

## MEDICAL MATTERS.

### FEBRIS WOLHYNICA.

A perfect maze of publications, long and short, with this heading has appeared in the German and Austrian medical press, says the *British Medical Journal*, which has been drenched with a sort of printer's drum fire on this subject. Out of this tangle, Dr. Oluf Thomsen, of the Serum Institute of Copenhagen, has picked out the most salient features of a disease which was practically unknown before the war, except to Polish physicians, who seem to have regarded it as a form of malaria. Early in 1916 the disease was observed in soldiers on the German Eastern front. Its geographical name, *Febris wolhynica*, was as misleading as its symptomatic name, *Febris quintana*, which suggested a variety of malaria, for it was observed also on the Western front, and no bodies resembling the malarial parasite have been found in the blood, and laborious searches for them have been made. It presents many of the characteristics of trench fever. They may, indeed, prove to be identical, though Wolhynian fever, as referred to by certain German writers, would appear to be a very definite fever, with a far more uniform clinical picture than that of trench fever. According to Dr. Thomsen, the first symptom is lassitude, followed in a day or two by a sudden rise of temperature to about 40° C. The early symptoms, which may be preceded by rigors, are a sense of great heat and profuse sweating. The patient is giddy, and his muscles feel bruised. A very characteristic and most unpleasant symptom is pain in the legs, especially the shins. This pain—gaiter pain—is often worst in the evening or at night, and is stabbing, boring, or burning. After lasting about forty-eight hours the temperature falls almost to normal, and this may be the end of the attack. It may, however, recur as often as ten or twelve times, at intervals of five to six days. These intervals may last only two to three days, or may be as long as seven to eight. The prognosis is good, and the disease is seldom if ever fatal. Slight jaundice, great pallor, herpes, a scarlatiniform or small papular rash, and slight enlargement of liver and spleen have all been observed. There is an absolute and a relative increase in the number of the polymorphonuclear neutrophil leucocytes, and, after two or three attacks of fever, the red cells may show slight polychromasia. The disease can be experimentally transmitted to man by lice, which, it is thought, are probably always responsible for the development of the disease in man. Various

bodies have been found in the digestive system of the louse and in the blood of man, but the evidence on these points is still conflicting. No satisfactory treatment has yet been found.

### LICE AND DISEASE.

In connection with a correspondence on the above subject appearing recently in the *Times*, the Local Government Board has contributed an interesting note:—

The relation between trench fever—and, it may be added, typhus fever—and body-louse infection has been recognized from an early period in the war, and active and extensive precautions have been adopted to combat pediculosis (lousiness) in camps in this country and abroad. The difficulties of "delousing" have been extremely great, especially in the earlier days of rapid mobilization, when arrangements for personal cleansing and disinfection had to be rapidly improvised. At present such arrangements are fairly complete and adequate for military needs. It is noteworthy in this connection that few if any cases of trench fever have originated amongst soldiers in home camps or billets. The same holds good for civilians. In view of the medical publicity given to this disease, there is little doubt that cases would have been reported had they occurred.

In *Parasitology* for April and May of this year, Professor Nuttall, F.R.S., the Quick Professor of Biology at the University of Cambridge, has published the results of investigations in which he has been engaged, partially on behalf of the Local Government Board, during the last three years, on the whole question of pediculosis. In this publication he has added considerably to our previous knowledge of the subject, and has incorporated a full account of the mass of work which has been done by various expert workers for the Army Medical Department. The practical methods for destroying lice and their eggs, which have been adopted on a large scale, with excellent results, in military camps are also described. . .

A question somewhat similar to that of trench fever has been under consideration by the Local Government Board in connection with complaints from different parts of the country as to the unusual prevalence of scabies (itch). In some areas in which scabies has been particularly prevalent, the Board have consented to its being made temporarily notifiable as part of the systematic measures proposed to be undertaken to control its spread. In the same connection the Board have in preparation a circular letter to all local authorities, embodying practical suggestions for the control of the parasites of scabies and pediculosis.

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