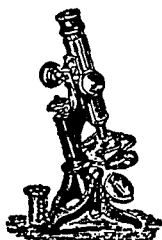


Medical Matters.

MALARIA AND BLACKWATER FEVER IN SOUTH-EAST AFRICA.



Dr. Ad Sechehaye, writing in a contemporary on the above subject, says as regards hæmoglobinuric or "black-water" fever in the Portuguese Littoral, that from the etiological point of view, if this special fever is not simply a form of malaria, it stands in close relation to it. The fact that geographically it only occurs in regions where malaria prevails, seems to prove this. Further, it is only after a certain term of residence in a malarial region, and after the subject of it has passed through several attacks of malarial fever, that the hæmoglobinuric fever occurs. On the other hand, it shows itself more readily in some districts than in others; for example, he has never known a case contracted to the south of Delagoa Bay, where, however, ordinary malarial fever is common, whilst to the north of the same bay, as at Antioka and its neighbourhood, it is not rare. At Spelonken, in the North of the Transvaal, where malarial fever has always prevailed, it appears, according to the observations of Dr. Liengme, that blackwater fever has only recently appeared. Again, starting from the principle that "methods of cure reveal the nature of diseases," we raise a new distinction in the fact that hæmoglobinuric fever is cured without having recourse to quinine. The majority of medical men indeed, who have written on the subject, admit that quinine, alike in small as in large doses, is more hurtful than useful in the way of treatment.

Whether it is a special form of the hæmatozoon of Laveran or another microbe altogether that is associated with the disease is not yet settled.

Dr. Sechehaye considers that extract of *Cassia Beareana* exercises a very positive influence on the hæmoglobinuria. Here in brief is his plan of treatment: Make the patient warm at any cost, secure complete immobility, give sixty drops of the extract of *Cassia Beareana* every two hours, and milk in the intervals, inject artificial serum hypodermically, if necessary, avoid quinine as long as the hæmoglobinuria is present or albumen is found in the urine; and later on, to prevent the return of the fever, give a grain or a grain and a half of bisulphate of quinine every two or three hours, while keeping watch over the state of the urine.

Lectures on Anatomy and Physiology as Applied to Practical Nursing.*

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LECTURE IV.

(Continued from page 304.)

Coming next to the "nerve centres," we find that these are composed of nerve cells or *ganglionic corpuscles*, which are oblong bodies consisting of a soft, semi-solid substance, in the midst of which is a large, clear, and transparent area, which is known as the *nucleus*, and within which is generally a smaller body, termed the *nucleolus*. Each corpuscle sends off prolongations, which may divide and subdivide, finally being continued into the ordinary nerve fibres. The brain and spinal cord,

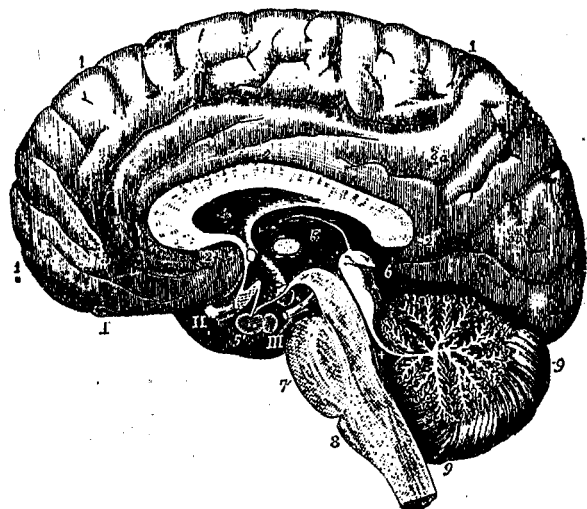


FIG. 31.—Brain divided in half, showing 1, 2, 3, 3a, 3b, Convulsions of the Brain or Cerebrum. 7, Pons Varolii; 8, Medulla and top of the Spinal Cord; 9, the Cerebellum. I. Olfactory bulb; II. the Optic Nerve; III. The Third Cerebral Nerve.

which occupy the cavity of the skull and spinal column, are invested by a very vascular, fibrous tissue, which is called the *pia mater*, over which, again, is a very tough, fibrous membrane, the *dura mater*, which coats the bony walls of the cavities; between these is the *arachnoid membrane*, which forms a sort of closed bag between the two, and which secretes the *arachnoid fluid*. The spinal cord is a column of greyish-white substance extending from the top of the spinal canal, where it is continuous with the brain to about

* These Lectures commenced on October 6th, 1906. Back copies of the Journal (post free 3d. each) can be obtained from the Offices.

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