

The stretchers were made in Zanzibar by local carpenters, and the iron work was executed in the Bazaar.

I have forgotten the exact weight, but so far as my memory serves me the extra weight amounted to about 6 lb. That this pattern of dhoolie

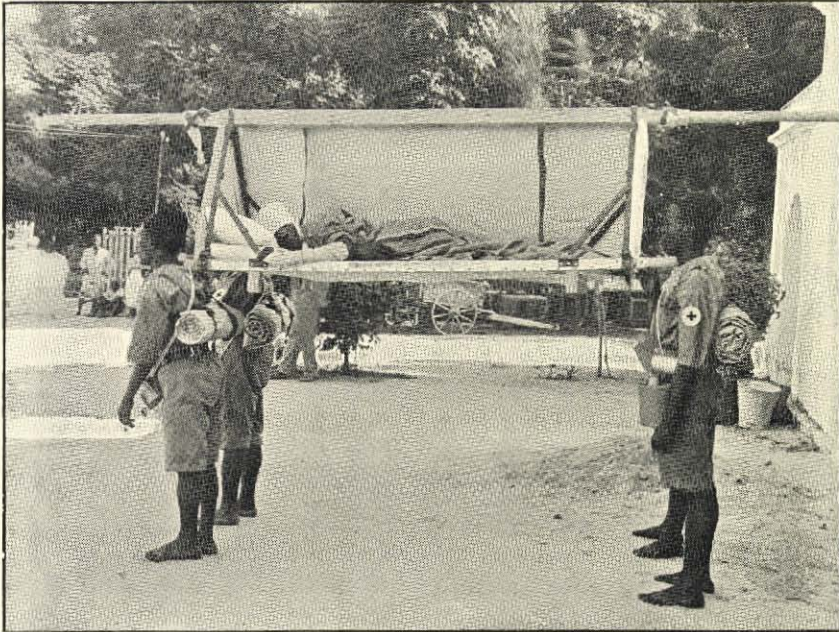


FIG. 2.

was approved of is evidenced by the fact that the Indian Field Ambulances accompanying the Expeditionary Force to East Africa requisitioned for some to be made and furnished to them, after the Officer Commanding had seen them working in the field.

AN INTERESTING CASE.

BY CAPTAIN J. H. DOUGLASS.

Royal Army Medical Corps.

GR. S. was given his third dose of "606" (0.6 grm.) on Saturday, June 20, 1914, his urine being normal and no contra-indications present.

On Sunday, June 21, at 10 a.m., he complained of headache with a temperature of 99.4° F., evening temperature 101° F. This condition was at first attributed to "606."

On Monday, 22nd, his blood was examined and subtertian malarial parasites were found in small numbers.

On Wednesday, 24th, at 8.15 a.m., he suddenly had an epileptiform fit, became dazed and unable to answer questions. At 10 p.m. he had another fit which lasted ten minutes, and at 4 a.m. on the 25th he had a similar fit. He died at 1.15 a.m. on Friday, 26th, his temperature running up to 108° F.

A post-mortem was held and subtertian malarial parasites were found in the choroid plexus of his brain and also in the spleen, which was enlarged.

The membranes of the brain were congested and a small breaking down area was found in the white matter between the temporo-sphenoidal lobe and the occipital lobe, which may have been a gumma; this is being investigated.

The case goes to prove that "606" has no curative action on the parasites of malignant or subtertian malaria, whereas according to French and Russian authorities it has on the benign tertian variety.

TYPHOID FEVER WITH SUPPURATING OVARIAN CYST.

BY LIEUTENANT H. G. C. MOLD.
Royal Army Medical Corps (S.R.).

THE patient, a female, aged 22, unmarried, was admitted to hospital on May 12, 1915, with a preliminary diagnosis of typhoid fever.

She had not had any illness up to four months ago when she had a cough and was "feverish"; since then she has had amenorrhœa. In January, 1915, she was inoculated once against typhoid fever. Shortly afterwards she was wounded in the left shoulder by shrapnel, but the wound healed quickly.

The present illness began four weeks ago with diarrhœa and abdominal pain. She was feverish and was bleeding from the nose, but had no headache. When she was admitted she was well nourished, but looked flushed and feverish, her temperature was 100.8° F. and her pulse 120 per minute. Her tongue was coated with a thick white fur, but was moist. The abdomen looked full and was very tender and rigid, especially so in the right iliac fossa. On palpation a large firm smooth swelling was felt, extending from above the symphysis pubis to the umbilicus; it was almost central but was inclined slightly to the right. The swelling was dull upon percussion and there was no fluctuation. A catheter was passed, but only two ounces of highly coloured urine were withdrawn and the swelling persisted.

Upon examination *per vaginam* the cervix was found to be pushed far over to the left side and the uterus was behind the tumour and to the left of it. The tumour appeared to be distinctly to the right of the middle line and was very tense. There were no breast changes and the

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An Interesting Case

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