

wound. Digital pressure applied immediately. Calcium gluconate 10 c. c. intramuscularly given. Patient was frightened to see this. She was sick twice that day. Tr. Opium ordered for the night but could not sleep.

On 28th March. T. P. R. normal. Patient's condition was quite satisfactory. Was taking her medicines nicely. Necessary treatments continued. Wound was healed up. She was sitting up on the bed. That day when our doctor came for the round, she begged to go home, being frightened of having so many injections. The doctor did not allow her to go because she was very anaemic. Liver Extract stopped and Acetylarson continued once weekly.

On 29th, the patient was much happier than usual. She took all the medicine which was given. Before that she used to refuse. She had a very jolly nature. She talked and joked with the other patients. That day she sang a song in her language. She took her dinner at night and pretended she was sleeping. She was on the bed till midnight. No one took any notice because she was sleeping.

At 2 a. m. when the night nurse came to take the temperature the patient had disappeared. No body knew where, when and how she went. It was a moonlight night. We searched everywhere immediately but could not find one footprint even! She had no idea of walking after the operation and it is beyond our imagination how she ran away so quickly.

Case Report

Read at the Staff Nurses' Unit, W. F. P. M. Hospital, Madura.

Tropical Liver Abscess with Secondary B Coli Infection. 27. 2. 47.

A male aged about 50 years was admitted on 27. 2. 47 to our hospital. He was complaining of pain over the right side of the abdomen and chest attacks of fever off and on, frequent eructations, inability to digest any solid food and loss of appetite; duration about two months.

Family History—Negative.

History of Previous Illness. Patient had an attack of Dysentery about two years ago while he was at Sumatra and had treatment. Since then he has been having relapses of the same complaint every six months. Each time he had an attack he was treated by a local Doctor with 5 injections of Emetine with relief. Three months ago the patient had an acute attack of pain in the right side and upper abdomen, and was admitted to a hospital in Sumatra. Some pus was aspirated from the right lower chest, and he again was given Emetine injections. Since the patient had to sail for India, he was discharged from the hospital, and then any active treatment was discontinued. A month later he again had similar attacks of pain as previously and was admitted to our hospital.

Physical Examination. A poorly nourished individual about 50 years of age. Appeared to be very sick, and in great pain—anaemic—Temperature normal, pulse 72 per minute with fair volume and tension. Teeth artificial, Throat—N.A.D.

Chest. Diminished movements on the right side. Impaired resonance over the right base continuous with Liver dullness. Apex beat just outside the mid-clavicular line on the left 5th space. Breath sounds were feeble over right base. Heart sound—N. A. D.

Abdomen Liver palpable about a finger's breadth below costal margin and was very tender. Spleen was not palpable.

An X-ray of chest revealed lungs clear, right diaphragm pushed up and heart to the left. From the history elicited, clinical finding, and X-ray investigation a diagnosis of "Tropical Liver Abscess" was made.

Treatment and Progress. On 1. 3. 47 the patient was started on Emetine HCL. gr. 1 L. M. and given daily for 9 days. The 3rd day after admission about 125 c. c. of thick foul smelling pus was aspirated from the liver abscess. Culture of pus yielded B. Coli.

Again on 4. 3. 37. 150 c.c. of pus was aspirated. The general condition of the patient did not show any improvement. On 7. 3. 47 a large trocar and cannula were pushed into the abscess cavity under a local anaesthetic. Four kidney trays of greenish, foul-smelling pus were removed. The cavity was irrigated with Dakin's Sol. 1%. A rubber tube was inserted for continuous drainage. At this time the patient's condition was so serious that he was given a blood transfusion of 500 c. c.

After this the general condition improved and there was steady discharge of pus. The cavity was irrigated daily with Dakin's solution 1: 100

The skin around the outer sinus was protected by smearing Ung. Boric and zinc. The patient was mentally distressed about his progress. Daily it was the nurses' duty to explain to him the nature of his disease.

His wife was even more worried, and we had to patiently explain each day his progress. His diet was rich, and he was also ordered Fish Liver Oil, yeast, and iron. His weight improved, and the wound cavity was not reduced, and pus continued to pour out. Hence on 16. 4. 47 as a last resort a rib resection was performed under a local anaesthetic, and again irrigation with Dakin's solution was commenced, and later changed to Sulphanilamide 2% solution. On the 22. 8. 47. the Laboratory reported the swab from chest cavity negative for B. Coli. The patient made a good recovery and was discharged on 3.9. 47 at his own request with a small sinus, which healed up in our Out patients' Department.

The discouraging factor in this case was the long and protracted convalescence after adequate drainage. The interesting thing is that the chest fluid when aspirated contained B. Coli. instead of Entamoeba Histolytica which is usually found in normal cases.

The mystery of B. Coli in the chest cavity is not solved yet.

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