

quently (according to Thuiller's tables) showing the elevation above the sea to be from 2,300 to 2,400 feet.

Temperature and Climate.—On February 18, the temperature taken on the hill-top at 2 o'clock p.m., and at the same-hour (in the shade) on board the I.G.S. "Kwangtung" (lying about a quarter of a mile off the shore) registered respectively 74° and 87°, thus making a difference in favour of the hill-top of 13°; or pointing to the air on the summit; as being by so many degrees colder than that at sea level.

Taking the temperature as above stated (74°) into consideration with the fact that at all seasons of the year, the hill has the great advantage of being exposed to a refreshing sea breeze, the climate at the top of Saddle Peak should be cool, pleasant and invigorating throughout the year and more particularly so during the north-east monsoon, or the period comprised between October 1 and May 31.

Conclusion.—In conclusion it may be stated, that so far as regards the geographical situation, geological formation, configuration of the summit (as to building and drainage) temperature of the air and the water supply, Saddle Peak is well adapted in all these respects for the site of a sanatorium, and looking at it and the surrounding country from an agricultural point of view, it is certain that if cleared and properly cultivated, abundance of fine grass and immense crops of sugar cane and rice could be raised from its rich and fertile soil, coffee, tea and tobacco, no doubt, would flourish, and give ample returns if planted along the higher slopes of the hill itself.

The trees felled in the clearing of the jungle might pay in a measure, for the labour expended thereon, especially as many of them are said to be of an exceedingly valuable description of timber.

Good and well sheltered anchorage can at all seasons of the year be found in Port Cornwallis Harbour, and a road up the hill, starting from the southern shore of this harbour, would be easy of construction, as the land from this point has (as already stated) a very regular and gradual rise towards the peak.

Current Literature.

Epidemic Hiccough. J. Lhermite in *La Presse Médicale*, December 18, 1920, p. 916.—According to Lhermite the first appearance of the present type of epidemic hiccough was observed in Vienna during the winter of 1919-20 by Economo who wrote about it as follows: "Some weeks before the appearance of the January (1920) epidemic of encephalitis in Italy, there was in Vienna and its neighbourhood a small epidemic of hiccoughs. Very numerous were the people who were suddenly attacked without preliminary symptoms, the attacks lasting for hours, or even days, and no treatment could master them. I saw a case which lasted a month, the patient having only a few hours' respite each day. This illness had no serious consequences." About a month after the cessation of this outbreak there occurred in Vienna the first cases of a myoclonic form of encephalitis in which clonic convulsions and hiccoughs were followed by a state of choreic agitation resembling the most severe forms of acute chorea. Economo wrote: "It is not possible to say that the epidemic of hiccough was already a precursor

of this encephalitis with a particular localization in the region of the phrenic vagus, but future observations on the possible relationship will be worth noting."

In January, 1920, a small outbreak of epidemic hiccough (with one fatal case) was observed by Dufour in Paris, and about the same time R. Benard reported on a similar epidemic near Versailles, and Staehelin on an epidemic at Gerlafingen in Switzerland. In this last instance the sequence of events was first an epidemic of transitory ocular paralyses, then an epidemic of hiccough, finally many cases of epidemic encephalitis.

Apparently epidemic hiccough did not again attract attention until September, when P. Gautier, of Geneva, reported on five patients who suffered from intense spasmodic hiccough almost uninterruptedly for from two to four days, the condition being quite unrelieved by treatment. The cases occurred during an outbreak of encephalitis, but he noted that they were not accompanied nor followed by myoclonic phenomena.

Early in December Logre, Heuyor, Sicard and Paraf reported many cases of epidemic hiccough in Paris, some in persons in good health, others preceded by nasopharyngeal catarrh. In a discussion following the papers by these observers Netter recorded cases which had come under his own observation, and stated that the ætiological relationship of the disease with encephalitis lethargica did not seem to him to be doubtful.

Summing up the opinions of observers who had discussed the nature of the disease, Lhermite noted: (1) Economo recognized the interest of the coincident appearance of pandemic hiccough and the myoclonic form of encephalitis lethargica, but refused to affirm the identity of the nature of the two diseases. (2) Logre and Heuyor expressed the view, with reserve, that epidemic hiccough represents a phrenic localization of the influenza virus. (3) Dufour, Renard, Staehelin, Sicard and Paraf, Netter and others, definitely considered that epidemic hiccough is a masked form of encephalitis lethargica.

Lhermite considers that the epidemiological argument to the effect that epidemics of hiccough frequently precede or are coincident with the graver manifestations of a form of myoclonic encephalitis favours the view of identity, but he lays more stress on the clinical argument that hiccough is by no means an exceptional symptom of encephalitis lethargica. He quotes Flexner, Reilly, Hunt, Gerstman and Dimétez in support of this view. Chiefly on clinical grounds he arrives at the conclusion that "an observer would show himself very severe if he refused to agree as to the original identity of epidemic hiccough and myoclonic encephalitis."

The following are notes from other articles on this subject:—

M. Rivet reported thirty cases of epidemic hiccough observed during a week, all except one being in men. Two of the cases were in persons working side by side in the same office and two were in a father and son.—*La Presse Médicale*, December 15.

MM. Rivet and Lipschutz reported the case of a man who at the beginning of December suffered from epidemic hiccough which lasted three days and was followed some days later by marked symptoms of lethargic encephalitis which were still present in the middle of January. M. Sicard reported that he had also observed two cases in which hiccough was followed by a typical encephalitis and stated his opinion that epidemic hiccough is a monosymptomatic form of myoclonic encephalitis.—*La Presse Médicale*, January 19, 1921, p. 57.

C. Massari recorded six examples of epidemic hiccough which were wrongly attributed to abdominal affections requiring surgical treatment. One of the patients succumbed after laparotomy had been performed and the autopsy showed a typical picture of the lesions of acute encephalitis.—*Wiener klinische Woch.* No. 33, 1920, p. 214.

From the Swiss Eidgenössischen Gesundheitsamtes a circular has been issued to the Sanitary Authorities of the various cantons noting the occurrence of

epidemic hiccough in the Bernese Jura and requesting all medical officers to notify cases. The circular contains the following sentence: "Epidemic hiccough belongs to the myoclonic symptom-complex of encephalitis lethargica; it is observed either in connexion with other symptoms of this affection, or by itself as a masked form of the disease. This fact has already been established in Vienna, Berlin and Paris and during last year also in Geneva."—*Bulletin des Eidgen. Gesundheitsamtes*, January 22, 1921, p. 29.

In the *Lancet*, January 22, p. 171, Dr. Sarkies records particulars of a severe case in England. It began on the fourth night after the onset of a chill, accompanied by rise of temperature and explosive cough. The hiccough lasted six days.

Dr. Jenkins in the same journal records finding, in the nasal secretion from a case, almost a pure culture of a bacillus "indistinguishable microscopically from the influenza bacillus."

Raillet reports about 130 cases at Rheims. The epidemic began on November 10, and reached its height at the beginning of December. The average duration of each case was two to four days. Children were apparently immune.—*Bull. Soc. Méd. des Hôp. de Paris*, December 30, 1920.

Netter is reported to have said that a recent English publication recorded only about 309 cases of encephalitis lethargica as having been notified in France but that in his opinion the true number would approach 10,000.—*Seance du December 17, 1920, de la Société Médicale des Hôpitaux*. Reported in the *Paris Medical*, January 8, 1921.

The "Dysentery Amoeba" in England.—In a "Report on the occurrence of Intestinal Protozoa in the inhabitants of Britain" (M.R.C. Special Report series, No. 59, 1921), Mr. Clifford Dobell records in great detail the arrangements and the results by which we are now aware that none of the common intestinal protozoa of man has as yet disappeared entirely from England. A discovery of the same kind was made some years ago in regard to the protozoon which causes malaria. Of the intestinal protozoa which may occur indigenously in England only the *Entamoeba histolytica* (the so-called dysentery amoeba) is facultatively pathogenic, and the new knowledge which emerges from the present series of researches corrects the erroneous belief that infection with this parasite invariably, or even usually, results in dysentery. We must now believe that although about 7 per cent of the inhabitants of Britain harbour *E. histolytica* (as a consequence, in Mr. Dobell's words, "of having previously swallowed particles of the fairly fresh and damp excrement of other persons"), almost all of them tolerate it without any apparent ill-effect. Mr. Dobell therefore concludes that the prevalence of the parasite in England "need not be regarded with alarm," but on the evidence presented in the report he still holds the view that in certain rare circumstances, or in certain abnormally susceptible individuals, the parasite is harmful and even dangerous. "Consequently it will be necessary in future for British physicians to remember *E. histolytica* when they are called upon to treat cases of dysentery, chronic diarrhoea, ulcerative colitis, or other intestinal ailments which may possibly be due to this parasite; and to remember it also when they encounter patients displaying symptoms of hepatitis, hepatic abscess, and similar disorders in the causation of which *E. histolytica* plays a part." . . . Fortunately modern methods of diagnosis have made it possible to recognize the amoebic diseases with certainty.

Experimental Transmission of Yellow Fever. By R. P. Groves, M.D., *Journal of American Medical Association*, vol. lxxvi, No. 6, February 5, 1921.—Intra-peritoneal injections of the blood of yellow fever cases were made in guinea-pigs, the blood being taken on the second or third day of the disease and from one to three cubic centimetres being used. In two out of fourteen cases was success obtained.

In later experiments using larger amounts of blood and employing young starved guinea-pigs three out of seven experiments were positive.

The investigation followed along three lines:—

- (1) Transmission of yellow fever to guinea-pigs.
- (2) Passage of yellow fever in experimental animals.
- (3) Production of yellow fever in guinea-pigs by cultures of the spirochæte.

The symptoms in man and experimental animals are comparable; these are fever, icterus, hæmorrhages and urinary disturbances, and at post mortem fatty degeneration of the liver and kidneys.

Fig No. 14 developed fever after an incubation period of three days, followed two days later by jaundice and death on the following day. Blood from this animal produced the same disease in other guinea-pigs and a pure culture of the spirochæte was also obtained from the blood.

The heart blood showed numerous leptospiræ on dark-ground examination and they were also found in films made from liver and spleen cultures.

A guinea-pig inoculated with twenty-five cubic centimetres of a pure culture of the leptospira developed fever on the third day, jaundice on the fourth day, and died on the fifth day when the blood was seen to be crowded with spirochætes; pure cultures were again obtained from this heart blood.

A twenty days old culture produced intermittent fever in a guinea-pig with jaundice followed by death; but a five weeks old culture produced the usual type of fever, jaundice and death on the fifth day.

The author states that pure cultures of the yellow fever spirochæte *Leptospira icteroides* have been obtained from the blood of patients as well as from experimental animals.

Review.

Gout. By Ll. Jones Llewellyn, M.B.Lond. London: W. Heinemann, 1920.
Pp. xviii + 469. Price 30s. net.

In his preface the author draws attention to the rôle of bio-chemistry in the study of gout, and several of the earlier chapters are devoted to a consideration of the work of various investigators on these lines.

Then follows a discussion of the various theories of gout and the case for an infective agency as the exciting cause in the presence of some innate tissue peculiarity is effectively put forward. The author insists on heredity as the preponderating, if not the sole, predisposing factor.

The clinical account that follows is full and conveniently subdivided, as is the question of diagnosis. In regard to the latter the dictum, "Uratc deposition is the solitary unequivocal clinical criterion of gout, and in the absence of tophi the diagnosis of gouty arthritis is presumptive" emphasizes a valuable diagnostic truth.

Given the prominence of the infective theory, it is natural that eradication of local foci such as septic teeth should come first in the section of treatment. As regards food, the author claims no stereotyped regime, and points out that gastrointestinal asepsis is the aim of all dietetic measures. As regards alcohol, he advises gouty parents to bring up their children as total abstainers, and urges abstinence or abstemiousness on the victims of the malady.

The author holds to the recognized drugs, particularly colchicum, but urges the use of atphan as a valuable aid in the prevention of the formation of uratic deposits.

Spa treatment is considered in the final chapter, the general principles and indications for selection being summarized.