MALARIA CONTRACTED IN FLANDERS.

BY
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THE following cases were admitted to a general hospital from various parts of the front:

CASE I had lived in Hull all his life and never previously left England. He came out to France in July feeling very fit, but on August 28th had pains in the head, followed next day by shivering fits. This continued every second day, and he was admitted to hospital on September 9th. The blood, examined the following day, showed the presence of a typical benign tertian parasite. He said that he had never been near Indian troops, but that he was encamped beside a river.

CASE II had lived in London and had never been out of England before. On August 29th he had an operation for appendicitis, which was followed three days after by shivering attacks. He had been in excellent health before. He had never been in close proximity to Indian troops, but said there was a small pond near where he was billeted. The blood film showed benign tertian.

CASE III had lived in Suffolk and had never previously been out of England. He said that he had attacks of shivering two months ago in France, but did not report sick. On August 24th he again had bad shivers, which occurred every other day. He said that he was in close contact with Indian troops. The blood showed benign tertian.

CASE IV belonged to Fifeshire. He had never previously left Scotland. He came to France in May feeling very fit and was only in contact with Indian troops one day. He had shivering attacks and vomiting a month ago. These attacks had continued ever since and occurred at night. He was admitted on August 28th; the blood film showed benign tertian.

CASE V lived in Staffordshire, and had never been out of England before. He was in close contact with Indian troops for three months. He was taken ill with shivering attacks and headache on September 5th; the shivering attacks occurred every day. The blood film showed benign tertian.

CASE VI, a native of Birmingham, had never previously been abroad. About the middle of June he was stationed at Portsmouth for about four weeks, and then proceeded to Bulford. After he had been there about a month he had a very severe shivering attack. He left for France about July 17th, and kept quite fit till the middle of August, when he had a severe shiver similar to the first. From that day to September 9th he had similar shivers every day. He was sent to hospital as "query enteric," but examination of the blood showed benign tertian. He was stationed near Indian troops.

The probable explanation of these cases seems to be that infection was conveyed by mosquitos either from Indian troops or troops who had been abroad. The last case is rather more interesting than the others, inasmuch as the patient is quite certain that his first attack occurred while stationed in England. The fact that for some time he was in a large seaport town where he was likely to come in contact with troops from abroad is to be noted. On the other hand it is possible that infection may be conveyed by some other means.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

RECRUDESCENCE OF LOCAL SEPSIS.

THE most interesting article by Mr. Bond on the recrudescence of local sepsis in completely healed wounds¹ reminds me of a number of cases I have come across in ordinary surgical practice. Here are, in outline, four of them:

1. An appendix abscess was opened; the patient's condition did not warrant search for the appendix. When the gridiron incision had healed the appendix was removed through Battle's incision; this healed by primary union, but the gridiron scar broke down and suppurated.

2. A man was admitted to hospital for obstruction due to adhesions eighteen months after a gangrenous appendix had been removed. The new incision healed; the old appendix scar suppurated, although the operation was an absolutely "clean" one, and the old scar was not touched.

3. A man had cellulitis of the foot. Weeks after it was healed he stood at a football match on a very cold day, drank more than was good for him, and went home fagged. The foot became red and swollen, and a small collection of fluid formed which was aspirated, and a pure culture of staphylococcus grown. The condition cleared up rapidly during the exhibition of an autogenous vaccine.

¹ BRITISH MEDICAL JOURNAL, September 25th, p. 467.

4. A man who ten months previously had had suppurative appendicitis developed croupous pneumonia. Just after the crisis the temperature went up, and the old appendix scar suppurated, discharging offensive smelling pus resembling in a mild degree that coming from the original abscess, and did not heal for five or six weeks. Here there was no traumatism, surgical or otherwise, to account for the suppuration.

Cases like these suggest that for long periods after a wound has healed organisms remain in the tissues—it hardly seems to depend on the presence of foreign bodies; there was no foreign body present in any of my cases—and that the recrudescence of suppuration depends upon some lowering of resistance or of the quantities of antibodies, or whatever happens to be the popular phrase of the moment to indicate that the soil is favourable to the growth of pus germs.

It would seem, *a priori*, that increasing the immunity by such means as autogenous vaccines prior to any further surgical interference would be the most likely way to prevent the recurrence of sepsis.

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Reports

ON

MEDICAL AND SURGICAL PRACTICE IN HOSPITALS AND ASYLUMS.

ALTRINCHAM HOSPITAL.

INTUSSUSCEPTION OF THE BOWEL: OPERATION AFTER FOUR DAYS: RECOVERY.

(By E. L. LUCKMAN, M.R.C.S., L.R.C.P., Surgeon to the Hospital.)

A boy aged 10 years was playing at school, when he was suddenly seized with pain in the right iliac region, and was taken home. When I saw him he complained of very acute pain in the region above-mentioned, which after a time became continuous. Hot applications were applied, but with little benefit. As he was constipated, warm enemata with soap and oil were administered, and there was a slight action of the bowel. There was some vomiting, but this did not relieve his pain. On inquiry I found that he had had a similar attack two years previously, which simulated intussusception. I gave him medicine to relieve pain, glycerine and belladonna fomentation to the abdomen, and warm oil enemata.

It was not until the fourth day that the parents gave consent to an operation. He was then cyanosed, with subnormal temperature and weak pulse. There was stercoraceous vomiting, and the abdomen was tympanitic and greatly distended, and there was some dullness in the right iliac fossa. The symptoms all pointed to intussusception.

He was removed to the hospital and put under an anaesthetic. I performed laparotomy and found 6 in. of the ileum invaginated; by gentle pressure the inner tube was squeezed out, the intussusception being thereby relieved.

We had to hurry with the abdominal sutures on account of his condition. It was with difficulty that the two sides of the incision were brought together on account of the bowels being distended with flatus. Two hours after the operation he passed flatus and the tension was relieved. His temperature and pulse afterwards ran a normal course, and he made an uninterrupted recovery.

The chief points to note are: (1) That the operation was on the fourth day; many authors state that it is hopeless to operate after the third day. (2) Six inches of bowel were intussuscepted.

THE *Journal of the American Medical Association* states that an action has been begun before the Supreme Court by Attorney-General Woodbury to determine the right of the State to sterilize defectives. The individual on whom the State Procreation Commission proposed to perform the operation is a young man, 22 years of age, one of a family of sixteen, practically all defective. To date, this family has cost the State 10,000 dollars (£2,000) for hospital care and maintenance. On the decision in this case depends whether the Procreation Commission will enter on its work of sterilizing mentally defective persons in New York.