

have been given so far without appreciable diminution in the size of the tumour.

I am very grateful to my chief, Major S. Ahmed, I.M.S., and also to Dr. H. N. Bhatt for taking the skiagram.

A CASE OF BRUCELLOSIS (ABORTUS FEVER)

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and

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A PUNJABEE Hindu girl, aged 10½ years, was admitted to hospital on 26th July, 1946, with a history of fever for 3 days. The child developed fever on the day she arrived in Digboi from the Punjab where she had been staying for a period of 3 months on a holiday.

The temperature was of enteric type for first 3 weeks, then of undulant type; there was progressive splenic enlargement, and the bowels constipated at the beginning but regular after first 2 weeks. The child remained somewhat apathetic and dull when the temperature was high, otherwise looked fairly well. On the 12th week she developed painful swelling of left wrist joint, which subsided after 4 or 5 days with rest and fomentation. Headache, joint pain and poor appetite were the prominent symptoms.

Radiological examination of the chest on the 6th week showed no abnormality. Blood for malarial parasites, thick and thin films, was negative on several occasions. Widal and Weil-Felix reactions negative in a 1/250 dilution on the 10th and 15th day of illness. No tubercle bacilli were found after several examinations of 24 hours' sputum by concentrated method. Examination of fasting stomach contents for tubercle bacilli was also negative. Routine examinations of stool and urine were negative.

Blood picture during the 5th week of the illness was:—

W.B.C. 3,600 per c.mm.
R.B.C. 4,460,000 per c.mm.

Differential count:—

Eosino. Nil
Baso. Nil
Poly. 38 per cent
Lympho. 49 per cent
Large mono. 13 per cent

No L. D. bodies found in sternal marrow. On the finding of progressive enlargement of spleen a few bi-weekly diagnostic injections of urea stibamine were given up to a total of 0.75 gm., but no effect on the course of the disease was

apparent and consequently urea stibamine was discontinued. A course of 600,000 units of penicillin during the 6th week also did not appear beneficial.

On the 7th week agglutination tests and cultures for the *Brucella* organisms were done with the following results:—

$\frac{1}{25}$	$\frac{1}{50}$	$\frac{1}{125}$	$\frac{1}{250}$	$\frac{1}{1000}$	$\frac{1}{2000}$	$\frac{1}{5000}$
+	+	+	+	+	+	+

Concentrated agglutinable suspension (Standard) *Brucella abortus* was obtained from Central Military and Pathological Laboratory, Poona.

Primary blood culture on nutrient broth and subculture on agar media showed non-motile gram-negative coccus bacilli with the following biochemical reactions:—

Glucose	Maltose	Mannite	Lactose	Saccharose	Dulcitate
Nil	Nil	Nil	Nil	Nil	Nil

From the serological and cultural report the infection was diagnosed as brucellosis (abortus fever).

T.A.B. shocks (4 injections at intervals of 4 days) were given with no appreciable effect. A pentavalent antimony preparation (Fantarin—Glaxo) was also tried in doses of ½ c.c., 1 c.c. and 1½ c.c. on 3 consecutive days and 2 c.c. on the 5th day without any appreciable result.

The patient was discharged from hospital at the end of 13th week at the request of her parents. She became afebrile after two weeks' illness at home (i.e. after the 15th week of illness) and is now in perfect health, attending school and taking part in outdoor games.

Abortus fever is unknown as an indigenous disease in Assam and this was probably an imported case.

We wish to express our thanks to Dr. A. S. Prowse for his kind interest in the case and also to Mr. F. J. Valentine for kindly allowing us to publish this note.

DIAGNOSIS OF PRESUMPTIVE AMOEBIC HEPATITIS IN A CHILD AGED TWO YEARS

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MANSON-BAHR in 'Manson's Tropical Diseases' reports an English girl of sixteen as his youngest patient and mentions the records of an Egyptian child of three months and some children of India of ten years of age suffering from hepatic amoebiasis. Barring these records of children under ten years of age suffering from