ABSTRACTS FROM CURRENT MEDICAL LITERATURE.

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MEDICINE.

In the April number of the Edinburgh Medical Journal, Major Robert A. Fleming, R.A.M.C., discusses his experience in dealing with Tropical Diseases at Salonika.

There is now a constant return home of men who are suffering from chronic infections of malaria and dysentery, and the subject is one of increasing importance to Pensions Boards and also to practitioners in this country.

A résumé of Major Fleming's article is appended:—

**Dysentery.**—The majority of the cases met with were bacillary. In this type the descending colon and splenic and hepatic flexures are the usual parts of the large intestine to be involved; in the amœbic group, on the other hand, the selected site of the lesion is the cæcum and ascending colon, the patient complaining of pain in the right iliac region. The author remarks, “It is only necessary to see one post-mortem of a severe case of chronic dysentery to realise how absolutely hopeless complete recovery must be.” Malaria is always a serious complication.

**Treatment.**—(a) Bacillary: Sod. sulphate (5i hourly for 6 to 8 hours) gave excellent results; in severe cases this was combined with subcutaneous injections of antidysenteric serum (20 c.c.). **Diet**—Beef tea, no milk, clear soups, jellies. Barley water in large quantities to diminish the danger of dehydration. Lavage of the bowel per rectum or by means of an appendicostomy gave indifferent results. (b) *Amœbic*: Emetine hydrochloride (gr. i daily for 10 to 12 days). This is combined with the administration of digitates to counteract cardiac depression. **Prophylaxis** of dysentery consists in the destruction of flies, disinfection of water-supply, and elimination of carriers.

**Malaria.**—Forms of extreme malignancy were met with, and these were invariably subtertian in type. Benign tertian was found to be readily cured, but was liable to relapses. In subtertian the attack persists for an indefinite time, and often causes great anaemia and debility, but once cured there is no risk of relapse. Some of the worst cases of subtertian malaria were practically afebrile. The author remarks, with reference to his experience of typhoid, paratyphoid,
and subtertian malaria, "We looked in vain for the typical text-book temperature." In the malignant type the organism is comparatively difficult to locate in the peripheral circulation—here a leucopenia with a relative increase of mononuclears associated with a tender spleen is of importance in diagnosis. Isolated facial herpes was a frequent clinical phenomenon. Cerebral malaria of the comatose type was met with; it is due to the blocking of the cerebral arteries by an enormous number of parasites. Cases complicated by diarrhea were found to be due, in the majority of cases, to a superadded infection by dysentery.

—DOUGLAS K. ADAMS.

Congenital Ædema.—Mr. David M. Greig, F.R.C.S.Ed., reports a case of this rare condition—congenital symmetrical Ædema of the feet in a boy of 6 weeks. Melroy, in 1892, first described this condition. In the case of his patient he was able to trace the existence of hereditary Ædema through six generations—he was unable to apply the Mendelian law in relation to the heredity. He summarises the characteristics of the disorder thus:—

1. Congenital origin with a steady growth corresponding to the normal growth of the body until adult size is attained.
2. Limitation of the Ædema to one or both lower extremities, the areas involved varying.
3. Permanence of the Ædema.
4. Entire absence of constitutional symptoms.—DOUGLAS K. ADAMS.

Reference is made in the Edinburgh Medical Journal (May, 1919), to an article by J. C. Regan (Amer. Journ. Med. Science, January, 1919), on the route to be followed in Lumbar Puncture. The author puts forward a strong plea for the adoption of the median route rather than the lateral.—DOUGLAS K. ADAMS.

The section on therapeutics, Edinburgh Medical Journal, June, 1919, contains a résumé of recent advances in treatment. Recent workers make a strong case for the treatment of Whooping-Cough by vaccine (Bordet bacilli, dose 250-1,000 million). "The conclusions reached by the various authors are substantially the same, and may be stated shortly to be that this vaccine therapy is free from harmful effects and from risk of anaphylaxis, that the paroxysmal stage of the disease is shortened, and its severity ameliorated, that vomiting is diminished, as would, of course, be expected from lessening of the spasms, that complications are fewer, and that the safety is such that vaccine may be administered to infants so young as six weeks."—DOUGLAS K. ADAMS.

Treatment of Sciatica.—Genretas and Bayliss record a total of 28 cases of sciatica, when great improvement followed the local application to the skin over the nerve of strong hydrochloric acid, in each case previous treatment had been unsuccessful. Allan and Parrish also record successful results on treating this condition by means of lumbar puncture.

The rationale of such treatment is obscure.—DOUGLAS K. ADAMS.

Reference is made in the Edinburgh Medical Journal (April, 1919) to the work of Dr. Donagh in Treatment of Staphylococcic Dermatitis. "Colloidal manganese given intramuscularly in 3 c.c. doses cleared up boils in three days. Smaller doses cause no inconvenience, and larger doses may cause
a severe reaction, therefore he prefers to commence with 1·5 c.c. and then go to 3 c.c. in a few days if necessary. Out of 100 cases 50 had the usual treatment with vaccines, &c., and the rest were treated with manganese alone. The first took fifty days on the average to be cured, and the latter only seven days.”

—DOUGLAS K. ADAMS.

In the Canada Lancet (May, 1919), Dr. Francis Heckel writes on The Grippe, its Preventive and Curative Treatment. He strongly urges rigid isolation. He states that in his experience patients undergoing arsenical treatment for other reasons are not attacked even when thoroughly exposed to infection, he therefore recommends, as a preventive measure, arrhéanal (10 drops at each of the two important meals of the day of a 5 per cent solution). Glandular opotherapy (suprarenal and thyroid) has also given good results in his hands in this direction. He also recommends spraying and “painting” of nose and pharynx, and the daily injection of cacodylate of soda.

The same journal, under “Therapeutic Notes,” refers to an article in the Practitioner claiming good results for the use of parathyroid in cases of Paralysis Agitans.—DOUGLAS K. ADAMS.

Books, Pamphlets, &c., Received.

Vicious Circles in Disease, by Jamieson B. Hurry, M.A., M.D. Cantab. With illustrations. Third and enlarged edition. London: J. & A. Churchill. 1919. (15s. net.)

On Gunshot Injuries to the Blood-Vessels: Founded on experience gained in France during the Great War, 1914-1918, by George Henry Makins, G.C.M.G., C.B. Bristol: John Wright & Sons, Limited. 1919. (21s. net.)

Aids to Ophthalmology, by N. Bishop Harman, M.A., M.B. Cantab., F.R.C.S. Eng. With 163 illustrations. Sixth edition. London: Baillière, Tindall & Cox. 1919. (3s. 6d. net.)

Notes on Galvanism and Faradism, by E. M. Magill, M.B., B.S. Lond., D.P.H., R.C.S.I. (Hons.). Second edition. With 67 illustrations. London: H. K. Lewis & Co., Limited. 1919. (6s. net.)

Autoerotic Phenomena in Adolescence: An Analytical Study of the Psychology and Psychopathology of Onanism, by K. Menzies. With a Foreword by Dr. Ernest Jones. London: H. K. Lewis & Co., Limited. 1919. (4s. 6d. net.)

Modern Medicine and Some Modern Remedies: Practical Notes for the General Practitioner, by Thomas Bodley Scott. With a Preface by Sir Lauder Brunton, Bart., F.R.S. Second edition. London: H. K. Lewis & Co., Limited. 1919. (6s. 6d. net.)

Dental Surgery and Pathology, by J. F. Colyer, F.R.C.S., L.D.S. Fourth edition, with illustration. London: Longmans, Green & Co. 1919. (32s. net.)