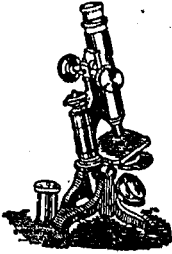


## Medical Matters.

### NOTE ON THE ETIOLOGY OF YELLOW FEVER.



Mr. J. B. Tombleson, whose article appears in the *Lancet* for August 29th, 1903, contracted the disease from a mosquito bite. He had a mild febrile attack lasting only two or three days, of the nature of which he was ignorant. Blood tests were made, and contained, among other germs, a short oval bacillus, almost coccoid in form. Some two weeks later he had a similar, though less severe, attack with similar findings in the blood. A month later he attended a fatal case of undoubted yellow fever, from the blood of which he isolated a bacillus similar in appearance to the one above described, and this time this special bacillus alone was found. Inoculation of cultures of the latter into various kinds of animals was followed by fatal attacks exactly resembling those of yellow fever. At the end of another month he himself was taken down with what turned out to be a modified attack of the same disease. In his blood the same bacillus was again found, the culture reactions of which are stated in full. Hence he assumes that the bacillus was found in his blood in two small febrile attacks; it was found in the blood of a typical fatal case of yellow fever; it was injected into and found capable of producing disease in a wild dog; it was injected into a monkey, producing a disease having the symptoms and typical ending of yellow fever; and it was found after death in the blood and tissues of the monkey in pure culture. It was inhaled by himself, and he, after an interval of eight or nine days, contracted yellow fever, cut short, as he believes, by the comparative immunity produced by the two mild attacks previously mentioned; his blood serum after recovery clumped a motile culture of the bacillus, and his blood, taken at the outset of the disease, contained the bacillus. He concludes that this chain of evidence goes far toward proving that this bacillus is the germ of yellow fever.

Modern science is fast proving the mosquito the most dangerous enemy to human life, as the undoubted agent of the diseases of malaria and yellow fever which annually slay many thousands. We hope science will also be able to show further, not only the way in which the mosquito is responsible for these dread diseases, but also how the pest may be exterminated.

### ACUTE COLITIS.

Although acute colitis is not commonly met with in general practice in England, still sporadic cases do occur, and even small epidemics, such as the one described by Dr. Cautley in the *Lancet* for May 25th, 1901. The experience of Dr. H. M. Evans, of Wilunga, South Australia, is therefore of interest. There is a paper of his published in the *Australasian Medical Gazette*, in which he describes an epidemic which came under his notice. He mentions forty-three cases, thirty-five of which were children, and of these five died. Of the eight adults none died, but the duration of the illness was longer in them than in the children. The symptoms were the classical ones, viz., pain and tenesmus, the passage of blood and mucus with no relief after defæcation, tenderness over the sigmoid, splenic flexure and cæcum [he does not say whether any part of the large bowel was palpable through the abdominal wall], moderate fever and great thirst, with a thinly-furred tongue, which, in bad cases, became dry, cracked, and brown. The description of the stools is of great interest, as it tends to show that the line of demarcation between mucous colitis and ulcerative colitis is ill-defined. They consisted of blood, mucus, and undigested food, but also contained rolled-up pieces of inspissated mucus like "grape skins." They were not offensive at the beginning of the illness, but became putrid in odour later on. No amœbæ were found in them. The fatal cases died in from thirty-six hours to fourteen days, and the duration of the other cases varied from three weeks to three months. Dr. Evans states that some cases became chronic, but he does not appear to have met with those relapses, or rather alternations of improvement and exacerbation, which are so disheartening in cases of ulcerative colitis in England. As regards treatment, it is noteworthy that, in the only case in which he tried sulphate of magnesia, it appeared to do harm.

### A DEFINITION OF INSANITY.

Dr. C. R. Burr, of Flint, Mich., in the *New York Medical Record*, defines insanity as "a prolonged departure from the individual's normal standard of thinking, feeling, and acting"—a definition which, he says, is sufficient for ordinary working purposes. A more comprehensive definition includes mental defect of whatever cause, and mental perturbation of whatever degree. It is somewhat startling to find mental perturbation of whatever degree regarded as insanity!

[previous page](#)

[next page](#)