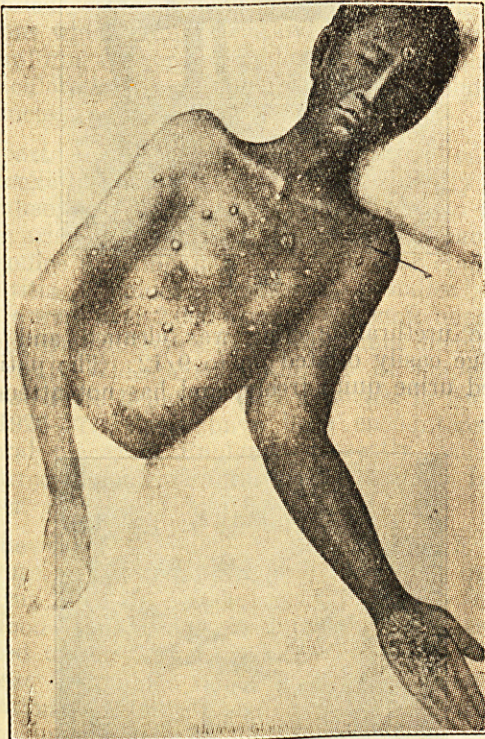


fluid, faint turbidity without any hæmolysis was noticed in two days. The same organism was isolated from the blood, the abscess and the pustules. The characters of the organism are described below:—

Culture.—Gram-negative, slender, rod-shaped, some in threads, non-sporing, non-motile (no motility seen in semi-solid agar deep at different temperatures). It forms a mucoid colony in 24 hours, low convex, 1 to 2 mm. in diameter, glistening, with entire margin, easily emulsifiable; in broth, faint turbidity and no pellicle. Growth more mucoid and greyish yellow on glucose agar. Faint café-au-lait on potato in 24 hours. On glycerine agar—white, mucoid growth. Dorset's egg—scanty growth, confluent, showing faint magenta colour. Loeffler's serum—scanty growth. Gelatin 20 per cent—no liquefaction. No hæmolysis on blood agar. On Mac Conkey's



agar after five days' cultivation, colourless colony, about 2 mm. in diameter, mucoid and of slight café-au-lait colour. No fermentation of sugars within 18 days. No change in litmus milk, slight alkalinity only after 18 days. Anaerobically—scanty growth. Glucose-agar shake culture—no growth seen except on the top. The organism is therefore aerobic and not micro-aerophilic. Growth slightly improved by CO₂, H₂S not formed; methyl red reaction slightly positive; Voges-Proskauer reaction and Indole negative.

Control tests were at the same time put up with *Pf. mallei* and *Pf. whitmori*, and all the reactions tallied with those given by *Pf. mallei*.

Serological.—A serum raised in rabbits against the organism agglutinated the organism and a

laboratory culture of *Pf. mallei* to full titre (1/6400), but no agglutination was seen with *Pf. whitmori*. Similarly a serum raised against *Pf. mallei* agglutinated *Pf. mallei* and the organism isolated to full titre (1/3200). Cross-absorption tests showed that both the organisms were serologically identical.

Complement-fixation tests with mallein and both the sera were equally positive, the one raised against the organism and the other against *Pf. mallei*.

Pathogenicity.—A male guinea-pig was injected intraperitoneally with 0.5 c.cm. of a one-day-old broth-culture. It died in two days. P.M.—Congestion in lungs, slight sanious exudate in pleura and peritoneum. Smears from exudate showed Gram-negative, capsulated bacilli. Cultures from peritoneum and heart's blood showed the same organism. A male guinea-pig injected with 0.1 c.cm. of the culture died in eight days with swollen testes (positive Straus reaction), nodules in the peritoneum, and positive blood culture. A dermal inoculation by scarification killed the animal in 21 days; there were inflamed vesicles at the site of inoculation; nodules in liver and spleen and blood culture positive. A guinea-pig fed orally with 1 c.cm. of the culture died in 10 days showing a positive Straus reaction. Rabbits injected subcutaneously and cutaneously showed ulceration at the sites of inoculation and died in 19 days. A monkey injected subcutaneously with 0.2 c.cm. of the culture died in five days showing ulceration at the site of inoculation, ulcers in eyes with purulent discharge, and marked emaciation; at post-mortem no naked eye changes were seen in internal organs but blood culture was positive. All these animal experiments were undertaken as soon as the organism was isolated and before it was fully identified, so that the organism might not lose its virulence in laboratory subcultures.

Our thanks are due to Dr. B. M. Paul and Dr. N. Dass for helping us in our animal and serological experiments.

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ASCARIASIS SIMULATING ACUTE ABDOMEN

TWO CASE REPORTS

By A. R. SEN, M.B., B.S.

Medical Officer In-Charge, Municipal Hospital, Amalner, East Khandesh, Bombay Presidency

Case 1.—A boy, aged 10 years, was admitted on 5th September, 1941, at 6 p.m. for the following complaints:—

1. Sudden pain in the right side of lower abdomen for six hours.
2. Vomiting and nausea for four to five hours.

History.—The pain started at about 12 noon; it was almost constant, and localized in the right iliac fossa. He had vomited three or four times.

Examination.—Pulse—110, respiration—24 per minute. Temperature—100.2°F. Tongue—slightly coated and moist. The patient was looking acutely ill. There was acute tenderness over the McBurney's area, and a small lump about the size of an egg was felt in the right iliac fossa. There was little rigidity of the abdominal wall. Hyperæsthesia in Sherren's triangle was present. White cells—10,670 per c.mm.

Provisional diagnosis.—Acute appendicitis.

Treatment.—The patient was put on Ochsner-Sherren treatment. At about mid-night he vomited a round worm, and slept for the rest of the night. Next morning, he was given carbon tetrachloride and oil of chenopodium in two divided doses at an interval of an hour, followed by a dose of castor oil after two hours. He passed altogether ten round worms. The lump in the right iliac fossa completely disappeared and the patient recovered.

Case 2.—A Mohammedan female, aged 18 years, was admitted on 10th February, 1941, for the following complaints:—

1. Acute pain in the right side of the abdomen for four days.
2. Jaundice and repeated vomiting for two days.

There was a history of a similar attack of acute pain in the right hypochondrium about six months before. The pain was colicky in nature, but did not radiate to the back. Stools were clay-coloured.

Examination.—Pulse—100, respiration—20 per minute. Temperature—99.8°F. Tongue—moderately coated and dry. Conjunctiva and back of the tongue were tinged yellow. Pain and tenderness in the right hypochondrium were present. Murphy's sign was positive.

Rectal examination.—Nothing particular. White cell—8,760 per c.mm.

A provisional diagnosis of acute cholecystitis (gall-stone?) was made and she was treated accordingly. On the following day her condition slightly improved. In the evening she vomited two round worms. Next morning, carbon tetrachloride with oil of chenopodium was given in divided doses followed by an ounce of saturated solution of magnesium sulphate. About 8 or 9 round worms were passed with stools. She felt much relieved. Jaundice disappeared completely. Afterwards she had an uneventful recovery.

Points of interest.—It is probable that the local lump in case 1 was produced by aggregation of round worms in the cæcum while jaundice and colicky pain in case 2 were due to their blocking the ampulla of Vater. The possibility of worm infection should be borne in mind in a suspected case of acute abdomen, especially in children.

A CASE OF CONGENITAL ABSENCE OF THE PENIS

By K. M. LAL, M.B., B.S., P.M.S.

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S. L., aged 50 years, came to this hospital because of difficulty in micturition.

On examination it was found that the penis was completely absent and that there was a small raised portion of skin at the site of the root of the penis. The urethral opening was in the middle of the perineum, about an inch in front of the anal orifice. The testicles were developed and hydrocele was present on both sides. The

secondary male sexual characters were all present (figures 1 and 2).

The patient stated that the penis had been totally absent since birth, and that he had had no difficulty in passing urine through the urethral opening. Only recently had he felt some obstruction.

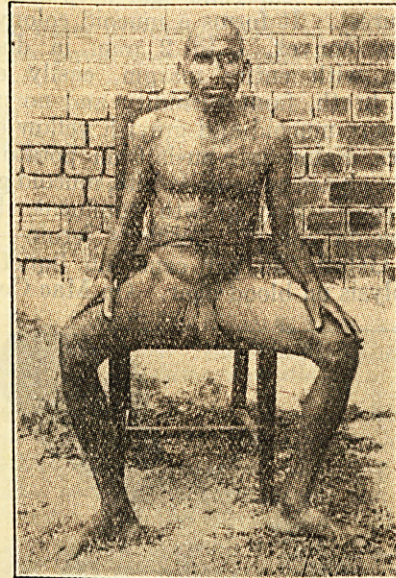


Fig. 1.

The urethral opening was cleaned and the passage easily dilated up to 9/12. The patient passed urine quite freely, and has not attended since.



Fig. 2.

The case is interesting from several points of view: (1) the congenital absence of the penis only, (2) the presence of the other secondary male sexual characters, (3) the presence of hydrocele, and (4) the age at which the patient first reported for medical advice.