

Medical Matters.

MYIASIS INTESTINALIS.

Cases in which the intestine of a human being becomes the habitat of some form of fly, with the result that an ulcerative enteritis takes place, are, fortunately, rare; but the *Medical Press and Circular* records, from Vienna, a lecture by Professor Schlesinger on a case of this kind which occurred in his clinique. The affection is called myiasis intestinalis. The symptoms in Professor Schlesinger's case lasted one and a half years and were practically those of chronic ulcerative colitis, *i.e.*, chronic diarrhoea was present, the stools were very offensive and contained blood, pus and mucus, while emaciation and loss of strength were progressive. The diarrhoea occasionally intermitted, and at one time there were signs of intestinal obstruction. Tumours in the course of the colon were observed, but these were not always present and were doubtless due, as in cases of dysentery, to inflammatory thickening of the wall of the large bowel. No amœbæ, entozoa, or tubercular bacilli were found in the stools, but the diagnosis was determined by the intermittent passage from the bowel of large quantities of insects like maggots. At the post-mortem no larvæ were found in the bowel, but there were abundant ulcers in the colon, particularly in the cæcum, the hepatic flexure and the descending colon. The ulcers were annular and their margins undermined, while in the un-ulcerated parts of the mucous membrane the sub-mucous tissue was thickened. The muscular and sub-serous coats, also, showed thickening.

It is rather difficult to realise the conditions of life of the parasite in such cases as this. Professor Schlesinger concludes that the patient must at one time have swallowed a fly, which probably belonged to the class of diptera, because in that class the young are usually extruded from the maternal body, not as eggs but as larvæ, which are able to seek protection beneath the mucus of the alimentary canal. Once established in the bowel, they would irritate and set up inflammation of the mucous membrane, and subsequently ulceration. In the floor of the ulcer the larvæ would find a comfortable habitat. In order to account for the successive production of large numbers of larvæ without the survival of the original parent or the introduction of new parents he assumes that the larvæ may

be able to multiply (*pædogenesis*) in their abnormal position within the bowel, although it is known that they do not do so under ordinary conditions. One cannot help doubting whether the introduction of a fly was the original cause of the intestinal lesion. It seems more reasonable to suppose that an ulcerative colitis had occurred from the usual causes, and that the larvæ of the fly, accidentally introduced, were able to live in the intestine because they found the sloughing ulcers a suitable habitat. Professor Schlesinger points out that the diagnosis is very difficult, because the passage of larvæ per anum may only occur once in two or three months. He also mentions that raw meat (which is often useful in dysentery and other forms of colitis) is injurious in these cases because it forms a good diet for the larvæ.

HEADACHES.

Dr. Alexander Haig (*British Medical Journal*) says:—The treatment of the paroxysmal uric acid headache is the clearing of all available uric acid from the body and blood, and this is accomplished by: (1) Avoiding food or drinks which contain uric acid or xanthin; (2) not taking more nitrogenous food than physiology requires; (3) clearing out stores of uric acid already in the body from neglect of (1) and (2). (1) means the avoidance of all animal foods except milk and cheese, and of certain vegetable substances rich in alkaloids (as tea, coffee, &c.); (2) means taking enough albumen to produce from 3 to 3.5 grains of urea for each pound of body weight per day, but not more; (3) is generally sufficiently provided for by the change of diet, but occasionally it is necessary to give a course or courses of salicylates to aid elimination.

SURGICAL OPERATIONS A FROID.

At the Belgian Surgeons' Congress at Brussels the central point of attraction was a most able speech by Professor Sonnenburg, of Berlin, wherein this learned authority on appendicitis, with the help of two huge diagrams, demonstrated his experiences gained during a year's observation of appendicitis at the Berlin Moabit Hospital. He declared himself to be in favour of surgical operation *à froid*, for he found that whereas, when he had operated *à chaud*, he had a percentage of 18.7 deaths to record, after operating *à froid* his diagram registered a mortality of only 7.2, this being the result of treatment of 415 cases between 1900 and 1902. Most of those present advocated immediate operation in all cases.

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