condition. His abdomen was distended, rigid, and tender, pulse was of high tension and he was frequently vomiting a yellowish fluid. Temperature was normal. There was absolute constipation for 24 hours and anuria for 12 hours. Soap water enema, turpentine and opium stupes, tincture belladonna, and stimulants failed to give any relief, and the man died after half an hour of admission. On post-mortem examination the gut, about three inches above the ileo-cecal valve, was found strangulated by means of a constricting ring, probably the vitelline remains. All the intestines below were gangrenous and very friable. The abdominal cavity was full of purple fluid blood and several mesenteric veins were found ruptured.

[Dr. Sen thinks the hæmorrhage took place from the ruptured veins, and would be glad to hear from practitioners their experiences as to the occurrence of this sort of hæmorrhage as a sequela of intestinal obstruction.—Editor.]

A CASE OF BACILLUS COLI PERICARDITIS.

By M. GANGULI, M.B.,

Calcutta.

P. Kartair, a Madrasi H. M., 19 years, was admitted into the Medical College Hospital in

The patient was put on quinine sulph. 15 grains daily and had 6 injections of cinchonidine bihydrochlor. 15 grains each, but with very little effect. During this time there was no change in any of the signs or symptoms.

On the 11th April examination revealed the

following:-

A distinct fremitus in the precordial region most marked in the 4th and 5th interspaces about 2 inches external to the midsternal line and a to-and-fro murmur corresponding to the systole and diastole and of the characteristic grating quality of a pericardial murmur.

Blood culture—Negative.

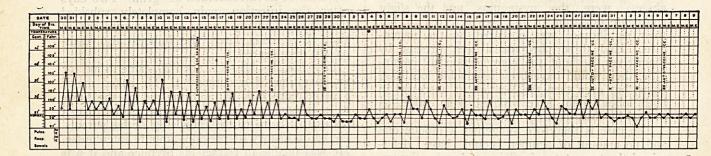
Blood count: R. B. C.—3,820,000 per c.mm.

W. B. C.—15,000 per c.mm.

Differential count: Polymorphs.—78 per cent. Large mono.—9 per cent. Small mono.—11 per cent. Eosinophiles.—2 per cent.

No malarial parasites discovered.

Cultural examination of urine showed a growth of bacillus coli. Autogenous vaccine made from the urine was started on the 14th April, beginning from 20 million and was increased to 40 million on the next injection. The same dose was continued till the patient had his 4th injection on 29th April, when the temperature came to normal and remained so for 9 days. The temperature then began to rise again and another course of 5 injections of 40 million bacillus coli each brought the temperature down to normal on the 30th May.



Lt.-Col. D. McCay's ward on 30th March, 1921, for fever varying from 100° F. to 104° F. with occasional cough and precordial pain of 20 days' duration.

On examination on the day of admission only an indefinite systolic murmur limited to

the apex of the heart was heard.

Apex—Normal in position. Lungs—Normal. Liver and Spleen—Normal. Temperature—90° F. Pulse—120 per minute. Respirations—28 per minute.

Blood count: W. B. C.—11,000 per c.mm.

R. B. C.—4,200,000 per c.mm.

Differential count: Polymorphs.—71 per cent. Large mono.—11 per cent. Small mono.—16 per cent. Eosinophiles—2 per cent.

Widal—Negative to T, A and B in dilutions of 1 in 20 to 1 in 160.

No malarial parasites found.

Since that date the temperature continued to be normal till the patient was discharged.

The pericardial rub could be faintly heard even when the temperature was normal after the 9th injection. It was doubtful after the 10th injection given on, 31st May. There was no trace of the rub after the 11th injection given on, 3rd June. Since then the rub was never heard again and the patient was discharged on 26th June, 1921, without any signs of peri- endo- or myo- cardial mischief.

## A CASE OF RHEUMATIC ADENITIS.

By GEORGE DESILVA,

Officiating Civil Surgeon, Chanda.

I was called to see a lady of high social position living in a well ventilated bungalow erected