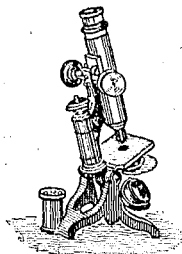


Medical Matters.

INFANTILE PARALYSIS.



A valuable analysis of 115 cases of this disease has recently been published in the medical press. Of these, 60 were females, and 55 males. In nearly all the cases, the deformity was in the lower limbs. The sides of the body were nearly equally affected. The ages varied from 6 weeks to 11 years, one-third of all the cases occurring before the age of two years, and a half before 3 years of age. In 41 cases there was no very marked onset, and very rarely was the onset with convulsions, or with pain, or said to be due to injury. In 15 cases the paralysis was extensive at first, and was, to a great extent, recovered from. Of the deformities resulting, 54 cases showed talipes equinus or equinovarus, and 23 talipes calcaneus. In most cases the paralysis was peripheral, the foot or leg being chiefly or only affected, whilst the thigh muscles escaped.

The tibial muscles are most frequently affected, and next to them the extensors of the toes, then the calf muscles and flexors of the toes. In the thigh the quadriceps extensor is especially vulnerable. Most of these cases were treated by subcutaneous section of contracted tendons and fasciæ then correcting splints, and later by exercise, massage and manipulations.

THE MALARIAL MOSQUITO.

Mr. Cantlie, whose opinions upon all Tropical Diseases command general attention, writes in the *Medical Times* that: The anopheles species of mosquito, to which is attributed the power of causing malarial infection by its bite, has up to quite recently been recognised from less harmful members of the same family by the position it assumes whilst resting. The elevation of the posterior part of the body of the anopheles during rest was looked upon as diagnostic of its kind. Now, however, several observers in Italy and elsewhere have come to the conclusion that the position is not universally applicable and that anopheles with powers of infection assume the more horizontal position of culex and other mosquitos which are harmless so far as malaria is concerned. To the zoologist this is a point of great interest, but so far as the laity are concerned

it is unwise to raise quibbles as to the power of the mosquito in the spread of disease. Besides malaria, several ailments are attributable to mosquitos, amongst others such dire diseases as filaria and, perhaps, yellow fever; and a wholesome dread of mosquitos and their bites should be inculcated in the minds of all tropical residents. Evil consequences are likely to ensue if persons pride themselves in the belief that there is no danger from bites of mosquitos in their neighbourhood, a belief engendered by a study of the mere position of the insect whilst at rest. All mosquitos should be dreaded. The Culex group is potent in the spread of filaria, and to wait for a diagnosis of the species before taking precautions is as insane a policy as to wait until the dog who has bitten one is caught and examined before the wound the dog has caused is rendered innocuous.

BUBONIC PLAGUE.

As it is of the greatest importance that such a highly infectious disease as the above should be recognised at the earliest possible moment wherever it may occur, it is well that the diagnostic features should be kept constantly in mind. The signs and symptoms of the disease were clearly described in a Memorandum by the Royal College of Physicians of Ireland (issued last September), and of which the following is an abstract:—Incubation period 2—8 days. Weakness in mind and body. Depression. Loss of appetite. Aching of limbs, and dull pains in the groins. Chilliness, giddiness, and palpitation. Fever setting in with headache, giddiness, drowsiness or wakefulness, or troubled dreams. Vomiting and diarrhoea may occur. Eyes bloodshot. The patient walks dreamily or staggers. Swelling of lymphatic glands takes place, especially in the groins, but also in the armpits, and sometimes (particularly in children) at the angle of the lower jaw. The glands are very painful and often slough. Bleeding may occur from from any of the mucous membranes and the skin may become covered with purpuric spots from blood extravasation. Death may occur at any time, usually from third to fifth day, or the patient makes a slow recovery. When the disease occurs as a pneumonia it is considered extremely dangerous and infectious.

At the present time many nurses are making enquiries as to points to be observed in nursing cases of plague, and the foregoing information will, therefore, be welcome.

[previous page](#)

[next page](#)