

REFERENCES.

- [1] "Report of the Special Committee upon the Standardization of Pathological Methods," No. 1.—The Wassermann Test.
- [2] *Ibid.* No. 4.—The diagnostic value of the Wassermann Test.
- [3] HARRISON. *Ibid.*, ref. [1].
- [4] SATTA and DONATI. *Berlin klin. Woch.*, 1909, No. 41.
- [5] GUGGENHEIMER. *Munch. Med. Woch.*, 1911, p. 1392.
- [6] THOMPSEN and BOAS. Requoted, *ibid.*, ref. [1].
- [7] McNEIL, ARCHIBALD. Collected Studies in the Bureau of Laboratories, Department of Health, City of New York, 1917, p. 208.
- [8] ZINSSER. "Infection and Resistance." New York, 1917, p. 208.
- [9] (1) SMITH and McNEAL. "A Comparative Study of Different Methods of Performing the Wassermann Test for Syphilis." *Journal of Immunology*, December 1916, vol. ii, pp. 75-93.
- (2) SMITH and McNEAL. *Journal of Infectious Diseases*, 1917, vol. xxi, p. 233.
- [10] FIELDS and McINTOSH, *Lancet*, October 28, 1916.

NOTE ON AN ANOMALOUS CASE OF MENINGITIS IN WHICH
PNEUMOCOCCI WERE FOUND IN CLEAR CEREBROSPINAL
FLUID.

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PRIVATE J. P., aged 22, with twenty months' service in France, was in good health one morning in the trenches. That evening when marching back to rest-billets he was seized with severe pains at the back of the neck and in the legs. He fell out but was able to continue his march with assistance, taking his own time. Next morning he "went sick" and was excused duty for three days. No improvement taking place he was evacuated to the Base through the usual channels. The first record of his temperature was on the sixth day—104° F. His temperature was at the same level when he came under our observation on the tenth day; in the meantime it had never been below 102° F. When we first saw him his condition was suggestive of an infection by a member of the enteric group; he was very ill, very drowsy, had a dry, furred tongue, sores on the lips, tenderness in the splenic region, constipation, a temperature of 104° F. and a feeble pulse of 88. He complained of intense headache. Feeble tendon-reflexes could be obtained with difficulty, abdominal reflex was absent. There was a raised reddish blotchy rash chiefly on the limbs and especially noticeable on pressure points about the knees, elbows and ankles, but extending also to the soles of the feet. A blood-culture was negative and agglutination reactions gave no evidence that the case was one of enteric or paratyphoid. There was a leucocytosis of 20,800 per cubic millimetre.

Meningitis was suggested by the history of nuchal pains at onset, by slight stiffness of neck and back, by persistent intense headache, a "very doubtful"

Clinical and other Notes

Kernig, constipation and a slow pulse. There was no squint, little photophobia and no vomiting.

Lumbar puncture under local anaesthesia was performed at once. There was under considerable pressure pouring out in a steady stream. Twenty centimetres were removed. The fluid was "gin-clear" to the naked eye, contained a little blood and large numbers of Gram-positive lanceolate encapsulated diplococci, morphologically indistinguishable from the pneumococcus Fraenkel. No growth, however, was obtained at the end of three days in culture media. The possibility of the collecting tubes having been contaminated could be excluded. Apart from the blood there were no cells present in the fluid. The same evening the patient's temperature fell from 104 to 99.2° F. Next day his mental condition was much clearer, and steady and rapid improvement in all his symptoms had commenced: in two days his temperature had become normal and there was no return of pyrexia during the succeeding fourteen days for which he remained under observation. The rash disappeared gradually in three days. The second lumbar puncture was performed on the twelfth day of illness: the fluid was under lower pressure, and was again "gin-clear": a few micro-organisms similar to those described above were found; again these did not grow on culture. There was no blood in the centrifugalized fluid, but a considerable number of small mononuclear leucocytes were present.

The principal points of special interest in this case are:—

- (1) The slightness of the meningeal signs.
- (2) The close resemblance of the clinical picture to that of an enteric infection.
- (3) The very peculiar characters of the fluid.
- (4) The "crisis" coinciding with the first lumbar puncture.
- (5) The rash.
- (6) The complete absence of symptoms or signs pointing to a pulmonary infection.

NOTES ON SOME CASES OF GUNSHOT WOUND OF THE ABDOMEN IN A CASUALTY CLEARING STATION IN MESOPOTAMIA.

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THE following notes refer to some of the cases of gunshot wound of the abdomen which came under my care in No. 16 Casualty Clearing Station, during the fighting round Kut-el-Amara.

The earliest that any case reached the hospital after receipt of wound was four hours, and this case was not from the trenches (Case 6).

The average time between being wounded and reaching hospital was about sixteen hours, so that it is easily understood that a very fair number of cases reached us in a condition hopeless for operative treatment.

No mention is made of this class of case, or of cases arriving showing no abdominal symptoms. For practical purposes a case wounded in the abdomen and showing no abdominal symptoms after sixteen hours, can be looked upon

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Note on an Anomalous Case of Meningitis in which Pneumococci were Found in Clear Cerebrospinal Fluid

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J R Army Med Corps 1919 33: 274-275
doi: 10.1136/jramc-33-03-09

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