

JAN 31 1927

Medical Lib.

The

# British Medical Journal

THE JOURNAL OF THE BRITISH MEDICAL ASSOCIATION.



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SATURDAY, JANUARY 15, 1927.

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## WORMS.

Many of the more recent additions to our knowledge of worms are not yet commonly known. A few of the more important new facts are:

- |  |  |
|--|--|
| <ol style="list-style-type: none"> <li>1. Worms are much more prevalent than is generally supposed. Their presence should be suspected in children showing signs of malnutrition, anæmia, gastritis, and loss of sleep.</li> <li>2. It frequently happens that children are treated for phthisis when in reality they are infested with roundworms. Many cases of cough in children are cases of throat cough caused by roundworms, and not lung cough at all.</li> <li>3. Roundworm larvæ migrate to the lungs causing</li> </ol> | <p>inflammation and "parasitic pneumonia." They are suspected of being attendant factors in the development of tuberculosis.</p> <ol style="list-style-type: none"> <li>4. The constant nibbling and sucking of the mucosæ of the intestine by worms produce abrasions and lesions which facilitate the entrance of micro-organisms.</li> <li>5. Worms secrete poisons which are absorbed by the host and cause nervous disturbances.</li> </ol> |
|--|--|

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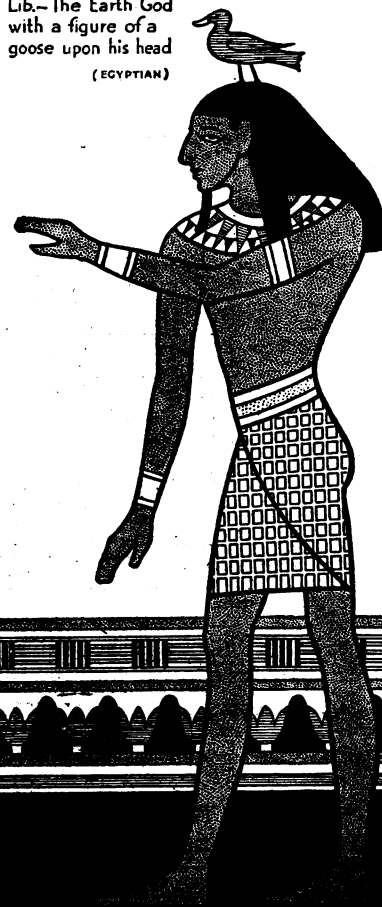
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M 205

Lib.—The Earth God  
with a figure of a  
goose upon his head  
(EGYPTIAN)



## Letters, Notes, and Answers.

All communications in regard to editorial business should be addressed to **The EDITOR, British Medical Journal, British Medical Association House, Tavistock Square, W.C.1.**

ORIGINAL ARTICLES and LETTERS forwarded for publication are understood to be offered to the **BRITISH MEDICAL JOURNAL** alone unless the contrary be stated. Correspondents who wish notice to be taken of their communications should authenticate them with their names, not necessarily for publication.

Authors desiring REPRINTS of their articles published in the **BRITISH MEDICAL JOURNAL** must communicate with the Financial Secretary and Business Manager, British Medical Association House, Tavistock Square, W.C.1, on receipt of proofs.

All communications with reference to ADVERTISEMENTS, as well as orders for copies of the **JOURNAL**, should be addressed to the Financial Secretary and Business Manager.

The **TELEPHONE NUMBERS** of the British Medical Association and the **BRITISH MEDICAL JOURNAL** are **MUSEUM 9861, 9862, 9863, and 9864** (internal exchange, four lines).

The **TELEGRAPHIC ADDRESSES** are:

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The address of the Irish Office of the British Medical Association is 16, South Frederick Street, Dublin (telegrams: *Bacillus, Dublin*; telephone: 4737 Dublin), and of the Scottish Office, 6, Drumshough Gardens, Edinburgh (telegrams: *Associate, Edinburgh*; telephone: 4361 Central).

### QUERIES AND ANSWERS.

"W. H. F." asks for suggestions for the treatment of persistent cough following acute influenza which has resisted all sedatives.

#### RHEUMATOID ARTHRITIS.

"M. B." asks for suggestions for the treatment of a lady, aged 60, with rheumatoid arthritis. Having tried other measures without avail, he started to treat her some time ago by intravenous injections of T.A.B. vaccine. The initial dose was 25 million, which he gradually increased by four stages to 100 million, but from the first the reaction was abnormally severe, including violent rigor, pyrexia of 2° to 4°, and a pulse increase to about 140 a minute, but no perspiration. The rigor begins about forty-five minutes after the injection, and lasts for upwards of one hour. The patient becomes slightly cyanosed during it, and when it is over she is quite exhausted and falls into a deep sleep. He has tried reducing the dosage and then increasing it again, but without benefit, the length and severity of the rigor being undiminished. There are no obvious contraindications in the case. "M. B." asks whether in the circumstances it would be advisable to restart the treatment, and would welcome any suggestion for lessening the severity of the reaction.

#### INCOME TAX.

"COLONIAL" retired from a colonial service and returned to England on December 18th, 1925; on January 10th, 1926, he went abroad and returned in March, 1926. He has been assessed to income tax as a British resident for 1925-26; is this correct?

\*.\* We are of opinion that "Colonial" cannot successfully contest the view taken unless he can show that when he returned to England in December, 1925, he came without the intention of establishing a residence in this country—not necessarily of purchasing or leasing a house, but of making this country his residential headquarters in future. How far he is likely to succeed on those lines must, of course, depend on many circumstances which are within "Colonial's" power to allege and, if necessary, prove.

### LETTERS, NOTES, ETC.

#### HERPES AND VARICELLA.

DR. CYRIL HELM (Great Horkeley, Colchester) writes: On October 5th a man developed typical herpes zoster on the chest. The vesicles dried up, but a fresh eruption occurred on October 20th. On October 25th his daughter, aged 4, developed chicken-pox. The child had not been in contact with any other case. So certain am I that the father infected the child that in future I shall regard every case of herpes zoster as a potential source of infection for chicken-pox.

DR. R. LYNN HEARD (Bexley, Kent) writes: There has lately been a resuscitation of correspondence as to the relation of these two diseases. For a number of years I have had no doubt as to their being merely different manifestations of the same infection. When children have been in contact with persons suffering from herpes (in one case pudendal) I have more than once prophesied that in a fortnight or so the child would develop chicken-pox—which forecast has been verified. I have also met an instance in which chicken-pox in a child was followed by herpes in its grandfather, who resided in the same house.

DR. A. H. SPICER (London, W.) writes: Captain X. Y. noticed a patch of herpes zoster on October 11th. He came to me three days later with a slight but typical rash of varicella, noticed that day. He visited his niece on October 12th or 13th, and she came out with a profuse varicella rash on November 2nd. The patch of herpes was single, and, although the patient was 64 years of age, was quite painless. He apparently infected the niece a day before his varicella rash developed.

#### HOSPITAL BOARD REFORM IN CAPE TOWN.

"SPES BONA" writes with regard to the proposed changes in the constitution of the Cape Hospital Board, to which reference was made in the **JOURNAL** of September 18th, 1926 (p. 638). He states that the number of persons engaged in the administration of hospitals in the Cape peninsula is much less than the 200 mentioned. He attributes the apparent procrastination and inefficiency of the board to the retention of administrative control by a small number of officials who are ignorant of the hospital needs of the peninsula and conduct hospital affairs without reference to the wishes of the majority of the board. He thinks that the present system of centralization is unworkable, and that the proposal to reduce the number of the board members to eighteen will throw so much work upon them that they will be unable to control effectively the ten hospitals and institutions concerned.

\*.\* While we consider that this subject is more suitable for discussion in the South African medical papers, we think it right to allow this note to follow the previous comment in the **JOURNAL**. Further discussion, however, should be continued in South Africa, where the facts are more fully known and the matter strictly belongs.

#### A HOSPITAL ORGANIZER.

PROFESSOR HEINRICH CURSCHMANN left no autobiographical notes which would have served as the basis of a biography, and his sons, in order that such details as it was in their power to collect should not be lost, have published a small volume (Berlin: Springer), written in association with two of his colleagues, who give a brief account of his professional career. The volume pretends to be no more than an outline; to portray so full and active a life within the space of a few dozen pages would be impossible. But his sons have ably performed a pious duty, and the facts amassed will be of value when a full biography comes to be written. The five chapters deal with Curschmann's ancestry and early life in Giessen, Mainz, and Berlin; his work as medical director of the hospital in Hamburg; his professorship in Leipzig; his hobbies in the field of literature and art; and his last years and final illness (Addison's disease). An appendix contains a complete list of his scientific writings, which cover a wide field. His chief studies were in connexion with the infective fevers, the great epidemic of typhoid fever in Hamburg in 1885-86 directing his attention to that subject and affording material for observations in the disease, which became his main interest to the end of his life. Mention should also be made of his work on aortic sclerosis, pericardial effusion, and arthritis deformans; and in this country his name is generally associated with the so-called Curschmann's spirals. In his own country the work for which he is chiefly renowned is, probably, the founding of the Eppendorf Hospital in Hamburg. When he was appointed director of the general hospital in that city it early became evident to him that the accommodation was insufficient for the number of patients. He strenuously opposed suggestions for the extension of the old hospital, and projected a scheme for a large new hospital beyond the suburbs of the city. Conditions became intolerable during the typhoid epidemic; not only were the wards overcrowded, but it became necessary to convert the corridors and even the cellars of the old building into wards. The plan of the new hospital, with its 1,100 beds, was Curschmann's own conception, and was carried almost to completion under his own eyes in daily inspections during the progress of the work. This was an undertaking that exactly suited Curschmann's genius; he was a born organizer, as had already been proved in his management of the old hospital. The new Eppendorf Hospital was scarcely completed when Curschmann received an offer of the post of professor of medicine in Leipzig. This he accepted, but although it had always been his ambition to become an academic teacher, he missed in the new post his old work of organization, and always looked back on the Hamburg days as the happiest in his life. However, he was able to introduce improvements in the hygienic arrangements of the hospital in Leipzig, and it was due to him that the clinical library, with its fine series of medical journals, was brought into the foremost place among the libraries of Germany. The chapter on art and poetry (Curschmann was himself a skilful draughtsman) brings out the sentimental side of the German character, and completes the sketch of a very vigorous and interesting personality.

THE Automobile Association announces that it has opened an office at 11, The Avenue, Southampton; the small office at the docks will be retained. A new A.A. office has been opened also at 10, Middle Row, Maidstone.

#### VACANCIES.

NOTIFICATIONS of offices vacant in universities, medical colleges, and of vacant resident and other appointments at hospitals, will be found at pages 43, 46, 47, and 48 of our advertisement columns, and advertisements as to partnerships, assistantships, and locumtenencies at pages 44 and 45.

A short summary of vacant posts notified in the advertisement columns appears in the *Supplement* at page 23.

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