Trichinosis: A Clinical Study of Fifty-two Sporadic Cases.
By W. Gilman Thompson, M.D. (American Journal of the Medical Sciences, August, 1910).—The fact that the author has been able to obtain records of fifty-two sporadic cases during the past six years proves that trichinosis is much more common as a sporadic disease than is usually supposed. At least it is so in the vicinity of New York, where there are so many immigrants whose dietetic habits render them liable to infection. There were only two deaths in the series. The author considers that there should be no difficulty in making a diagnosis of trichinosis based upon the observation of the following symptoms:—

1. Acute onset, usually with vomiting and abdominal cramps.
2. A high grade of eosinophilia, invariably present; usually above 30 per cent, and frequently much higher—even above 50 per cent.
3. A high grade of temperature, often reaching 104° or more, and lasting, in lessening degree, for two to six weeks.
4. Puffiness of the eyelids and face, with pains in the eyes occurring in one-fourth of the cases.
5. Dyspnoea and diaphragmatic breathing occurring without cyanosis in about one-fourth of the cases.
6. The generalised muscle pains, cramps, soreness, and prostration, causing sometimes deceptive apparent immobility.
7. The sudden occurrence of symmetrical circumscribed corneal haemorrhages in a patient whose blood-vessels are not degenerated should give rise to a suspicion of trichinosis.—Archd. W. Harrington.

An Epidemic of Trichinosis due to Eating Boiled Ham, with Special Reference to the Occurrence of Eosinophilia.
By Henry Albert, M.D. (American Journal of the Medical Sciences, August, 1910).—The author reports fourteen cases of trichinosis, all traced to infected ham. Trichinae were found in the ham, and this, together with the occurrence of so many cases and the rather characteristic symptoms, made the diagnosis comparatively easy. A study of the epidemic reveals two features of special significance—the thermal death-point of trichine, and the value of eosinophilia in the diagnosis of trichinosis. The following conclusions are arrived at:—

1. Trichinosis is of far more frequent occurrence than is usually supposed. Many cases are diagnosed as rheumatism, typhoid fever, ptomaine poisoning, &c., or considered as obscure conditions.
2. Trichinosis usually results from the eating of uncooked, seasoned, or smoked pork or sausage, but may result from the eating of boiled ham which has not been exposed to a sufficient temperature for a sufficient length of time to kill all the parasites.
3. A temperature of 170° to 200° F., maintained from one to six hours, depending upon the size of the ham, no doubt destroys the trichinae in most cases.
4. The severity of the case varies with the number, and no doubt also the vitality, of the parasites.

5. The diagnosis of trichinosis occurring in isolated cases is frequently a matter of difficulty, and often can be greatly assisted by examination of the blood.

6. Eosinophilia occurs in practically every case of trichinosis. A few exceptions have been reported (Da Costa, Howard, Rosenberger). Some of these were cases of severe infection, and in others an examination was made too long after the time of acute symptoms to be certain whether or not eosinophilia was present at some time. The eosinophilia varies from 10 per cent to 60 per cent. The highest percentage so far reported is 86. So far as we know at the present time there is no condition in which the percentage of eosinophiles in the blood reaches such a height so constantly as in trichinosis. Eosinophilia appears about the seventh to the twelfth day after infection, a time when the acute muscular symptoms are beginning. It is highest at the height of these symptoms, which is usually during the second or third week after infection. After this time it gradually disappears so that the percentage of eosinophiles is normal at the end of the second or third month.

7. The total leucocyte count is usually, but not invariably, increased in trichinosis. The number of neutrophiles is relatively, and sometimes absolutely, diminished during the period of eosinophilia.

—ARCHD. W. HARRINGTON.

SURGERY.

Remodelling of the Architecture of the Os Calcis from Altered Statics and Restricted Muscular Action, the Result of Long-standing Ankylosis of the Astragalo-calcaneal joint. By Carl Lauenstein, Hamburg (Monatschrift f. Unfall-heilkunde u. Invalidenwesen, 17 Jahrgang, Nr. 10-11, Leipzig, October, 1910).—Lauenstein has just published an interesting short communication on the above. His attention was drawn to the subject by his being asked to give an opinion to the Court of Arbitration for Workmen’s Insurance in Hamburg, the case being that of a man who had been drawing compensation (Renten) during a period of fourteen years, on account of an injury to the right heel. As the result of an x-ray examination, Lauenstein found that there were structural alterations in the os calcis, and gave it as his opinion that compensation should be only reduced, and not entirely stopped as the insurance office wished to do. He opens the subject by declaring that if, accepting the principles laid down by Julius Wolff, we assume that the structure of the os calcis is the consequence of the weight which it has to sustain, the labile movement which it normally possesses, and the pull of the various muscles acting on it, then we must take for granted that changes in all or any of these factors will not be without influence on the architecture of the bone.

The patient, a stoker, was admitted to the old Seemannskrankenhaus in Hamburg, in October, 1896, being at that time aged 46 years. Two months previously he had, while at sea, met with an accident, falling in the stokehold of his ship from a height of 2 metres, and alighting with his whole weight on the right foot. He was taken into hospital at Smyrna, where he lay for six weeks. The surgeon who saw him at the time stated that the outer side of the foot was shattered (gesplittert). On admission to the hospital at Hamburg there was distinct valgus, thickening of the ankle below the malleolli, and filling up of the grooves on either side of the tendo Achillis. Neither active nor passive movements of pronation and supination were possible, and attempts to induce passive movements elicited great pain. There was marked tenderness over the external malleolus, and flexion and extension were possible, but to a limited extent. The part was supinated