ABSTRACTS OF CURRENT LITERATURE.

MEDICINE.

GRAHAM, G.: *The Source of the Uric Acid Excreted in the Urine after Atophan*. "Quarterly Journal of Medicine," Vol. 14, No. 53. October, 1920. Page 10.

USING recent methods for the estimation of uric acid in the blood and urine of one patient, Graham concludes that the extra uric acid excreted in the urine after atophan administration cannot come solely from the blood, but that there is evidence to show that the passage of undeposited uric acid from the tissues into the urine *via* the blood stream is facilitated. He believes that atophan, sodium salicylate, aspirin or sodium benzoate should be given to gouty people 2 or 3 days of each week.

HENRY F. MOORE.

SYMONDS, C. P.: *Encephalitis Lethargica*. "Quarterly Journal of Medicine." April, 1921.

SYMONDS gives a critical review of present-day knowledge of encephalitis lethargica. Economo gave the name "encephalitis lethargica" to an epidemic disease which appeared in Vienna in 1917, characterised by general intoxication, bilateral ophthalmoplegia, and excessive drowsiness. A similar disease called "nona" had occurred in Italy in 1890. Encephalitis lethargica appeared in England and France in 1918, and in North America in 1919. There is no evidence to show how the disease is spread. Pathologically the lesions are widely disseminated. There is no part of the nervous system or the meninges which may not be affected, but the lesions are most commonly found in the midbrain and basal ganglia. There is congestion with perivascular infiltration, and degeneration of nerve cells and neurones.

The following views have been held as to the ætiology of the condition:—

- (1) It is botulism. This has been disproved.
- (2) It is a form of acute anterior poliomyelitis in which the higher centres are attacked. This view is now untenable.
- (3) It is a nervous complication of influenza. The evidence here is slight, and while the causal organism of either disease remains unproved, their identity also must remain in doubt. Pfeiffer's bacillus has never been found in the brain in encephalitis lethargica, but then many authorities do not accept Pfeiffer's bacillus as the cause of influenza.
- (4) It is a distinct disease in itself. Loewe and Strauss claim to have grown in pure culture on Noguchi's medium an organism

resembling that discovered by Flexner in acute poliomyelitis, but evidence sufficient to establish it as the true cause of encephalitis lethargica has not yet been brought forward.

The cerebrospinal fluid shows a moderate increase in the number of cells in most cases, but is otherwise normal.

The symptoms of the disease are very variable. In a typical case they are as follows:—(1) Toxic symptoms: fever, shivering, pains, malaise, vomiting, furred tongue, constipation, etc. (2) Nervous symptoms: lethargy, ophthalmoplegia, involuntary movements (choreiform, Parkinsonian, etc.), nystagmus, mental changes, etc. The habit of dividing the disease into different types according to the symptom-complex is to be condemned.

The course of encephalitis lethargica is very variable. The mortality is somewhat below 20 per cent. A high temperature is a bad sign. If the patient survives for 3 weeks he will probably recover. Prognosis as to ultimate duration and complete recovery is uncertain.

Diagnosis except in typical cases is difficult. In many cases other conditions are wrongly diagnosed as encephalitis lethargica.

V. M. SYNGE.

CHEINISSE, L.: *Accidents due to certain series of 914*. "Presse Médicale." May 14, 1921.

CHEINISSE records a number of cases in which patients in different parts of France suffered from severe symptoms after the injection of 914. Many of these cases had previously received equally large doses of 914 without any untoward result. On investigation it was found that in all cases where severe symptoms resulted the patients had received 914 of the series E1828. The contents of the ampoules appeared quite normal, and the routine tests performed on rabbits, at the laboratory where the 914 was manufactured, had not shown any unusual toxicity for the animals. It has been suggested that the toxic properties of such samples of 914 are due to the presence of arsenious oxide as an impurity, but the estimation of arsenious oxide, by titration with iodine, is inapplicable here as the iodine also reacts with 914.

Cheinisse suggests that in all cases the number of the series to which any sample of 914 belongs should be carefully noted, and when a new series is commenced, a very small dose should be given to the first patient injected. It would also be better to use horses or dogs instead of rabbits when testing the toxicity of each series of 914 before it is issued, as these animals demonstrate the toxicity of the product more accurately than rabbits.

V. M. SYNGE.

DE LA RIVIÈRE: *Traitement des porteurs de germes diphtériques par l'air chaud*. "Bulletin de l'Académie de Médecine." LXXXV. No. 18. 3 Mai, 1921.

THE author describes in this paper a method of treating healthy carriers of diphtheria bacilli, which he claims to be very successful.

His procedure is to direct a current of hot air from an electric apparatus on to the mucous membrane of the pharynx, in the region of the tonsils. The air is heated to as high a temperature as the patient can bear without discomfort. When the patient feels the temperature to be excessive, the apparatus is withdrawn for half a minute and the current is again applied. Treatment is given once or twice a day, the duration of each session being from 10 to 15 minutes.

De la Rivière claims that the majority of carriers become free from bacilli after from 3 to 5 treatments. In one case, that of a carrier for 10 months, 15 treatments were necessary to render him bacillus free. J.W.B.

BLOOMFIELD, A.: *Variations in the bacterial flora of the upper air passages during the course of common colds.* "Bulletin of the Johns Hopkins Hospital." April, 1921.

THE author compares the aërobic bacteria of the naso-pharynx and tonsils of persons suffering from common colds with those found in normal persons, and fails to find any variation in the flora which would enable one to select any organism, or group of organisms, as the cause of colds. He believes that the primary cause may be the filterable anaërobe of Foster. It certainly is not one of the usual pathogenic types which are responsible for the various complications commonly occurring during the course of a cold. "The primary cold, whatever its final cause, alters the mucous membrane in such a way as to allow secondary bacterial invasion and consequent frequent development of local complications." J.W.B.

CHEINISSE, L.: *L'auto-sérothérapie et l'auto hématothérapie dans les dermatoses.* "Presse Médicale." 30 April, 1921.

SEN, D. N.: *Auto-hemic or auto-serum therapy.* "Indian Medical Gazette." March, 1921.

CHEINISSE gives a brief review of the literature dealing with these new lines of treatment. Of the two chief methods, the first is to inject intravenously the separated and heated serum of the patient, and the second is to inject the whole blood either subcutaneously or intramuscularly. In either case the treatment may be given two or three times a week. Cheinisse confesses that the rationale of the treatment is obscure, but suggests that the serum or blood may act as a foreign protein and produce shock, similar to that caused by the injection of a solution of peptone. He gives an account of several cases which were rapidly cured by this treatment, particularly two cases of obstinate prurigo. The treatment is also claimed to have been very efficacious in such diverse conditions as gangrenous soft sore and prostatitis.

Sen claims that this method of treatment is based "on scientific

principles, and is similar to auto-vaccine therapy." He uses either separated serum or blood, the cells of which have been hæmolyzed by the addition of water. The injections are given either intravenously or subcutaneously. Cases successfully treated include "brachial neuritis" with paralysis and atrophy of the muscles of the arm, gonorrhœa, eczema and asthma. J.W.B.

MAXCY, K. F.: *Giardia (Lamblia) Intestinalis*. "Bulletin of the Johns Hopkins Hospital." May, 1921.

MAXCY gives the results of the examination of the stools of 89 children who were in hospital, but who were not suffering from any gastro-intestinal disturbance.

In 18 protozoa were found, and in 14 of these the organism was *Giardia*, either alone or accompanied by some other parasite. *B. coli* were present in 5. No protozoa were found in the stools of the 15 children who were aged less than 12 months. 17 per cent. of those aged from 1 to 5 years harboured *Giardia*, and 40 per cent. of those from 6 to 12 years.

The passage of the protozoa was intermittent. In one case cysts were found on February 24, none on February 27, 29, and March 4. On March 6 and 11 large numbers were found.

The author states that the percentage of infestations appears to be much higher in childhood than in adult life, but that *Giardia* is rarely found before the first year. In certain rare instances the parasite may be responsible for some intestinal disturbance, although this point has not yet been firmly established. J.W.B.