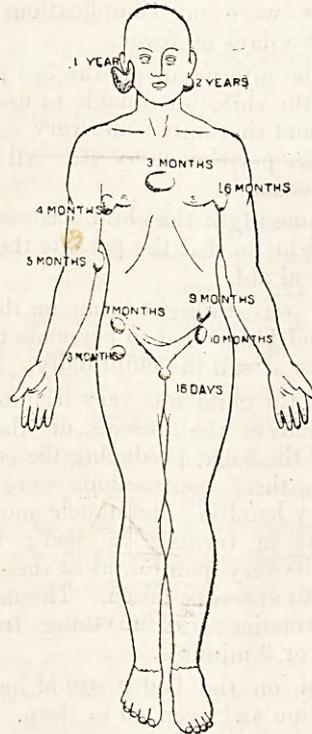
Glands in the right side of neck are more prominent and enlarged, covering the whole of left jaw, extending to upwards and going in front of right ear and a little above. Pressure on right carotid vessels. So far no trouble except the enlargement of glands and consequent deformity. Eighteen days ago his scrotum and penis too became œdematous.

State of health.—Fairly built and at present in a fair state of health.

No enlargement of Liver and Spleen.—Lungs normal. Heart sounds, weak, and so is the pulse. Respiration free; bowels regular, tongue clean; appetite and sleep good; urine free. Two years ago he suffered from boils and small pimples in the legs, and at present the skin of both lower extremities is tough, much irritation of parts and has to scratch for hours. No nervous complaints. Reflexes present. No rise of temperature.

This was a case admitted in my ward and I think it one worth recording not only for its rarity but for the several factors mentioned below. It

is possible that syphilis may have played an important part in originating the disease, although the history only gives "soft chancres" as being present. It is well known that in the many cases recorded an antecedent history of syphilis is given.



1. $5\frac{1}{2} \times 4\frac{1}{2}$, duration 8 months. Collection of S. Glands irregularly enlarged. The biggest size of orange, the whole size of a papaya.
2. Size walnut, 7 months.
3. $4\frac{1}{2} \times 4\frac{1}{2}$, Round, size large orange, 2 months.
4. Size, orange, 1 year.
5. Do. walnut, 3 months.
6. Do. orange, 7 months.
7. 4×2 small papaya, 3 months.
8. $4 \times 2\frac{1}{2}$ do. do.
9. Size do. 1 do.
10. Do. do. 1 do.

1. *Absence of Fever* is very unusual, and in this case there was no rise of temperature to be recorded.

2. *Enlargement of Spleen* occurs by some authorities in all cases. In this case it was absent.

3. *The Glandular enlargement* most frequently begins in the neck; in this case it originated in the right axilla.

CASE DIAGNOSED ACUTE ANTERIOR POLIOMYELITIS.

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THE patient was a child, age* 14 months, name Golam Nabi, the son of Chirag-Din, a tailor of

* Before this illness, the child was able to walk unassisted for about 100 yards.

the village Jowrah near the railway station Jowrah.

History.—The child was in perfect health till the 1st January 1912 when it suddenly got fever, it then refused all nourishment other than that from its mother's breasts. The fever continued till the morning of the 3rd when it completely ceased, there were no complications whatever during the two days of fever.

During the afternoon of the 3rd the parents noticed that the child was unable to use the right lower limb, and that only some very slight movements could be performed by it. All the other limbs were normal.

On the same night the child was very irritable crying all night, so that the parents then decided to seek medical aid.

The child was brought to me on the morning of the 4th, and I managed to persuade the parents to allow me to attend the child daily.

On arrival the child was very irritable exhibiting contractions of the muscles of the back of the neck and the back, producing the condition of opisthotonus, these contractions were tonic and brought on by handling and much movement of the spine, as in turning in bed; these also appeared to be very painful, as at these times the child used to cry very much. The usual length of each contraction was anything from a few seconds to 2 or 3 minutes.

When laid on the bed it would lie quietly in the one position and even go to sleep.

It was obvious that the right lower limb was paralysed.

The child was put to bed and the following administered:—

Hyd. c. Cretæ	...	gr. ʒ
Pulv. Rhei co.	...	grs. v
	at once.	

Dry fomentation to the spine every three hours.

5th January 1912.—The condition was much the same. The paralysed limb can perform some very slight movements such as slightly drawing the thigh up.

No hyperæsthesia could be elicited in the affected limb, sensation was found to be normal.

There was tenderness over the muscles of the lumbar region.

Babinski's sign was absent.

On this day the muscles of the lumbar region were mostly affected during the tonic spasms, those of the neck being better.

There was no constant pain as the child slept through the night without any sleeping draught.

Functions of the bladder and rectum were unimpaired.

Treatment for the day was—

Pot. Brom.	...	grs. xvi
Pot. Iodide	...	grs. viii
Aqua ad.	...	ʒi

ʒi every 3 hours.
Fomentation continued.

6th January 1912.—The acute condition was much relieved, but there was still some tenderness of the muscles in the lumbar region. The spasms were much less pronounced and frequent and not so easily brought on, the neck muscles taking no part.

Absence of Kernig's sign.

7th January 1912.—On this day the acute condition had quite passed away. On my visit I found the child seated up unsupported playing, the tenderness of the back muscles had completely subsided, it could move its head and trunk round with perfect ease and comfort; the only trouble that was apparent was the then complete paralysis of the right lower limb, all the other limbs remaining perfectly normal. No more spasms.

8th January 1912.—The child was quite well and playful. I tickled the sole of its foot while it slept and it drew its limb up a little.

10th January 1912.—The child did not seem able to voluntarily move the paralysed limb otherwise quite well.

11th January 1912.—As the acute symptoms had subsided the father decided to take his child back to his village and send it here daily for the application of the electric battery in which he has great faith.

The child was never again brought to me, so to enable me to conclude these notes I managed to arrange for the father to take the child to the railway station of Jowrah where I saw it on the 22nd March 1912 (70 days after the child left my care). The condition now is very much improved.

It can walk by holding its father's hand, but the gait is characteristic as the affected limb is everted, the foot pointing forwards and outwards and kept more or less horizontal in walking (the foot being lifted up as a whole and put down in the same way, in other words, there is no bending of the foot forward in walking as is seen normally), the bending of the knee is also extremely limited in walking.

The muscles at the back of the thigh particularly the internal rotators and the calf muscles, are atrophied. I was unable to note their electrical condition, as the child was afraid and would not permit me to apply the current. Sensation was good as I tickled the sole of the foot and pinched the calf and in each case it drew its leg up.

Concluding Notes.—The child had no rise of temperature during the time it was under my observation.

There had been no coryza as far as I could discover. From the morning of the 7th January 1912, the child was in perfect health except for the paralysed right lower limb. The father gave no history of syphilis, he has one other child, a girl of 4 years, who is quite healthy. On inquiry the parents and others tell me that there are no other similar cases in the village.