

FORMS OF PYREXIA DUE TO LEISHMAN-DONOVAN'S BODIES.

By U. N. BRAHMACHARI, M.A., M.D., F.C.U.,
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CHART I.

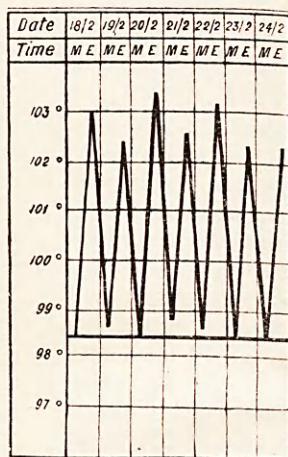


CHART II.

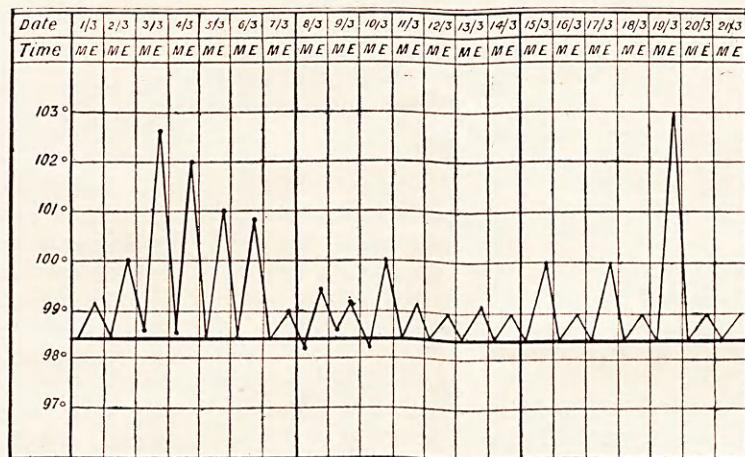


CHART III.

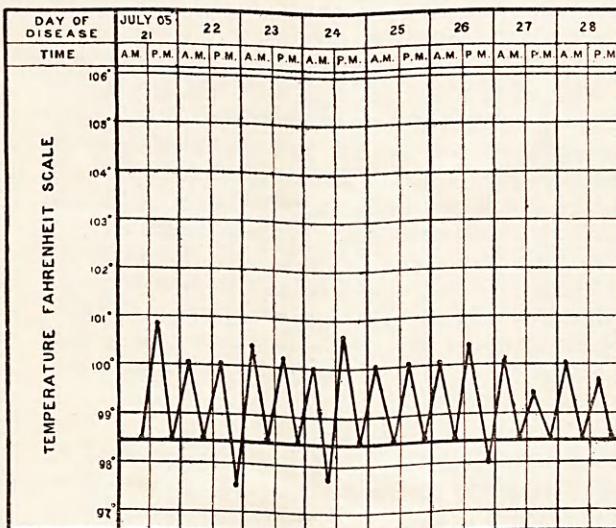
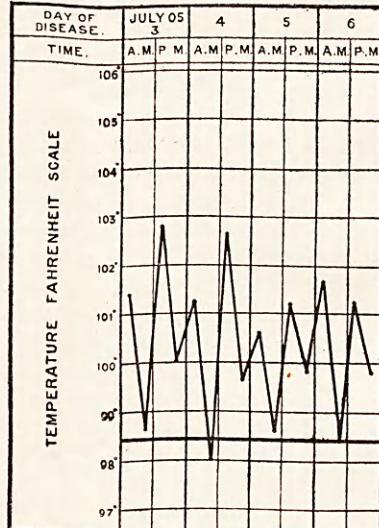


CHART IV.



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CHART V.

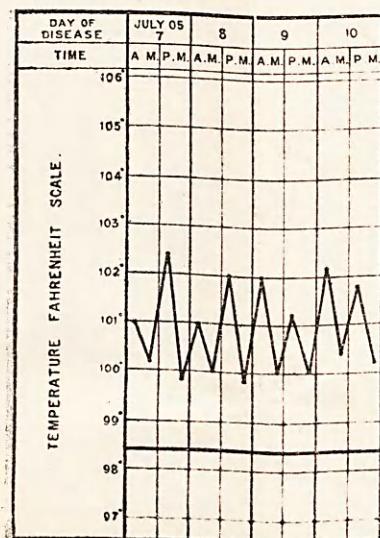


CHART VI.

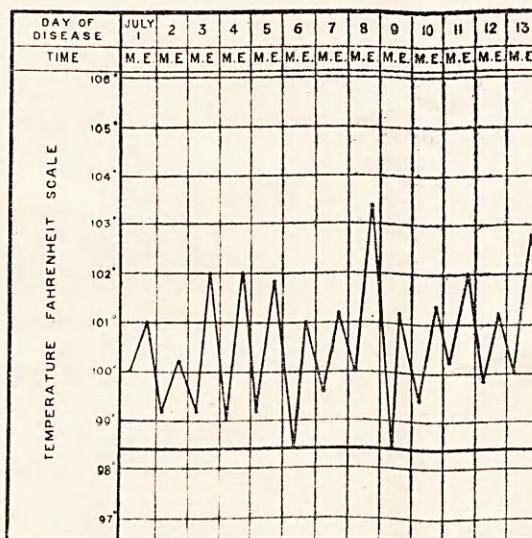
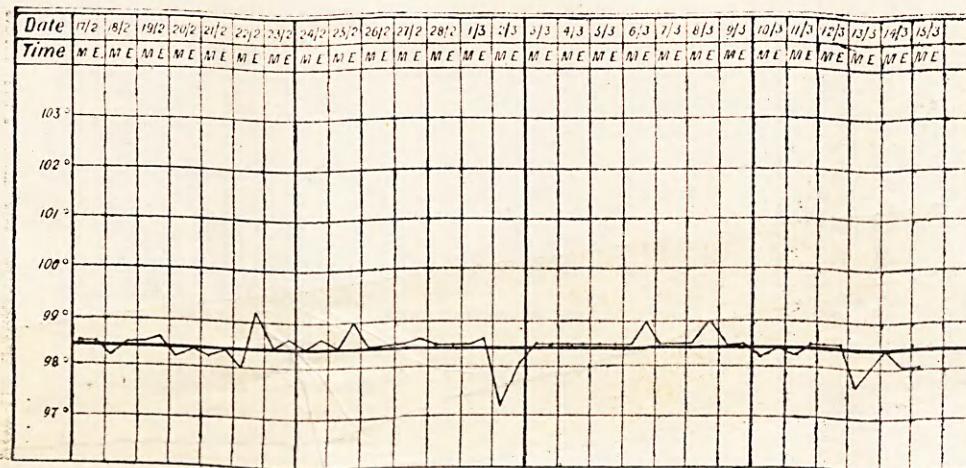


CHART VII.



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By U. N. BRAHMACHARI, M.A., M.D., F.C.U.,
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(1) High intermittent pyrexia* :—

Patient named Panchkowry. Fever may or may not be attended with rigors. (Chart No. I.)

(2) Irregular intermittent pyrexia :—

Patient named Govind. This type of fever is commonly seen. The fever may or may not be attended with rigors. (Chart No. II.)

(3) Double quotidian pyrexia with double intermission during 24 hours :—

Patient named Purusottum. There is a rise of temperature towards very early morning followed by intermission before 12 A.M. There is a second rise in the evening followed by intermission before 12 P.M. (Chart No. III.)

(4) Double quotidian pyrexia with single intermission during 24 hours :—

Patient named Hem Madak. This is a rise of temperature towards very early morning followed by intermission as in the above. There is a second rise in the evening which is followed by remission and not intermission before 12 P.M. (Chart No. IV.)

(5) Intermittent pyrexia with irregular periods of apyrexia.

(6) Remittent pyrexia.

(7) Double remittent pyrexia :—

Patient named Hem Madak. There is a rise of temperature towards very early morning followed by remission before 12 A.M. There is a second rise in the evening followed again by remission before 12 P.M. The temperature does not come down to normal. (Chart No. V.)

(8) Combined intermittent and remittent pyrexia resembling hectic :—

Patient named Ramabaran. Patients may have this type of temperature for a long time. (Chart No. VI.)

The presence of Leishman-Donovan's bodies is not necessarily associated with much pyrexia. (Chart No. VII.) There was very slight rise of temperature of the patient for nearly a month.

The great peculiarity of the pyrexia due to the Leishman-Donovan's bodies is its variable nature. The various types may be combined in one and the same patient. We had a case who had at first low intermittent fever for some time, then high intermittent fever and then remittent fever. No explanation has as yet been offered of this variability of the temperature curve. There may also be variable periods of apyrexia in the course of the disease, though the parasites may still be present in the spleen. The double remittent type of pyrexia may pass into the simple remittent type as was the case with the patient named Hem Madak.

CASE OF PIROPLASMOSIS—SPLENECTOMY FOLLOWED IN EIGHT MONTHS BY DEATH.

BY JOHN SMITH, M.D.,

L.T.-COL., I.M.S.,

Mysore.

As I have had frequent enquiries as to what was the result of the Splenectomy I performed some time ago in a case of piroplasmosis, I think I may best reply through the columns of the *Indian Medical Gazette* by giving a brief account of the case from the time it came under my care till the scene closed in the usual way.

E. A. F., a Eurasian male, 27 years of age, was admitted to the Victoria Hospital, Bangalore, on 1st November 1904, with fever and enlarged spleen. In May and June previous he had fever for 28 days.

History.—He had always been rather delicate. At his 17th year, however, he was strong enough to be a fireman on the Madras Railway, and lived at Jallarpet. Two years later he slipped from his engine and hurt his perineum; but he recovered and became a shunter in 2 years more, at Raichur. Here the perineum gave him trouble again, and he had to go to hospital in Madras. During his stay in hospital he had fever which they called "Remittent." He again recovered and seems to have had fair health till the middle of October 1904. But I think during this time his health may be regarded as having been precarious. At any rate, severe epistaxis—so characteristic of the disease, is traceable from May 1904, at which time he appears to have noticed enlargement of the spleen. He weighed at one time 164 lbs., but now his weight is only 129 lbs.

Present condition.—He is thin, pale, anaemic; liver normal in size; spleen extends downwards 3" below costal arch; heart weak; appetite poor; bowels irregular, but tending to constipation; suffers from insomnia, sleeping only for a couple of hours during daytime. Had a papular eruption over most of the body, particularly on

*We have ventured to substitute the word *pyrexia* for "fever" in several places in this article. As the word "fever" referred to the pyrexia as indicated on the charts we thought it more accurate, remembering the customary abuse of the word "fever" in India.—Ed., *I. M. G.*]