lend weight to the theory that the well was probably being contaminated by the old leakage from the petrol tank.

'The water supply of Beverley has recently been unpleasantly but not injuriously affected by kerosene contamination from the gas works. Due to a leaking underground pipe-line carrying the kerosene oil from the main tank, the oil had percolated through the ground, impregnating the well area.

The trouble has now been righted by the Council's action in having the pipe, which was not a lead one, put overground. The contamination extended downwards a good many feet and may take some time to be eliminated from the soil'.

Dye tests were carried out, by introducing first uranin and then fluorescein, into a nullah

flowing within ten feet of the well. A dam was put up across this *nullah* and the dyes were added to the reservoir so formed. The well was subjected to vigorous pumping for the next 12 hours. The dye could not be detected in the well water. This negative finding could not, however, be accepted as significant, as the *nullah* was a shallow channel and as the feeder springs to the well might be from a different direction and at much lower depths.

Tests were then carried out to eliminate the colour, taste and odour in the water of this well. The addition of a grain each of alum and lime per gallon (the pH of the untreated water being 6.4) followed by the addition of 1 grain (per gallon) of powdered activated carbon and subsequent settlement for 3 hours resulted in the production of a perfectly esthetic water

suitable for drinking purposes.

A Mirror of Hospital Practice

INFECTION WITH BERTIELLA STUDERI

By P. A. MAPLESTONE, D.S.O., M.B., Ch.B., D.T.M. (School of Tropical Medicine, Calcutta)

and
J. S. RIDDLE, M.B., ch.B., d.T.M. & H.
MAJOR, I.M.S.

(District Laboratory, Lucknow)

The patient, a European boy, aged five years, had two or three attacks of vomiting without apparent cause on the 29th October. He was given a dose of castor oil on the morning of the 30th and according to his mother passed a stool normal in appearance. About 2 a.m. on the 31st October the boy was seized with an acute attack of pain of a colicky nature, and although considerably relieved by a small dose of brandy he was brought to the British Military Hospital, Fyzabad, the same morning.

He was found to have slight abdominal pain but there was no tenderness. He was given a dose of magnesium sulphate mixture and shortly afterwards passed a stool containing a chain of tapeworm segments. That evening the temperature was 102.2°F. and there was slight abdominal pain and headache.

On the 1st November the temperature was normal and the patient passed several liquid stools after a further dose of magnesium sulphate, but no more worm segments were found.

On 2nd November the patient was given three doses of extract of male fern each of ten minims at seven, eight and nine a.m. respectively and the last dose was followed by a dose of magnesium sulphate mixture. No more tapeworm segments were passed and the boy was discharged from hospital the same day apparently quite well and he has remained well for over a month.

The abdominal symptoms were in all probability not referable to the tapeworm infection but were most likely caused by a moderately acute attack of gastro-enteritis of short duration such as children are commonly liable to, and the passage of part of a tapeworm was only a sequel to the brisk purgation to which the patient had been subjected.

The segments of the worm though somewhat decomposed stained well enough to enable their definite identification as those of a *Bertiella sp.* which according to the work of Adams and Webb (1933) is almost certainly *Bertiella studeri*.

Two cases of human infection with this parasite have previously been recorded in India, one by Chandler (1925) and the other by Maplestone (1930). Both these infected persons had lived in Eastern Bengal all their lives and were both Hindus. The present case is in a European child who during his residence in India has lived in Cawnpore for five months, Lucknow for two years and Fyzabad for one year, in that order. Other records of this parasite in human beings are from Mauritius four times, the West Indies twice and Sumatra once. It should be noted that Adams and Webb (1933) include a case reported by Mukerji (1927) but this is only a reference to the one recorded by Chandler, therefore the case of Adams (1935) is the ninth and the present one the tenth. In addition to the above ten cases in which either the whole or part of the worm was recovered Sharma (1930) claimed to have found the eggs of this worm in three stools out of 503 examined at Shillong.

REFERENCES

Adams, A. R. D. (1935). Ann. Trop. Med. and Parasitol., Vol. XXIX, p. 361.

Adams, A. R. D., and Webb, L. (1933). *Ibid.*, Vol. XXVII, p. 471.

Chandler, A. C. (1925). *Parasitol.*, Vol. XVII, p. 421.

Maplestone, P. A. (1930). *Indian Med. Gaz.*,
Vol. LXV, p. 258.

Mukerji, A. K. (1927). *Ibid.*, Vol. LXII, p. 695. Sharma, A. N. (1930). *Ibid.*, Vol. LXV, p. 200.