

## Medical Matters.

### THE SPREAD OF TUBERCULOSIS BY FLIES.

The spread of tuberculosis by flies has become an accepted fact in spite of the absence of direct proof. Dr. F. T. Lord, of Boston, has fed tuberculous sputum to flies, and finds that the bacilli multiply in the intestinal tract and are recovered in large numbers from the excrement, which is very virulent when inoculated in guinea-pigs. Should it be proved that human infection is generally by way of the alimentary tract, it is quite evident that flies are partly responsible. The inoculated food, if not eaten for some time, becomes covered with bacilli. The moist living germs are much more dangerous than dried ones which are killed very soon by the very act of drying out. The employees of tuberculosis sanatoriums contract the disease so rarely that we can presume that bacilli coughed into the air by the patients are more or less harmless. There is one more argument, therefore, against the spitting habit which is so disgusting and dangerous to health.

### MODE AND DURATION OF CONTAGION IN SCARLATINA.

In a synopsis of an article in *Journal de Médecine de Paris*, Dr. Zilgien thinks that we are passing from the phase in which we believed that scarlatina was most contagious during the stage of desquamation into one in which we recognise the fact of its marked contagiousness during the period of the angina. He believes from his observation of such cases that after the acute symptoms in the throat have ceased in many cases the patient may be allowed to mingle with society without danger. The products of expectoration from the throat are the most dangerous means of carrying the disease. In other rare cases the contagion appears to continue long after desquamation is complete. The author describes a case in which there was severe angina and isolation was carried out. Some time later another attack of angina occurred and in this also isolation was carried out, and no contagion was carried to any other person, although a profuse desquamation went on for several weeks. To offset this case he describes an epidemic occurring in a school, in which one child seemed to be the source of contagion to others long after desquamation was complete. The author believes that the means of contagious infection is generally a suppuration of the middle ear, or the presence of adenoids, or hypertrophied tonsils, in which the means of infection is carried for a long time. Prophylactic treatment would include the care of the throat and nose especially, and

their daily disinfection as long as suppuration lasts.

### THE TREATMENT OF CHOLERA.

In our issue of September 26th we published a note on the great value of the intravenous administration of saline solutions, following a preliminary hypodermic injection of morphia, in cases of cholera, as reported by Mr. R. W. Burkitt, F.R.C.S.I., from Lower Assam.

Still later news comes from Shanghai of the success of the treatment by means of the transfusion of a saline solution. An instrument has been invented in Shanghai, which will shortly be patented in this country, by means of which the transfusion can be automatically made at a uniform temperature. The result of treatment by this method has been to reduce the rate of mortality to 17 per cent., a most encouraging result.

### THE PREVENTION OF MALARIA IN MAURITIUS.

Professor Ronald Ross, who has recently paid a visit to Mauritius to study the question of malaria and the means of combatting it in the island, recommends the adoption of the following preventive measures in his report on the subject:—(1) A periodical spleen census of children in schools and on estates; (2) treatment of children with enlarged spleen in schools and on estates, and a certain amount of quinine distribution; (3) occasional house protection; (4) mosquito reduction, where advisable, (a) by minor works, and (b) by major works; (5) a suitable organisation and an annual malaria report.

The Government of the colony has shown its anxiety to act on the suggestions laid down by Professor Ross, and the outlook as to the decrease of malaria in the island of Mauritius is therefore hopeful. The results will be awaited with interest in other parts of the tropics where malaria is prevalent.

### THE OXYGEN TREATMENT OF PUERPERAL INFECTIONS.

In M. Reynier's wards at the Lariboisière Hospital, Paris, women suffering from puerperal infections are especially admitted. M. Reynier directs his treatment only against the forms due to anaerobic bacilli and especially those of the diphtheritic type. It is common knowledge how intractable such cases prove to treatment. M. Reynier has nevertheless, says the *Lancet*, obtained good results with oxygen brought into contact with the interior of the uterus by means of a double-channelled sound, one side of which is connected with a cylinder of the gas. Under this treatment the general and local conditions have never failed to improve rapidly.

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