

Montoux test was positive in 98% of the cases.

Result of tubercular meningitis even with heroic and persistent treatment was generally found disappointing : Cured (?) 5% ; Grossly demented and paralysed 62.4% ; Died : 32.4%.

Age incidence : Under Six month ;  
6 months to 1 year ;  
1 to 2 years ; 2 to 5 years.

Clinically the patient had fever, persistent convulsions, generalized rigidity and dementia with complete abrogations of intellectual functions.

Encephalitis due to virus infection, takes a heavy toll of life and inflicts terrible neurological and intellectual damage to the child life. Absence of Virology Laboratory is here keenly felt.

It is quite likely that some of the cases of encephalitis may be really of Tubercular Meningitis, as examination of cerebro spinal fluid does not always give unambiguous results.

#### **An Outbreak Of Cholera In A Dacca City Household**

**Joe L. Stockard**

**A. Q. Khan**

Moinuddin Dhali (65) went to his village at Hashail, Munshiganj, from Dacca on 11th November 1962, where there were a good number of persons suspected to be suffering from cholera. On the following day he had unaccountable number of rice watery stool and vomiting culminating in death on 14th November 1962. The body was brought to Dacca on 15 November 1962, and buried on the same night with customary ritual. The clothes

of the deceased were washed on the following day on the platform of the dug well. Shamsunnessa, the daughter of the deceased who had been attending the deceased arrived at Dacca on 15th November 1962, and had a mild attack of diarrhoea and vomiting on 17th November 1962. Her attack could not be bacteriologically confirmed. Since then there has been ten cases in the family from 19th November 1962, to 29th November giving positive (INABA) bacteriological results.

*Vibrio cholerae* (INABA) was isolated from the dug well, and also from one of the stored drinking water on 20th November 1962, and only from the dug well on 23rd November 1962.

#### **Serum Protein Changes In Acute Cholera** **Dr. Md. Abdur Rahman**

The serum of 100 healthy subjects in East Pakistan were examined by the use of paper Electrophoresis and the mean results were compared with the electrophoretic study of Serum of 33 cases of Cholera.

On comparison with normal values it was evident that all the components of serum protein in Cholera should high rise which was however of a differential nature as the different fractions of plasma Protein become elevated at different rates.

This fact suggests that the rise of serum protein is not a relative rise simply due to loss of water from the body but also it is dependent upon the loss of protein in urine resulting from Nephrosis in that disease.

Electrophoretic analysis of urine also corroborated this suggestion.

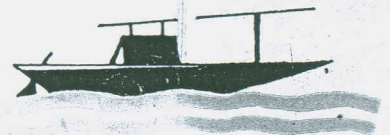
*Library,*

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