

Medical Matters.

A SLEEPING SICKNESS COMMISSION.



A fresh Commission is being organised to proceed to East Africa to study sleeping sickness under the auspices of the Royal Society. This will be in charge of Colonel David Bruce, C.B., F.R.S., R.A.M.C., who goes for the second time to East Africa in connection with this particular work. He will be accompanied by Mrs. Bruce and by Captain Hamerton and Captain Bakeman, R.A.M.C. The Uganda Protectorate is preparing a laboratory in the province of Chagwe, two miles from Lake Victoria, for the use of the Commission. The spot chosen will be within five or six miles of one of the concentration camps organised by the Government, where sleeping sickness patients are under treatment. The work of research will include the study of the natural history of the fly and also of Dr. Koch's theory that crocodiles provide foodstuffs for the *Glossina palpalis*. The Commission will also investigate the question whether the lower animals harbour the parasites and the exact method by which the fly transfers the parasite. The Commission will leave England on September 25th.

THE STATUS LYMPHATICUS.

Interesting evidence was given at an inquest recently held by Mr. Troutbeck with reference to the death of a child in the Bolingbroke Hospital, while undergoing an operation on the throat. Dr. E. A. Peters, of Wimpole Street, surgeon in charge of the throat department at the Bolingbroke Hospital, said he told the operating surgeon that it was a suitable case for operation. The operation was carried out quite successfully. Having seen the autopsy, the witness was of opinion that the child's *status lymphaticus* was the principal factor in causing death. Unfortunately he had never known of a case of *status lymphaticus* having been recognised, and the operation being successful. The witness did 50 or 60 of these operations a week, and he never knew when he was coming across a case of *status lymphaticus*. He was in dread of them. Dr. Trevor, who made the autopsy, said the operation could not have been better performed. The Coroner said this was a subject that was now receiving considerable attention from medical men, and must cause them considerable anxiety. They were told by all the medical men engaged in the case

that there were never any external signs to denote the lymphatic condition, while Dr. Trevor had told them that he never saw so marked a case.

THE EYES OF EPILEPTICS.

The results of some observations made upon the eyes of epileptics between the attacks, undertaken by Dr. A. Rodiet of the St. Yon Asylum, Dr. P. Pansier of Montpellier, and M. F. Cans of the Asylum of Mondevergues, have been published in recent numbers of a French medical journal. These observers, says the *Lancet*, who have had large opportunities of investigation, find that slight dilatation of the pupil may be noticed during the period of depression that follows the paroxysm, and that whilst the ordinary reflex phenomena take place their character is often disturbed, as, for example, by hippus and by paradoxical reflex. In addition injection of the conjunctiva accompanied by anæsthesia or hyperæsthesia may be observed which is not only very well marked during the phase of clonic spasms but remains for some time after. The fundus of the eyes presents a certain degree of hyperæmia which lasts for an hour or two if the case is slight, but if severe may persist for 12 hours. In the intervals of the attacks the papilla is pale and the retinal vessels are small, probably indicating general anæmia. In epileptics of old standing, or presenting very serious attacks, neuritic troubles or grey optic atrophy may be seen. Not infrequently, if the state of conjunctival and temporary retinal congestion recurs at short intervals, a permanent condition of hyperæmia is induced, so that with pallor of the papilla there is great passive congestion of the retinal vessels. Occasionally the choroid and retina show well-marked pigmentation highly suggestive of hereditary syphilis. There may also be irregular contraction of the field of vision not amounting to hemianopia especially noticeable just after the fits.

DANGER IN PUBLIC TELEPHONES.

It is easy to understand that infection may be conveyed through the mouth-piece of a public telephone, which is used by hundreds of persons during the day, some of whom may be suffering from tuberculosis of the lungs, follicular tonsillitis, or even diphtheria. It is certain that the mouthpiece of such telephones should be frequently cleansed—one which could be removed and boiled would be an excellent arrangement. An ingenious little telephone cap is made by Jeyes' Sanitary Compounds Company, Ltd., which is impregnated with Jeyes' fluid, and is easily fitted to the mouthpiece of any telephone.

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