

which itself must further delay the absorption of the venom into the general circulation after the removal of the ligature. The venom would enter the general circulation in quantities sufficiently small to be dealt with by it, rather than in an overwhelming sudden dose.

MALARIAL FEVER WITH APHASIA.

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As malarial fever with aphasia is a condition spoken of in text-books, and but seldom seen in general practice, the notes of the following case may be of interest:—

Jeer Bandhan, a Hindustani male, 20 years of age, was admitted into Hospital, Bassein, on 3rd March 1906, with a temperature of 102.6, pulse 120, and respiration 38 per minute. He was unable to speak or give any account of himself. On the other hand, he could hear distinctly and was of good intelligence and by means of signs answered "Yes" or "No," to questions put to him.

There was no motor paralysis or loss of sensation.

Past history.—His father, a telegraph line-man of the Government Telegraph Department, states that the patient accompanied him to a village about 6 miles from Bassein, to repair the telegraph line. They lived in a tent, and at 3 P.M. of 26th February patient got an attack of fever preceded by shivering.

This fever lasted up to the time he came to Hospital on the third day of March, but on the 1st of March, two days before admission, patient lost his power of speech.

Heart, lungs and digestive organs normal. No enlargement of liver or spleen. No history of being addicted to either opium or alcohol. Knee jerks normal. No paralysis. Sensation normal. Urine contained small quantity of phosphates otherwise normal. Was given calomel, grs. v, and a diaphoretic to reduce the temperature.

Blood was twice examined on the 3rd instant, but no parasites found. It was again examined on the 4th instant when tertian parasites were found.

He was then put on quinine (5th March) and temperature fell next morning to 99 and came to normal on the 10th instant. On the 8th he began to talk, but the words were incoherent. On the 15th his speech, which had been gradually improving, became quite clear. On 23rd he complained of deafness, and quinine was discontinued, and a tonic of iron and strychnine substituted.

He left hospital cured on 3rd April. A case of this nature is not met with very frequently, and is, I think, of interest from the fact that once malarial fever was diagnosed microscopically and the aphasia looked on as being due to malaria, and the case put on appropriate treatment, patient began to improve.

Very unfortunately a four-hour temperature chart was not kept up, as having found the

parasite, the chart for the diagnostic purposes was not so important as it would have been, had we failed to find the parasite.

I do not think there can be much doubt in this case but that the aphasia was due to blocking of some of the smaller vessels of the speech area by either parasites or pigment, or by both. The very rapid improvement under quinine and the absence of any other exciting causes leads to the same conclusion.

I am much indebted to Mr. C. R. Chetti, Hospital Assistant, for the notes and careful watching of the case.

A NOTE ON THE BENEFICIAL EFFECT OF THE IMMEDIATE INCISION INTO PLAGUE GLANDS.

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LOOKED at from a broad point of view, a lymphatic gland infected by the B. Pestis is in a very similar condition to a gland invaded by a virulent type of pyogenic organism. In both cases, the gland is swollen and often so tensely that it is a matter of wonder that it is able to hold its contents without bursting its capsule. In both cases the resident organisms are engaged in rapidly elaborating toxins, and themselves in large quantities, in both cases these toxins are finally expressed, (one can hardly say absorbed as the pressure is so great) into the lymphatic and vascular systems, and soon produce a condition of poisoning.

The organisms finally also become so numerous that there is no room for them in the gland, and so these too are squeezed on into the further lymphatics, and finally reaching the blood stream, produce septicæmia and death.

The very fact of their growing so luxuriantly means that the body does not offer them much resistance, but the more the body is weakened by the toxins they produce, the greater is the headway they can make.

So that it becomes imperative, to prevent any further toxin absorption, not only to prevent death from poisoning, but to strengthen the system to combat against the local bacterial invasion. In the case of severe lymphadenitis due to pyococcic invasion, it is a matter of common surgical experience that incision into the gland through making the exterior the easier channel of exit to its poisonous contents, produces such a marvellously salutary effect, as to give a well-planned incision the highest place in therapeutics while the improvement in the blood supply to the gland helps towards its ultimate recovery.

Surgical experience shows that it is dangerous in these severe cases to wait for suppuration or softening in the gland before incising into it, as the immediate necessity demands that no more toxins shall be absorbed, and that waiting only means an additional risk from septicæmia. All that is hoped for, is that the incision will produce