NOTE ON THE NATURE OF THE PARASITIC BODIES FOUND IN TROPICAL SPLENOMEGALY.

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Since the publication 1 of my description of the small parasitic bodies, found in the spleen of a soldier dying from one of the anomalous types of Indian fever, a considerable number of cases have been reported in which these bodies have been found, and the question as to their true nature and etiological relationship to tropical splenomegaly are becoming more important. The subject is rendered still more urgent by the interesting note telegraphic by Lanyon 2 from Assam, that he had found the parasites in cases of kala azar, as I suggested might prove to be the case, by spleno-puncture during life.

Excluding Bentley's cases, of which no particulars have yet been given, Donovan 3 has found the parasites in 16 cases, Manson and Low 4 in 2 cases, and Marchand and Leedham 5 report their occurrence in a German soldier, recruted in Tunis. To this case it is interesting to note that there is a history of a fly bite on the foot. In addition to these I have, within the last few days, detected these bodies in films made of the spleen and liver of two soldiers who died, one at Newport and the other at Netley.

One of these cases came from Dum Dum and the other from Barakeeapore, which is within a few miles of Dum Dum, and in each case the parasite was present in both liver and spleen. Particulars of these cases will I, hope, be published shortly.

My main object, however, is to point out the close resemblance of these parasitic bodies to some forms which have recently been described by Dr. J. H. Wright 6 in an article entitled "Protozoa in a Case of Tropical Ulcer (Delhi Sores)." In this case, which presented all the features of the Delhi sore, so well known to those who have served in the East, Wright found in the cells of the tissue—removed by curetting the ulcer—large numbers of small parasitic bodies which, from his description and those of microscopic photographs which accompany the article, leave no doubt in my mind that they are very closely analogous with the parasitic bodies now being found in tropical splenomegaly. Wright himself has no doubt as to the parasitic nature of these bodies, and proposes for them a new genus and species as Helicoma tropicaria.

In connexion with these parasites an interesting possibility has been suggested to me by Major Ross, who informs me that he has frequently found in the pus of Delhi sores large numbers of a flagellated organism, the Cercomonas hominis, and that possibly these parasites of Wright's may prove to be altered Cercomonas.

The frequency with which these sores occur in India and their superficial nature should facilitate the confirmation of Wright's observations. If the parasites detected were the natural cause of these ulcers, I am of opinion that they would be constantly associated with this disease, I think it not improbable that investigations into their life-history and the mode of their introduction into the human host may throw further light upon the corresponding problems in connexion with the parasitic bodies found in the spleen.

With regard to the nature of the spleen parasites three different opinions have been advanced. Laveran 7 and Ross, 8 each working with films supplied by Donovan, come to different conclusions, Ross seeing in these parasites of an altogether new genus, while Laveran, in his most recent note 9 on the subject, adheres to his original view that they represent a new species of the genus Piroplasma. Finally, to my own view, that these bodies represent an involution stage of a flagellate organism, I may now add the support of Marchand and Leedham, who subscribe to this theory. Manson and Low 10 while expressing no decided opinion on their nature, strongly dissent from Laveran's views as to their intra- corporeal existence. Certainly the failure in all cases to detect the parasites in the peripheral blood in a strong argument against their being intra-corporeal, and it appears probable that Laveran's conception of their being Piroplasma may have to be abandoned.

References.
1 British Medical Journal, May 1902, p. 1173; and November 21st, 1903. 2 Ibid., January 16th, 1904, p. 150. 3 Ibid., July 11th, 1903, p. 70; and September 1st, 1904. 4 Leedham, Journal of Pathology, and Bacteriology, 1904. 5 Leedham, Lancet, January 12th, 1905, p. 140. 6 Journal of Medical Research, vol. x. no. 3, p. 472; December, 1905. 7 Bull. Acad. de Medecine, November 3rd, 1903. 8 British Medical Journal, November 14th, 1905, p. 154; and November 21st, 1904, p. 1501. 9 Comptes Rendus de l'Academie des Sciences, December 11th, 1903.

LEAKING ANEURYSMS.

The following cases seem sufficiently interesting to be recorded:

R.A., aged 42, while at work about 4 p.m. on May 3rd in a coal mine, slipped and put his hand prevented himself from falling. When he regained his feel as though he had strained a muscle in his right arm. He continued at work, but had to desist an hour later, owing to a large swelling having formed on the lower side of the arm. He felt pain the arm, and shoulder, as he had felt two hours after the occurrence by Dr. Dickson, of Lochgelly, who detected slight pulsation in the swelling but the radial pulse was not appreciably affected. The arteries were noted to the patient was removed to the same evening to the hospital at Dunfermline. On being seen by me at 9 p.m. the swelling was the size of a Jaffa orange, was tense and tender, and pulsation was felt only between the right and the left radial pulses. On inquiry the patient stated he had never noticed any swelling in his arm previous to the accident, but had felt pain the arm and shoulder, as he had been greatly disabled with extravasated blood, and the patient was in great pain. It seemed evident there must be an aneurysm, probably of the axillary artery, which was leaking; notwithstanding the patient was removed by ambulance to this condition. I decided to ligature the subclavian artery, and as there seemed little likelihood of the arm recovering its vitality after ligature of the axillary, I decided to ligature the clots in the tissues, and as the patient's condition was grave, he would not be able to stand a second operation for amputation of the arm were gangrene to set in; but he had an amputation through the shoulder-joint, Dr. Tuke very kindly assisting at the operation. On account of the serious condition of the patient the operation to be performed as speedily as possible, and no investigation of the condition could therefore be made. The after-history of the case was uneventful, both wounds healing by primary union.

The second case was of an Arab whom I met while in Bagdad, Turkish Arabia. He had tuberous caries of the metatarsal bones, and a thoroughly seared the arm bones, and the patient left hospital with the wounds nearly healed. I saw him some six months later; he was then very anaemic owing to the leaking of blood from a small aneurysm of the communicating branch of the dorsalis pedis with the external planter artery. The aneurysm was the size of a hortcet bean. The condition of the foot was far from satisfactory owing to the extension of the tuberculous trouble. I therefore performed a second amputation of the foot.

On dissection of the removed portion of there was caries around the aneurysm but no speculum of bone was found to have entered the artery, but the atheroma was present. The condition had appeared to arise from tuberculous or traumatic arteritis, the latter being possibly caused at the time of the first operation.

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