

Medical Matters.

PELLAGRA IN ILLINOIS.

In connection with the question of pellagra, which just now is receiving so much attention, the *Lancet* publishes an interesting account of an outbreak at the Peoria State Hospital for the Insane, Illinois, U.S.A., where there are 2,150 incurable lunatics. In August last Dr. G. A. Zellar, the Medical Superintendent, discovered and reported several cases, and Capt. J. F. Siler and Capt. H. J. Nichols, of the United States Army Medical Corps, were at once despatched to study the disease in co-operation with the medical staff. Their report, now issued, shows that after careful examination of all the inmates and excluding many doubtful cases, it was decided that 175 of the men and women were pellagrous, and that some 70 per cent. of these had suffered from previous attacks. It is now calculated that the disease has been prevalent, but unrecognised, in the asylum for at least four years, during which time complaints have been received, from friends of inmates who had died, of sunburns on the backs of the patients' hands; coroners' inquests have been held on patients who were thought to have incurred severe scalds of the feet; and attendants have been dismissed for supposed carelessness while administering hot baths. Diarrhoea, dysentery, and ulcers in the colon at necropsies were present in some cases, but a faulty water supply was held to be responsible for some of these symptoms. The patellar and plantar reflexes were abnormal in about three-fourths of the patients, and were usually excessive. Cultures of the blood, spinal fluid, and spleen pulp were negative. There was no evidence that the maize, on which the patients were fed to the amount of two ounces per day, was diseased, but the investigators state: "The possibility of an intoxication from bacterial action on maize products in a damaged intestine is considered the most promising field for study." One of the arguments in favour of the protozoal nature of pellagra is the mononuclear increase in the blood of patients, but at Peoria this increase was not found. The complete freedom from pellagra in this asylum of the resident staff, physicians, attendants, and servants makes it difficult to understand how the infection can have arisen through any biting insect, and as nearly all the pellagrous patients had been resident in the asylum for periods varying from two to seven years, we must agree with the report that there is "a strong indication that the exciting cause of the disease is present in the institution."

Referring to the striking photographs of the

disease published in the "Pellagra Number" of the Illinois State Board of Health Bulletin, our contemporary makes the interesting suggestion:—The well-marked symmetrical eruptions are doubtless due to the fact that the asylum is managed without restraint; the windows are not barred and the grounds are not enclosed by any wall or fence; hence the exposure to sunlight during the summer months is practically unlimited.

THE MANAGEMENT OF CHILDBED.

The *British Medical Journal* draws attention to an interesting work on the Management of Childbed, by a German writer, Dr. F. Fromme, "Die Physiologie und Pathologie des Wochenbette." According to our contemporary, Dr. Fromme is a convinced advocate of what Dr. Ballantyne, in a recent communication to the Edinburgh Obstetrical Society, called "The Rational Puerperium." He excludes from his general rule cases of exceptionally long labours, of operative delivery, cases in which fever is present, or any other complication. But in a healthy lying-in after a natural labour he advises that on the first, second, and third day the patient should sit up for about an hour morning and afternoon, and that she should get up on the fourth or fifth day. He does not press this on patients who do not feel equal to it. But experience has convinced him that in a natural puerperium the patient is all the better if she gets up soon instead of keeping her bed a long time.

Methods of procuring asepsis by antiseptics of course receive due consideration. The author, by implication, though not explicitly, accepts the views of Sir Watson Cheyne that the effect of pathogenic microbes is largely a question of dosage; that sterilisation of the hands and everything else that comes into contact with the patient is a practical impossibility. All that can be done, and in good hospitals is done, is to make the dose so small that leucocytes can deal with it. The methods of Lord Lister and Sir Watson Cheyne are such that any general practitioner, or any midwife who understands them, can carry them into effect without difficulty. But Dr. Fromme will have him wash his hands for five minutes in flowing hot water with soap and a nailbrush; then dry them with a sterile towel; then wash them for five minutes more in a 70 to 96 per cent. alcohol; then two minutes in 1 to 1,000 solution of sublimate. And after this procedure he is to put on sterilised indiarubber gloves. Does he really think, asks our contemporary, that the average German midwife, or German general practitioner, will go through all this performance,

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