A Mirror of Hospital Practice

A CASE OF TYPHOID-MENINGITIS—TREATED WITH CHLOROMYCETIN

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ENTERIC group of infection is very rare in Tea Garden practices. In my experience of 13 years I saw only three other cases of enteric infection diagnosed cinically and serologically as para-typhoid.

Details of the case.—Kanai, male, aged 16 years, Bengali Hindu. was admitted to Tara T.E. hospital in the evening of 19th May, 1953 with the history of sudden rise of temp. with rigor and severe headache. Duration 1 day.

On Examination.—General appearance, face flushed, dull and apathetic, eyes congested, temp. 103° (see chest p. 162). Pulse, slow (82).

On 21st May temp. 102°, tongue coated with clear margin, constipation, throat congested, tonsils enlarged, rales in left lung. Appearance as on admission but there were manifestations of toxæmia as evidenced by delirium.

On 24th May temp. 101.2°, spleen just palpable, stiffness of neck and insomnia. Kernig's signs doubtful, knee jerk and planter reflex absent. Lumber puncture, hazy C.S. fluid and under moderate pressure.

Laboratory Findings.—1. Blood slide for M.P. not seen.* 2. Urine nothing particular. 3. Total W.B.C. count on 1st examination it was 6300 per c.mm. blood and a few days later it dropped to 5050. 4. Differential count, poly. 50.53%, lympho 43.11%, eosino 3.53 per cent. monos 2.83 per cent. 5. Aldehyde test neg. 6. Widal test (1st week) neg. 7. Marris' atropine test did not accelerate the pulse over 12. 8. Hb. 14.7 Gms per 100 ml of blood. 9. C.S. fluid macro. hazy. Protein contents (qualitative test) increased (+ +). Globulin slightly increased. Micro. cell contents W.B.C., .. 280 per c.mm. Deposits (stained smear) no organism detected. Pus cells + +, Poly 45 per cent, Lymp 55 per cent.

Diagnosis.—It was diagnosed to be a case of typhoid-meningitis based on the following points.

1. A case of continuous fever with slow pulse from the beginning and extreme headache.
2. Appearance face flushed, dull and apathetic.
3. Tongue coated, with clear margin.
4. Progressive leucopenia with lymphocytosis.
5. Marris' atropine test did not acclerate the pulse over 12.
6. Stiffness of neck and early delirium suggestive of meningitis.
7. C.S. fluid hazy and was under moderate pressure, and protein contents was increased.
8. Responded well with chloromycetin.

Treatment.—Upto 4th day symptomatic treatment was given as codopyrin for headache, a course of camoquin (3 tablets single dose) to exclude malaria therepeutically. P/penicillin 900000 units daily for sore throat and bronchitis. From the 5th to 13th day treatment with chloromycetin 1st dose 2 capsules then 1 capsule every six hours. On the 9th day morning temp. came down to normal but in the evening temp. was 99.2°. This condition continued upto 11th day. From the 12th day the temp. remained normal. The stiffness of neck completely disappeared on the 11th day.

Conclusion (1) An unusual case of typhoid-meningitis has been recorded. (2) Temp. was continuous, pulse slow with extreme headache. (3) Marris' atropine test was in favour of an enteric infection. (4) Case responded well to chloromycetin, it was adopted early for the sake of patient's life so the widal test was negative after 1st week.

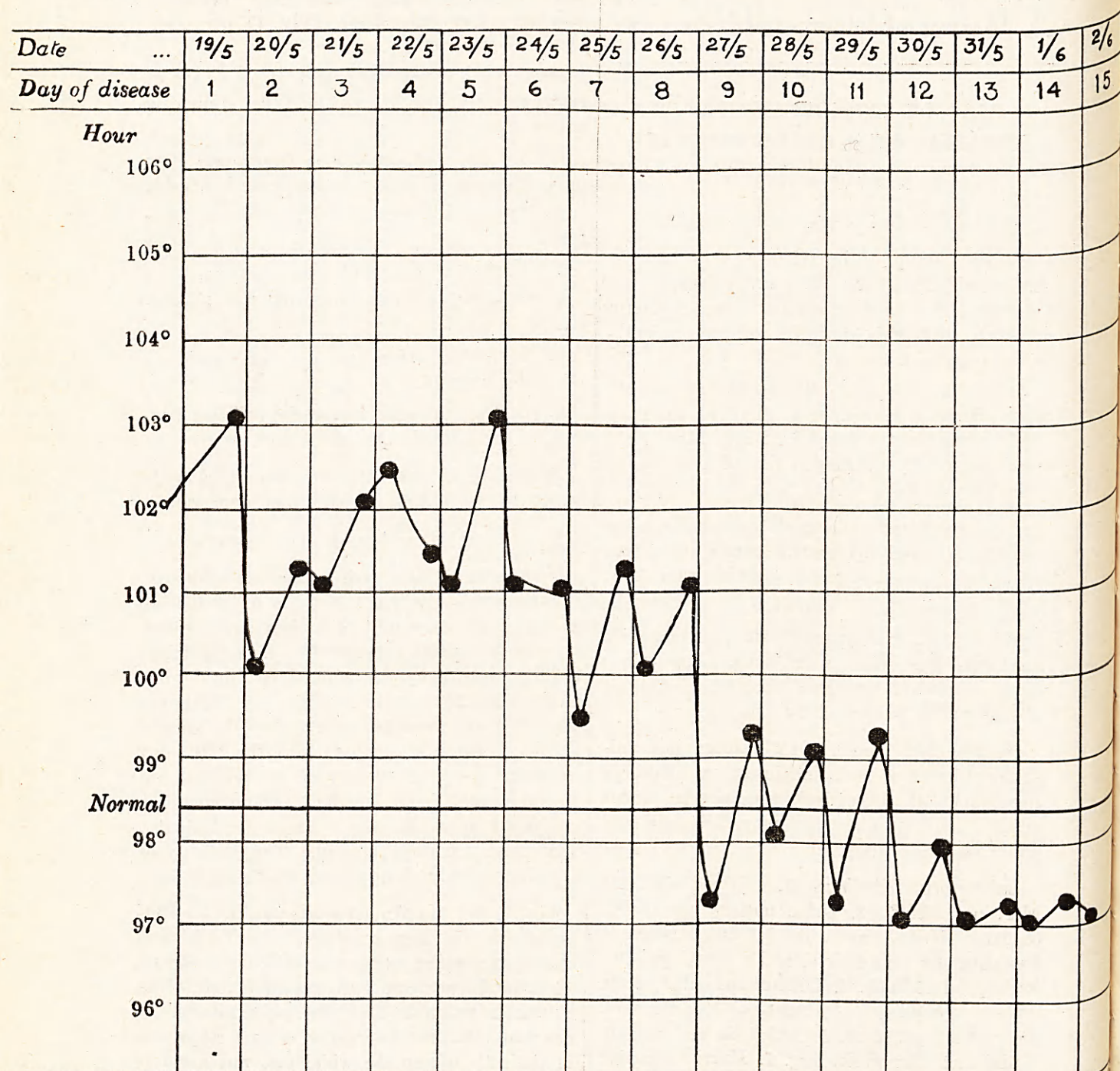
Acknowledgment

I am greatly indebted to my chief Dr. L. R. Flowers for his valuable advice and guidance for the treatment of this case and the Manager Mr. A. E. Taylor for his unfailing support for all medical affairs. I have to thank Dr. J. N.

* Fortunately the patient has survived : otherwise this omission might have proved serious.—EDITOR, *I.M.G.*

The observation on the rarity of Enteric Fever in Tea Gardens is noteworthy.—EDITOR, *I.M.G.*

Typhoid Meningitis



Batabyal, Pathologist, Central Laboratory, Doom Dooma and Associated Tea Companies for his help with laboratory findings.

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A REPORT ON TWO FURTHER CASES OF ENCYSTED GUINEA WORM ABSCESS

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In continuation of the cases reported by me in the Indian Medical Gazette, 1953, Page 391, I am reporting 2 more cases of this definite clinical condition with illustrative photographs:

1. M.P., sex. male, Shed Khalasi, and of extruding guinea-worm in some other area of the body. A swelling partially cystic and solid, 3½ inches in diameter, in the region of upper lumbar spine (Fig. 1, Plate XXX). Encysted abscess and entire dead worm dissected out (specimen No. 1 in photograph). Wound closed, but drained for 2 days as there was oozing. Healed by first intention.

2. N.P. Age 20 years, sex. male, Gangman. History of residence in infested area and of having extruded guinea worm in another part of the body. Partially cystic and solid swelling in the right popliteal fossa, about 4 inches in diameter. (Fig. 2, Plate XXX). Encysted abscess was dissected out in 2 portions, scraping the densely adherent base which was left in situ. The worm was removed entire. (Fig. 3, Plate XXX). Wound partially closed and the middle portion allowed to heal by granulation.

IDIOPATHIC VOLVULUS AND INTUSSUSCEPTION OF THE TERMINAL ILEUM IN THE ADULT

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THE common causes of Intestinal Obstruction are numerous and well-known. The rare cases of this condition are even more numerous; indeed, if one were to judge by the frequency with which they form the subject matter of case reports the possibilities would seem to be almost endless. The reporting of such cases is, however, justified by the fact that any surgeon operating on the abdomen may be called upon to deal with the most bizarre condition underlying intestinal obstruction and at such a time the experience of others under similar circumstances may be invaluable.

The hospital in which the writer works has 60 beds and deals with "cold" *surgical cases coming from all over the province of Orissa and all kinds of cases in the Phulbani District. It is one of the few hospitals in the whole province where major surgery is being done.

As seen in this hospital, the most common causes of intestinal obstruction in this area would seem to be simple bands and adhesions due usually to pelvic gonorrhœa† in the female. The latter conditions affect the small intestine and all causes of large intestinal obstruction are very uncommon.

The two cases described below were encountered within the space of two months. the obstruction being sub-acute in type in both cases and due to volvulus in the first case and intussusception in the second, affecting the terminal ileum.

Case 1

A female Oriya, Pano, of about 30 years of age, admitted on 2nd October, 1953, complaining of absolute constipation for ten days, generalised abdominal pain but no vomiting. The general condition was quite good, tempera-

*Not urgent.

†The supposed prevalence of gonorrhœa in the females in this part of the country needs further proof based on statistics.—EDITOR, *I.M.G.*