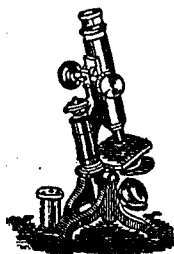


Society appointed to investigate sleeping-sickness in Uganda and Central Africa, and has had large tropical experience. The expedition will start for the Congo by the steamship *Albertville*, every facility for travelling having been placed at their disposal by Sir Alfred Jones, K.C.M.G., Chairman of the School, whose interest in West Africa and the Liverpool School of Tropical Medicine is well known. The objects of the expedition will be to report to the Liverpool School of Tropical Medicine, and through them to the Congo Free State Government, on the sanitary conditions of Boma, Leopoldville, and other important centres visited, and to make recommendations for the amelioration of existing sanitary conditions; secondly, to continue the work of trypanosomiasis, human and animal, commenced in the Gambia by Dr. Dutton in 1901, and continued for the past twelve months in the Gambia and Senegal by Dr. Dutton and Dr. Todd, including the occurrence and distribution of trypanosoma in the Congo, the carriers of the parasite, and the relation of trypanosoma to sleeping-sickness.

## Medical Matters.

### MORVAN'S DISEASE.



Morvan's disease, or painless whitlows, is not of common occurrence, and an account of it recently given in the *London Hospital Gazette* will be of interest.

This curious disease was first described in 1883 by Morvan. It was at first supposed to be a disease *sui generis*, but the occurrence of similar painless whitlows in syringomyelia, and the discovery of central gliomatosis in two fatal cases of Morvan's disease, has led to the grouping together of the two diseases. Syringomyelia is a disease associated with loss of sense of heat and cold, and to a less degree with loss of the sense of pain, and with muscular atrophy. It depends on an overgrowth of glia tissue around the central canal of the spinal cord. Cavities are sometimes formed within this central gliomatous mass, but they are in no way essential to the disease, and do not materially alter its symptoms.

In a case of Morvan's disease, on the contrary, recently under treatment at the London Hospital heat and cold, and to a less degree pain, were

profoundly affected, but in place of muscular atrophy, due to implication of the anterior horn cells, there was profound affection of the posterior columns. Not only were the knee-jerks abolished, but the child's gait was profoundly ataxic. In addition, trophic changes of an intensity rarely seen apart from this disease were present in both the hands and in the feet. These changes consisted in suppuration of the matrix of the nail, with ultimate necrosis of the terminal phalanx. The least injury produced indolent sores, which, when kept at rest, would heal, but which were usually prevented from healing by the child's insensibility to their existence.

On admission, the patient, a child of four, whose hands were large and coarse, and the fingers blunt, with broad, flat, badly-shaped nails, had a large whitlow on the thumb of the left hand discharging much pus. There were also smaller whitlows on the right hand, and indolent sores on the palmar aspect of many of the joints, also cracks and sores on most of the fingers, a large suppurating sore over the right patella, and a smaller one over the left knee, both caused by repeated falls on the floor and on gravel. Such falls led to no complaint of pain. Mentally the child was in no way backward. Her voice was curiously coarse and strident, her gait hurried and unsteady. If when standing steadily on a wide base her eyes were closed she fell at once, in this respect, as well as in her gait, resembling a patient with locomotor ataxy. Both on the arm below the elbow and the legs below the knee were large, badly-defined areas, over which the sense of heat, cold and pain were to a great extent lost.

### MILK BOTTLES AND TYPHOID.

Dr. C. A. Abbott, chief of the Bureau of Health in Philadelphia, warns the public says the *New York Medical Journal*, that during an epidemic of typhoid fever all bottles in which milk is served to customers should be thoroughly scalded before returning them to the milkman. Dr. Abbott says: "Milk bottles are one of the prime causes of the spread of typhoid fever. Milk forms the principal diet in the treatment of typhoid fever patients, and doubtless the bottles are frequently allowed to stand in the room of the sufferer. The typhoid germs settle in the milk that remains on the sides and bottom of the bottles, and, as milk is a first-class culture for the germs, they rapidly multiply in it."

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