ABSTRACTS FROM CURRENT MEDICAL LITERATURE.

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MEDICINE.

Tropical Diseases in the Balkans. By Aldo Castellani, Royal Italian Medical Service (Proc. Roy. Soc. Med., 12th June, 1917).—The author refers to the appalling number of cases of malaria, and the frequency of the pernicious type throughout the Adriatic and Balkanic zones during 1915-1916. He also refers to the protean nature of the disease. Some cases resembled scurvy, as in an outbreak near Skopolje, in September, 1915. The patients were pale and weak; had pains in the loins and limbs, and indurated swellings due to large extravasations of blood; bleeding from the gums and nose and, in two cases, from the stomach and intestine, in one from the lungs and bronchi, and in another from the kidneys and bladder. None had fever, but the presence of a large indurated spleen in two of the cases suggested malaria. The parasite was found, but only in 10 per cent of the cases. Under quinine the symptoms disappeared in from three to six weeks. Calcium lactate was found unnecessary.

Other cases closely resemble pernicious anaemia. A type of malarial polyneuritis resembles wet beri-beri. The comatose type was quite common; post-mortem examination of the brain of one of these cases revealed enormous numbers of malarial parasites in the capillaries. Another type resembles delirium tremens. Other types referred to are the cerebro-spinal, the hemiplegic and monoplegic, and the spinal. Cases also may exhibit mental symptoms.

The author next refers to cases of malaria simulating specific infections. The typhoid-like type was common. The onset was slow, the patient apathetic and complained of headache, tongue coated, fever continuous or subcontinuous, abdomen tumid, spleen generally palpable but not large or hard. The blood showed generally numerous ring forms, and quinine in large doses had no influence for a long time either on the fever or on the parasites. The bacteriological examinations for typhoid and paratyphoid germs were generally negative; very occasionally a case of mixed infection was found.

The undulant type of malaria is extremely rare, but exists. The fever yielded to quinine intramuscularly. The author also describes cases resembling Weil's disease, tetanus, hydrophobia, and, lastly, sleeping sickness. Many cases
simulate diseases of the digestive system, namely, carcinoma ventriculi, pseudo-dysentery, pseudo-cholera, cholecystitis, abscess of the liver, cirrhosis of the liver, acute haemorrhagic pancreatitis, appendicitis, and peritonitis. Other cases simulate diseases of the respiratory, circulatory, urogential systems, and also diseases of the skin.

With regard to diagnosis, he emphasises the great importance, in the Balkanic zone, in every case of keeping in mind the importance of malaria; of the necessity of repeated examinations of the blood; of remembering that quinine does not always influence the fever in malaria; and, lastly, of the importance of careful clinical examinations.

Prognosis is generally good, but recurrences are frequent.

Treatment by large doses of quinine is advocated, 30 to 60 grains or more daily. In serious cases intramuscularly; intravenously in pernicious forms. Other drugs given in association or alternately are picric acid, methylene blue, antimony, arsenic and atoxyl, salvarsan, &c. A useful mixture is—

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\begin{align*}
R. & - Quin. sulph., & & & 10 \text{ gr.} \\
& - \text{Acidi sulph. dil.}, & & & 10 \mu \\
& - \text{Tartar emetic}, & & & \frac{1}{2} \frac{1}{4} \text{ gr.} \\
& - \text{Codein}, & & & \frac{1}{4} \text{ gr.} \\
& - \text{Syrup}, & & & 1 \text{ dr.} \\
& - \text{Aq. chlorof.}, & & & \text{to 1 oz.}
\end{align*}
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Three times a day or four-hourly.

In addition, 15 gr. quin. hyd. intramuscularly one day, and next day 1 to 4 \mu phosphorated oil subcutaneously, and freshly prepared.

In typhus exanthematicus the rash may remain roseolar, and may be scanty or absent. A petechial rash, which he calls the Balkanic rash, caused by innumerable flea bites, might easily be taken for a typhus rash by the inexperienced medical man. Relapsing fever frequently co-exists with typhus, both diseases being carried by the louse. Parotitis, gangrene of the feet, polyarthritis, and neuritis, were common complications. As a prophylactic measure, under-clothing and uniform should be sterilised at regular intervals. The most useful insecticides were, in order of efficiency, kerosene oil and benzene, vaseline, guaiacol, anise preparations, iodoform, lysol, carabolic, naphthalene and camphor; for bed-bugs, kerosene oil is best; for lice among troops, the best powder is naphthalene or a menthol powder. Plain vaseline is useful.

In the treatment of relapsing fever he found salvarsan 0.3 grm. intravenously useful in some cases, but disappointing in others; 2 c.c. of a 2 per cent solution of tartar emetic, diluted to 5 c.c., is given along with the salvarsan.

The author concludes with remarks on pappataci fever, dengue, and camp jaundice.—James Scott.