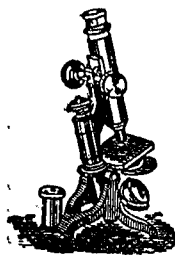


Medical Matters.

TRANSMISSION OF MALARIA.



In an article in *La Médecine Moderne*, Dr. Ph. Hauser concludes that while it is proved that malaria may be transmitted from a malarial patient to a healthy individual by means of the mosquito, it has not been proved that there is no other method of transmission. Malarial germs live outside of the human body in moist soil. Malaria may exist in regions totally devoid of anopheles. The infectious germ may live in the soil in some form as yet unknown and be transmitted to man through the air, or through the mosquitoes, which obtain it from the soil. The flagellate form of the plasmodium is merely the first step of the free life of the parasite. Man may become infected by drinking water in which infected mosquitoes have died, or by inhaling dust from dried marshes. Blood containing the parasite may transmit malaria by means of a handkerchief or other clothing stained by this blood. Infected mosquitoes dying in the marshes or in stagnant water set free the hæmatozoon, which may transmit malaria through the air alone.

HÆMOGLOBINURIC FEVER.

Dr. Walter Shropshire (*Journal of the American Medical Association*, September 5th, 1903) has obtained reports of cases of black-water fever from forty-one physicians of Southern and Eastern Texas and Louisiana, and from a study of the 173 cases reported by them and of twenty-nine cases observed by himself concludes that the affection is of undoubted malarial nature. In proof of this he offers the following:—(1) This disease always occurs in persons suffering repeated attacks of malaria (this was so in every case reported). (2) It nearly always follows one or more mild paroxysms of malaria at the proper time for its next exacerbation (to this there was but one exception reported). (3) It has all the characteristics of malaria, viz., chill, fever, and sweat. (4) When adequate examination of blood is made, the hæmatozoa of malaria are found. (5) Its habitat, that of most violently malarious districts, is sufficient to establish malaria as a causative agent, if not the only one. The only other cause alleged by a sufficient number

of authorities to merit consideration is quinine. As a result of his studies the author finds the evidence against this drug as a causative agent very strong. He summarises the evidence for and against quinine as follows:—Of the physicians reporting, 29·4 per cent. affirm it. When quinine was suspended in treatment, 73·8 per cent. recovered. Distinct recurrences of attacks after the first appearance of black-water in non-quininised patients, 9·8 per cent. Per cent. of cases occurring from quinine alone, 0. Per cent. of cases in which quinine was thought to aggravate, 5·9. Of the physicians reporting, 70·59 per cent. deny it. When quinine was administered, 83·1 per cent. recovered. Distinct recurrences of attacks after the first appearance of blackwater in quinised patients, 4·4 per cent. Per cent. of cases occurring from malaria without quinine, 15. Per cent. of cases in which quinine was thought not to aggravate, 55·4. Being a believer in the curative and not the causative action of quinine in hæmoglobinuria, the writer urges the administration of quinine in daily doses of 40 grains, administered hypodermically or intravenously, until the next period for an exacerbation is safely passed, and continued in half that dose until the second expected exacerbation is safely passed, when it should be discontinued for three or four days, and repeated in 20 to 30-grain doses every four to six days till five or six weeks have passed without a paroxysm.

A NEW PREPARATION OF TAR.

Recently a new preparation has been introduced under the distinctive title of Empyroform. This is a condensation product of formaldehyde and tar. It occurs as a dry, non-hygroscopic, brownish powder, with a faint and peculiar odour in no way resembling that of tar. By reason of its colour and feeble odour it possesses great advantages over tar. Its uses in cases of eczema has been described by Dr. Sklarek in the *Therapist* for August. He found that it is a very powerful itch-alleviating and desiccative agent. It causes neither local irritation nor toxic effects. By its aid patients can be slowly accustomed to tar, even when the latter could not previously be borne. Owing to its colour, greater cleanliness of dressings and bed and body linen is obtained than when ordinary tar is employed. We have recently been trying this new preparation, and so far can report very favourably on it.

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