

be rendered so extremely lax as to admit such a large article without causing any damage to them, and that after its extractions a fair amount of control over the sphincter could be so quickly regained by such a feeble old individual.

UNUSUAL TYPE OF PLAGUE.

BY DR. B. KRISHNA RAO,
The Health Officer, Bangalore.

I SHALL thank you to spare some space in your valuable Journal to bring to the notice of the profession the following particulars of a case that came under my observation, as the same may be of some interest.

In the month of February last, a family of seven persons arrived here from Walajapet, in the North Arcot District, whence cases of cholera are often imported here. One of the party was reported to have developed symptoms of cholera and died. Immediately afterwards, an adult woman belonging to the house where the new arrivals had taken up their abode, fell ill with diarrhoea and vomiting. She was removed to the Isolation Hospital in a state of collapse. Saline rectal injections and other symptomatic treatment were adopted; and over four days passed before re-action set in. The smears made from the *alvine* discharges of the patient disclosed under the microscope, the presence of numerous bi-polar staining bacilli not unlike those of plague; and at the same time the result of bacteriological examination of her discharges, sent to the Government Bacteriologist for examination, was the complete absence of cholera spirillum. The re-action was rapidly followed by a continuous rise in temperature as can be seen from the charts enclosed, and swelling of the cervical glands on both sides, and these latter rapidly developed into clear plague buboes.

The peculiar features of this case which deserve notice are: (1) its immediate occurrence after a fatal case of *alvine flux* to all appearances an imported case of cholera; (2) its resemblance at its commencement to a case of genuine cholera; (3) but at the same time the presence of bi-polar staining bacilli in the discharges and complete absence of cholera spirilla; (4) and lastly, the development of plague buboes in the neck. I should be obliged if any one can explain this phenomenon in the light of our present knowledge of cholera and plague.

After a stay of 71 days in the hospital, the patient has been discharged cured.

ANOTHER EXAMPLE OF AN UNUSUAL TYPE OF PLAGUE.

BY DR. B. KRISHNA RAO,
Health Officer, Bangalore.

SINCE I wrote to you last regarding a curious case of illness that had come under my observation in February last exhibiting signs and

symptoms of Asiatic cholera and bubonic plague simultaneously, one more case of the kind, with the signs and symptoms of plague not quite so apparent to the unaided eye as in the previous, has occurred here recently. Under instructions from the Senior Surgeon and Sanitary Commissioner with the Government of Mysore, I am sending you the following few particulars of the case trusting that you will kindly spare some space for its publication in your valuable journal:—

Late in the afternoon of the 29th July last, I received from the Victoria Hospital of this place a note asking for a bed to be kept ready in the Hospital for Infectious Diseases for a patient to be transferred from there suspected to be suffering from cholera or *abdominal plague*—kindly note the expression. Major George Lamb, M.D., I.M.S., member of the Advisory Committee for Plague Investigations in India, told us the other day at the Medical Congress held in Bombay that the theory of the transmission of plague infection through the alimentary canal must be dismissed and that, as far as man is concerned, alimentary infection does not take place in plague. At about 6 P.M. arrived the patient, an Eurasian lady, aged about 34 years.

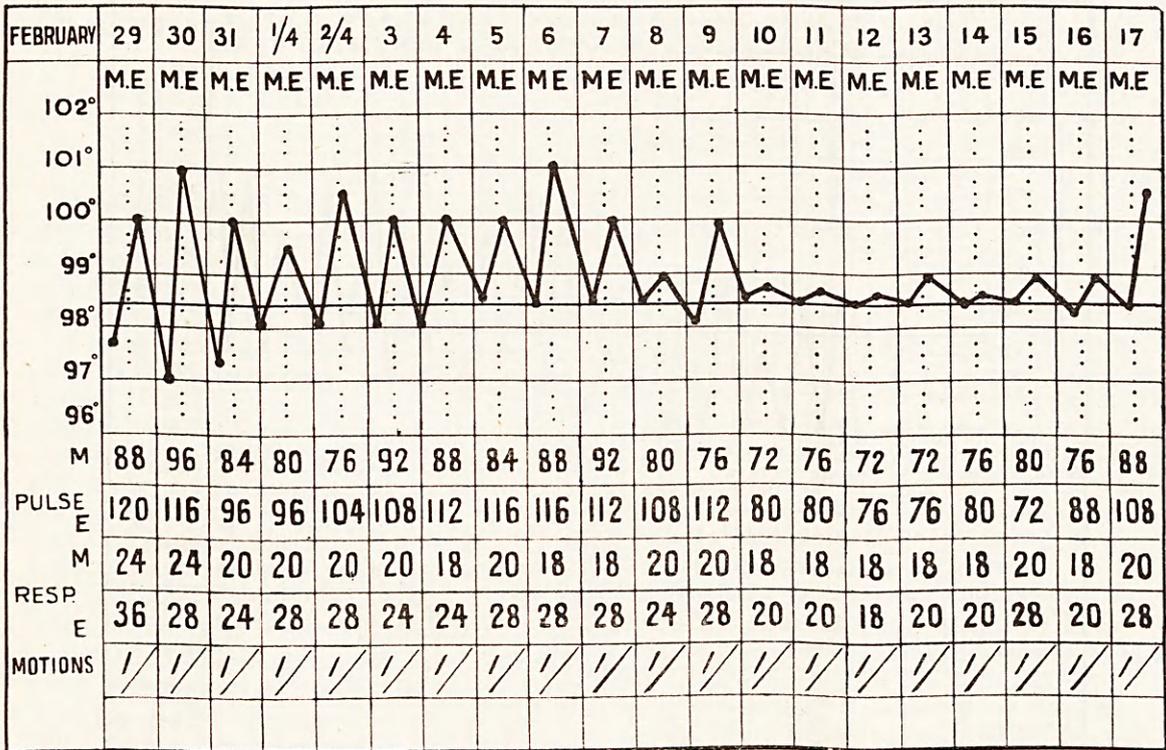
Condition of the patient at the time of the admission into the Hospital.—A well-built woman, low in condition though not quite prostrated, conscious and could speak well with normal voice, countenance anxious but not pinched, ocular conjunctivæ deeply congested especially at the ciliary margins, but eyeballs not sunk in the sockets and skin not livid as in cholera, but perspiring freely with a body temperature of 97.6 in the axilla, extremities cold, breathing shallow and hurried with 28 respirations per minute, pulse weak and rapid numbering 120 per minute, tongue dry and brown and urine suppressed.

History.—The patient is employed as a nurse in the Victoria Hospital at Bangalore with boarding and lodging in the Nurses' quarters attached thereto. The Victoria Hospital is one of the well-equipped and best-managed institutions of the kind in Southern India. On the night of the 26th July patient seems to have been attacked with acute diarrhoea and had about eight copious watery motions on which account she did not attend to her usual duties in the hospital the next day. On the third morning, however, feeling a little better she resumed her work in the hospital and remained at her post throughout the day. On returning to the quarters that evening she is said to have had a fit of ague accompanied again with diarrhoea and vomiting, the two latter continuing till the next day with suppression of urine. The motions are reported to have been offensive and brownish in colour in the beginning and gradually changed to rice-water consistency with no smell. Her condition having become gradually worse

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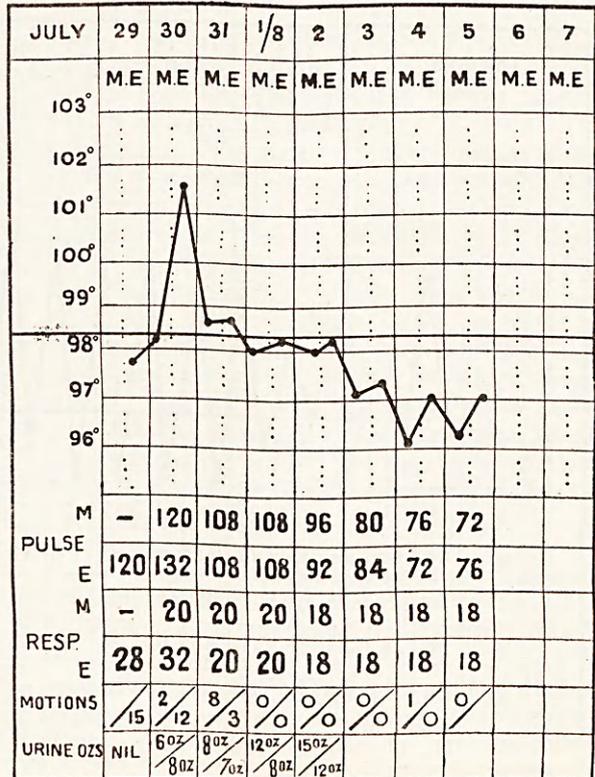
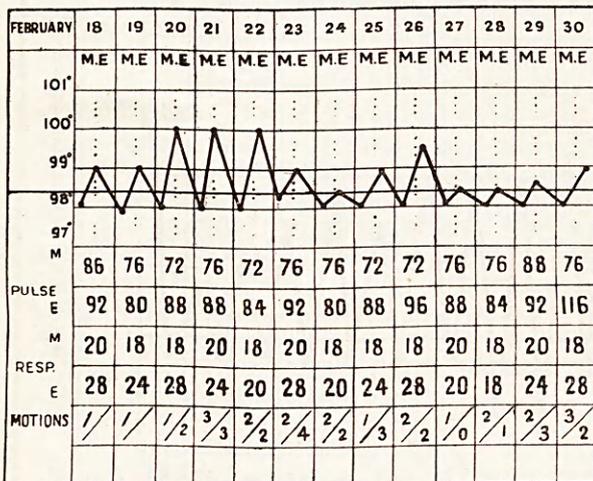
The Health Officer, Bangalore.



ANOTHER EXAMPLE OF AN UNUSUAL TYPE OF PLAGUE.

By DR. B. KRISHNA RAO,

Health Officer, Bangalore.



she was brought the next day evening to the Isolation Hospital in the state described.

Immediately after the arrival of the patient was received, the following report from the Government Bacteriologist on the microscopic examination of the patient's evacuations sent to him:

"The stained slides you sent and the slides made here contain a very large number of organisms resembling very much those of *plague*. There were very few coma-shaped bacilli. The result of cultural examination will be made known to you as early as possible."

Course of the illness.—After admission into the hospital the patient continued to be bad till 4 o'clock next morning, being throughout the night restless, rice-water evacuations and suppression of urine continuing. She then passed 6 ounces of urine and had two brown coloured loose motions; after that for a time her condition appeared hopeful, pulse and breathing improving; temperature, however, rose to 101.4 and at 8 A.M. again vomiting returned and symptoms of acute gastric irritation set in with incessant vomiting which failed to yield to any remedy that could be thought of; nourishment by the stomach was therefore found impossible. Frequent rectal saline injections and, whenever necessary, hypodermic injections of strychnine and adrenalin were only used. Towards midnight, however, a gradual change for the better appeared in the condition of the patient and in the morning when she woke up from a few hours' sleep she was found free from all trouble.

Since then she made a steady progress towards recovery, and was discharged cured on the 6th August.

The following is the result of the cultural examination made by the Bacteriologist of the organisms noticed by him in the evacuations as resembling those of *plague*. "In continuation of my D. O., dated the 2nd instant, I have the honor to report that suspicious looking bacilli (*plague*) isolated from the dejecta of Mrs. ——— were confirmed by animal experiment and further cultural and staining character to be those of *Plague*." The patient's intellect and speech were throughout clear in this case and the pulse perceptible at the wrist. The patient's clinical chart is herewith enclosed.

MYIASIS IN BURMA.

By C. R. CHETTI,

1st Grade Hospital Assistant, Bassein.

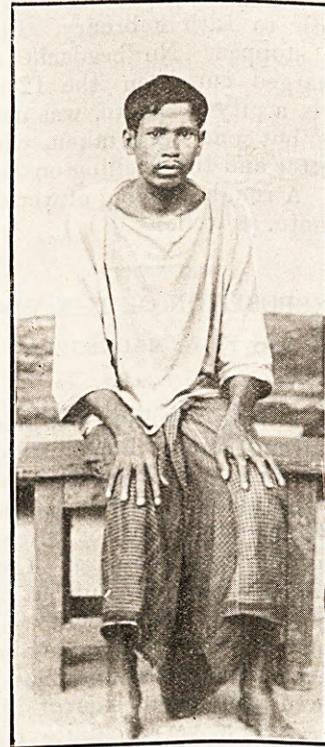
[Under the care of Major P. Dee, I.M.S., Civil Surgeon, Bassein.]

AFTER reading the article on "An Indian Screw Worm" by R. Lloyd Patteson, L.R.C.P. & S. (Edin.), in the *Indian Medical Gazette* of October 1909, I thought it worth while to send the following to your Journal for publication. There were three cases treated in this hospital, all of them Myiasis Narium, one proved

fatal and two recovered, and the notes of the following will be of interest:—

1. Hizath Ally, *æt.* 36, a Mahomedan male, a cultivator, an old resident of Bassein, Burma, was admitted into hospital on the 22nd of January 1907, complaining of swollen forehead, severe frontal headache, bleeding from both the nostrils followed by an offensive discharge from the nose, and fever of seven days' duration.

Past History.—No history of syphilis, does not drink, nor take opium, had no gonorrhœa. Never had this sort of disease before.



Present condition:—The patient is a well-built subject, but very weak and unable to walk. Forehead swollen, as far as the bridge of the nose. There is bleeding from the nostrils, with a pultaceous, thick shreddy and highly offensive discharge. Appearance of the patient is very anxious. Heart sounds normal. Chest well formed. Lungs normal. Spleen and liver normal. Tongue dirty and coated. Bowels loose. Mouth offensive. Appetite poor.

Urinary system:—Sp. gravity 1015. Reaction acid. No albumen or sugar. Blood examined microscopically, no malarial parasites found. His nostrils were douched with potassium permanganate lotion five times daily. Astringent mixture given to check the diarrhœa, and morphia to soothe the pain of the frontal region.

On the evening of the 25th he complained of creeping sensation from the forehead to the nostrils—on douching six screw worms came through the right nostrils.

On 26th morning, a swelling below the right eye was noticed. His nostrils were douched with