

perchlor. solution, covered with a thick pad of alembroth wool and fixed by a many-tailed flannel bandage.

Iced water to sip, or ice to suck, and rectal feeding are started four hours after the operation. Feeding by mouth begins, in most cases, on the next day.

As regards the sterilization of the hands and the patient's skin, the former are thoroughly scrubbed with mercurial or spirit soap and soaked in 1 in 1000 Hydro. perchlor. The patient's skin is prepared overnight by treatment with soft soap, turpentine and other, and finally covered with a mercurial gauze pad, which is removed at the operation, and the skin again thoroughly scrubbed with spirit soap. In some native cases, the overnight preparation of the skin has to be omitted to avoid frightening the patient. All sterilization, in such cases, is done by the operator just before the operation. I have not observed any ill results from this method.

REFERENCES.

- (1). Elliot, R. H. "On couching of the lens as practised by native practitioners in India." *Indian Medical Gazette*, Vol. XLI, No. 8, Aug. 1906.
- (2). Lea, Amola W. W. "The Vermiform Appendix in relation to Pelvic Inflammation." *Journal of Obstetrics and Gynaecology*, Vol. X, No. 2, August 1906.
- (3). Standage. "On Hydatids in the Female Pelvis." *Indian Medical Gazette*, Vol. XL, No. 5, May 1905.
- (4). Kelly Howard. "Operative Gynaecology," Vol. II, p. 149.
- (5). Bishop, E. Stanmore. *Lancet*. March 14, 1903, p. 725.
- (6). Tate, W. W. H. *Journal of Obstetrics and Gynaecology*, Vol. VII, No. 1, January 1905.
- (7). Grieg-Smith. "Abdominal Surgery," Vol. I, p. 112.

[We regret we cannot find space for the tabular statement, as it runs to no less than 33 columns. Ed., *I. M. G.*]

A FIVE-DAY FEVER OF CALCUTTA.

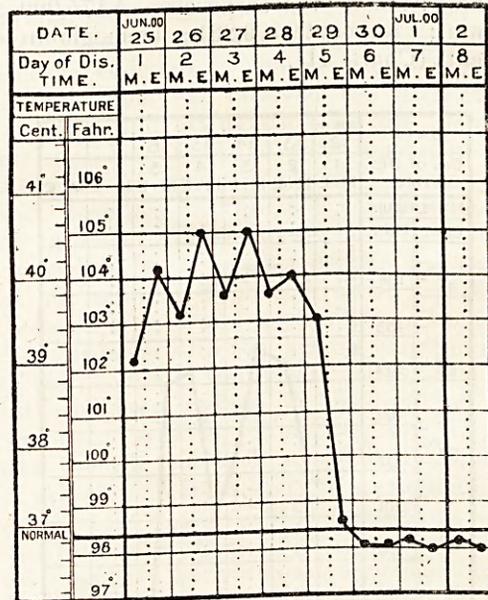
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IN the year 1900, while working as house physician to Surgeon-General Bomford in the Medical College, Calcutta, I made observations of a number of cases of short remittent fever, which used almost invariably to terminate on the 5th day and were designated by Surgeon-General Bomford, as cases of "Five-day Fever." They constituted a clinical entity distinct from malaria, as we never found the presence of malarial parasites in their blood; the spleen was never enlarged and the fever used to terminate without administration of quinine, which, in those cases in which it was administered, seemed to have no influence upon the course of the illness. Some of the cases came from the same house, others occurred in places where there was no other case and one occurred in the wards of the Medical College Hospital itself. Most of the cases came into the Hospital

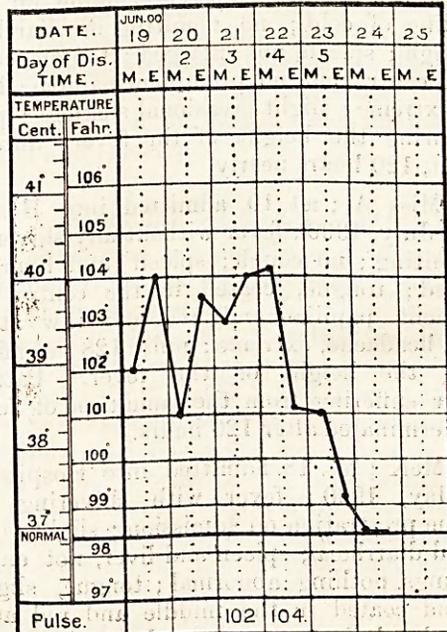
between the months of June and July, during which we observed many such cases. I append here the notes of six of these with temperature charts of three.

1. Miss B.; æt. 10, admitted into Hospital on 25th June, 1900; fever without any ague fits; no cough; vomiting present; slight constipation; spleen and liver not enlarged; tongue, coated; headache, extreme; patient's sister also suffering from the same type of fever (Chart No. I).



No. I.

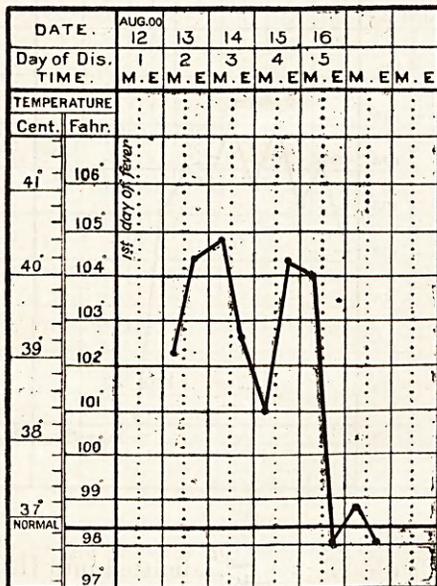
2. Charles T.; æt. 26, admitted into Hospital on 7th May, 1900, contracted the fever while staying in the Calcutta Medical College Hospital,



No. II.

where he was being treated for dysentery for more than a month. Fever without any shivering fits; spleen and liver, not enlarged; lungs, occasional ronchi audible at the bases; tongue, coated with a fur at the centre; diarrhoea present; pulse, 104 during the height of the fever.

3. Norman P.; æt. 17, a military student of the Medical College living in the Military students' barracks; admitted into Hospital on 12th August, 1900. Spleen, not enlarged; extreme headache; tongue, slightly coated; no diarrhoea; no. of red corpuscles = 5,175,000 per cb. mm.; leucocytes = 9,231; hæmoglobin = 95 per cent. (Chart. III.)



No. III.

4. Mrs. R.; æt. 35, fever—coming on with a feeling of cold; no vomiting or diarrhoea; no cough; spleen, not enlarged; tongue, coated in the centre but no prominent papillæ; headache, extreme; slight occasional sickness; pulse, 120 during the height of the fever; duration of fever, 120 hours nearly.

5. Miss A.; æt. 10, admitted into Hospital on 5th July, 1900; fever without any shivering; no vomiting; no cough; spleen and liver, not enlarged; tongue, coated in the centre with prominent papillæ and red and raw at the edges; headache, extreme; pulse 128 per minute during the height of the fever. Patient's brother suffering from the same type of fever; fever terminated after 120 hours.

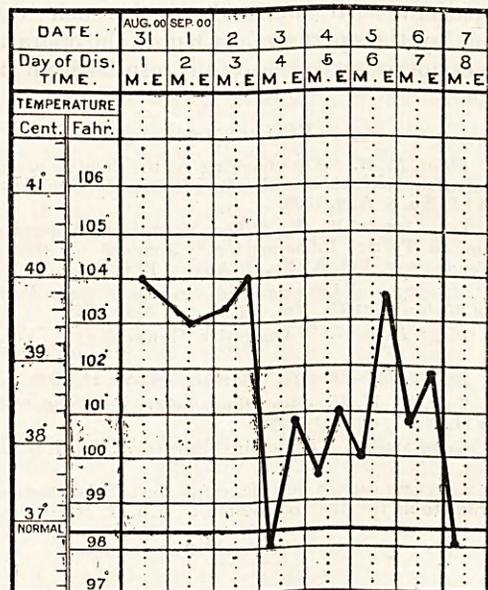
6. McK.; æt. 18, admitted into Hospital on 8th May, 1900; fever with shivering fits; extreme prostration on admission; slight vomiting and diarrhoea; spleen and liver, not enlarged; lungs, nothing abnormal; tongue, slightly dry and coated in the middle and red at the edges; headache, extreme; pulse, 64 in the con-

valescent state. Duration of fever—5 days and 6 hours.

It is possible that this fever is similar to Major Rogers' "Seven-day fever"; the slow pulse described by him in his cases was not, however, noticed in ours and the fever used to terminate on the 5th, instead of on the 7th day of illness.*

I append here, however, the notes with temperature charts of 2 cases admitted in the same year into Surgeon-General Bomford's ward which bear a close resemblance to Major Rogers' cases of "Seven-day fever."

I. Patient, H. N.; admitted on 31st August, 1900; spleen, slightly enlarged. No malarial parasites in the blood (Chart IV).



No. IV.

II. Patient, J. K.; admitted on 9th May 1900; no rigor; extreme headache; tongue, thickly coated in the middle; spleen and liver, not enlarged; lungs, nothing abnormal. Pulse, 56 per minute in the convalescent state. No malarial parasites in the blood. Temperature chart resembling Major Rogers' terminal cases.

Before concluding, I would point out that "Five-day" is not limited to the European and Eurasian population of Calcutta. I append the chart of a Bengali gentleman, recently treated by me, in whom the fever terminated exactly on the 5th day. During his illness he was extremely prostrate; pulse was very feeble; tongue was coated in the middle with prominent papillæ; the condition resembled that of enteric for the first two or three days of the illness.

* Indian Medical Gazette, Nov. 1905; Ibid, March, 1906.