

Medical Matters.

CROCODILES AND SLEEPING SICKNESS.



A most interesting report has been received in Berlin in regard to the work of Professor Koch, in connection with sleeping sickness. Dr. Koch, who, for the past eighteen months, has been living with one white companion on a desolate island in Lake Victoria Nyanza, belonging to the Sesse group, has been investigating the cause of sleeping sickness, a disease which he regards as an enormous danger to the whole of East Africa. Wherever it appears practically the whole native population contracts it.

Dr. Koch found that the *glossina palpalis* which conveys the germ of the disease (*trypanosoma*) breeds not only on the lake side, but along the banks of streams right up to their source. It can thus be spread along the whole course of the rivers.

So far the disease has been exceedingly fatal, but Professor Koch has found subcutaneous injections of arsenic efficacious in treating it. Constant medical attendance is necessary, and preventive treatment lies in the direction of keeping patients from going into non-infected districts. The Professor has found a distinct connection between crocodiles and sleeping sickness. Wherever the crocodiles are found, sleeping sickness is present also, but only in places near the banks. The blood of crocodiles, which it sucks between the plates of the animal's hide, forms the chief nourishment of the *glossina*. While it is impossible to exterminate the *glossina*, the same end may be reached by the destruction of the crocodiles, or of the bushes and undergrowth where they lurk. Dr. Koch, who attempted to destroy them with poisoned meat, found great difficulty in preventing the natives from seizing and eating it.

THE TREATMENT OF ANÆMIA BY TRANSFUSION

Dr. George Crile, an American surgeon, states that by observing a certain technique it is quite possible to transfuse healthy blood from one person to another with good results. Hitherto the results have been disappointing, and the method usually adopted in cases of severe hæmorrhage or threatened collapse during severe operations, is to keep up the fluid bulk of the blood by an infusion of saline solution. Dr. Crile, however, believes that by the method he advocates far better results can be obtained than ever before.

Scarlatinal Nephritis.

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It is a matter of common knowledge not only in the medical and nursing professions, but even in the average household, that an attack of scarlet fever often affects the kidneys—in fact, this information appears even in the domestic medicine supplement of the modern cookery book.

Now the phrase "affection of the kidneys" is a very terrible thing to the lay mind: it conjures up memories of relatives who have died a lingering death, or who have been chronic invalids from some form of Bright's disease, and, even amongst ourselves, scarlet fever is in some quarters regarded as a frequent cause of the attacks of sub-acute and chronic nephritis, which are, unfortunately, so common, and so damaging when they do occur.

As a matter of fact, scarlet fever does not so predispose to all the ills that the kidney is heir to, and it has occurred to me that a few notes on the pathology of scarlatinal nephritis may not be inappropriate, inasmuch as a clear understanding of the cause of the disease is essential to those who have to nurse its victims.

Let us first see what happens: a child has what is apparently only a moderately severe attack of scarlet fever: he is, we will say, "nursed" at home by a relative only. As he is not in any very obvious danger, the family take turns at looking after him for the first three or four days, and, just as they are beginning to consider whether it may not be "necessary" to call in a nurse, the patient gets apparently well: his temperature falls, the sore throat is less painful, and he is able to swallow. During the acute stage of his illness he has probably been treated by a bottle or two of some "cooling" medicine, and, if he is old enough, he has had to gargle his throat; if not, his lips and gums may have been washed with a little chlorate of potash solution. His bowels have been kept open, and his skin left alone, as it is dangerous to wash him. Even if the doctor suggests that a little warm water may be both grateful and comforting, its application has probably been overruled by the mother with her fear of the child's taking cold.

All goes well, and the patient has been out of bed for a week or so, and the parents are beginning to wonder whether the carbolic

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