

on all their earnings, and the amount is set apart for their use on being discharged out of custody.

"None of the prisoners are allowed to see their friends except by an order from the Committee and this privilege is granted to those whose conduct is approved by the Governor, Chaplain, or Master Manufacturer.

"The interview must take place before an officer and no provisions of any sort are allowed to be brought.

"In December, 1831, there were 538 prisoners and December, 1832, 519.

"The earnings of the prisoners amounted to £2,683 10s.

"This prison is governed by a Committee named by the Privy Council and no person can be admitted to see it without an order from the Home Secretary of State or unless he is accompanied by one of the Committee."

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## Current Literature.

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**Bacteriology of Influenza in 1919-20.** Sindoni, in *La Pediatria*, April 15, 1920.—Pfeiffer's bacillus is almost constant in the naso-pharyngeal mucus of influenza patients, and can be found both in smears and cultures. The organism was not found in healthy persons or in other respiratory diseases. Pfeiffer's bacillus gives rise to specific agglutinins in the blood of individuals who are actually suffering from the disease or have recently had it. The agglutinin content appears on the fourth to the fifth day of the disease, increases during convalescence, and diminishes when the patient is cured.

Carpano, of the Research Institute, Milan, December, 1920, by using serum broth and inoculating the pleural cavity of guinea-pigs, has been able to isolate Pfeiffer's bacillus in all cases if examined very early in the disease, during the 1918 epidemic. Dealing with other respiratory diseases and healthy persons, he states that only one-third of the total yielded Pfeiffer's bacillus. Together with this organism others were almost invariably present, notably streptococci, pneumococci, staphylococci, meningococci, *M. catarrhalis*, &c.

*Bulletin Inst. Pasteur*, September, 1921: Pilot and Pearlman in the *Journal of Infectious Diseases*, July, 1921, in an article entitled "Bacteriological Studies of the Upper Respiratory Passages in Children," report that out of 115 individuals examined, Pfeiffer's bacillus were recovered forty-seven times from naso-pharyngeal adenoids, and sixty-two times from tonsils. On blood agar its colonies often appear in the hæmolytic areas of streptococci.

Müller in his researches into 102 fatal cases of influenza recovered Pfeiffer's bacillus from the blood of cerebral sinuses in 12 cases, from the lungs in 10 cases. He believes that the causal agent is Pfeiffer's bacillus, and maintains that the many failures are due to faulty technique.

**The Measles Exanthem (Quain).**—The rash appears on the fourth day after catarrhal symptoms. It is a deep red spotted rash; at first slightly raised and distributed in crescentic groups. The eruption feels rough or shotty, especially on the face.

**The Histology of the Measles Exanthem.** *Compt. rend. Soc. Biol.*, in epitome, *Brit. Med. Journ.*, March 5, 1921.—When the eruption appears the deeper parts of the Malpighian layer of the skin contain very swollen altered

cells, which stand out from its lower limit and penetrate into the dermis; gradually they become separated from the dermis, lose their nuclei, and are transformed into colourless masses. . . . The changes in the dermis appear later than those in the epidermis and consist in perivascular infiltrations clearly visible on the second day of the eruption, as well as the formation of the sub-epithelial cellular masses already mentioned. There is no evident hyperæmia nor œdema of the dermis.

**Pathology of Influenza.** (Influenza Epidemic of 1918.) Dr. Adami's paper before a meeting of the Liverpool Medical Society, held on February 10, 1921, and discussion of same.—Dr. Adami showed that in the great epidemic of 1918, in France, Italy, Macedonia, India and America, the disease was uniformly ushered in with congestion of the upper nasal respiratory tract, and the influenza bacillus was invariably recovered. He felt sure that whatever may have been the changes due to other organisms, Pfeiffer's bacillus, if not the *causa causans*, was always associated with the disease. In the autumn the virulence of the organism was raised to an inordinate degree. Four clinical types are described: (1) a mild catarrhal type, (2) a pneumonic type, (3) cases with physical signs of bronchiolitis, and (4) cases of profound toxæmia.

There may be a triple or multiple infection. Professor Glynn quoted several cases in which the bacilli of influenza group were numerous in the trachea and bronchi, but pneumococci scanty. Dr. Lowe pointed out the well recognized importance of the post-nasal space and accessory sinuses as the primary focus of infection. He showed that while in simple cases the intensely inflamed mucosa of those areas gave rise to frequent epistaxis, in other cases which developed later, the severe fulminating type, the condition was due to a generalized bacteriæmia, originating in the infection of the congested pharyngeal veins. This was probably carried in the form of minute infective emboli, travelling by the normal anatomical route and would be arrested in the terminal arterioles of the pulmonary artery, giving rise to peribronchiolitis of hæmic origin (as Dr. French of Guy's Hospital had suggested elsewhere), which would account for the pathological appearances so constant in the more rapidly fatal cases. He pointed out the importance of local hygiene of the posterior nasal space, prophylactic vaccination against the three organisms principally concerned (*B. influenzae*, *streptococci* and *pneumococci*) and in the actual treatment the administration of streptococcal sera, fifty to one hundred cubic centimetres intravenously, twice daily. It may here be mentioned that the serum of convalescents has been used with encouraging results.

J. E. H. G.

**Glandular Fever.** Tydy and Morley. *British Medical Journal*, March 26, 1921.—This fever was first described by Pfeiffer in 1889 as Drüsenfieber. He stated that the disease occurred in small epidemics, especially in house epidemics. Authorities agree that it is infectious and more common in spring.

**Clinical Features.**—Incubation seven to eight days. An epidemic of fifty-four cases was observed by a Russian in a battalion of soldiers, but apart from this it is probably correct to say that at least 80 per cent of recorded cases occurred under the age of 12. The onset is sudden, as an acute pyrexia; abdominal pain is sometimes present. Enlargement of lymphatic glands may be present early or develop rapidly within twelve to forty-eight hours. The glands constantly affected are the cervical, deep to the sterno-mastoid, about the middle of its length. The glands on the opposite side frequently, but by no means invariably, enlarge later, usually within two to four days of the onset. The initial site is below the angle of the jaw, and the position and general condition of the swelling differs from that of glands secondary to tonsils, teeth, nasopharynx. Enlarge-

ment of other glands has been noticed by most observers. Pain and tenderness of the affected glands may be entirely absent. No rash accompanies, but there is slight reddening of the pharynx. Epistaxis may occur at the onset. Liver and spleen are enlarged in a considerable proportion of cases. The temperature rises to  $101.3^{\circ}$  F., with a maximum on the second to the fourth day, then falling rapidly and becoming normal early in the second week. In mild forms there may be no rise of temperature. The fall may be so rapid as to suggest a crisis. Bacteriological investigations resulted in the growth of streptococci, staphylococci, pneumococci with influenza bacilli in a certain number of cases. Tchaichowsky claims influenza bacilli from the blood in three cases during life. Records of examination of the blood point to absolute leucocytosis with relative increase of mononuclears. Many observers mention the development of obstinate anæmia. Complications are rare, nephritis being the most important.

*Etiology and Pathology.*—Gallois, like many of the earlier writers, regards it as a special form of influenza. It is certainly an acute general infection, but it is a question whether it can be considered a disease *sui generis*. Several authorities have upheld the theory of pharyngeal infection. The probability is that this is another manifestation of influenza, due to an associate organism of special virulence, and selective action of the lymphatic tissue.

A medical correspondent of the *British Medical Journal* refers to an unusual epidemic of sore throat, with tedious and considerable glandular enlargement. In one case a macular eruption appeared on the sixth day, it caused some irritation and lasted two days.

Another correspondent states that after a case in his own family (*British Medical Journal*, April 9, 1921) a widespread outbreak of influenza beginning among the elementary school children, developed, and a large number of cases of broncho-pneumonia have occurred.

Carpano, of the Research-Institute of Milan, December, 1920, by using broth prepared with hæmolysed serum; and inoculation in the pleural cavity of a guinea-pig; has been able to isolate Pfeiffer's bacillus in all cases, if examined very early in the disease, during 1918. Dealing with other respiratory diseases and healthy persons, he states that only one-third of the total examined yielded Pfeiffer's bacilli. Together with this organism, others have been almost invariably present, as saprophytes, notably streptococci, staphylococci, meningococci, *M. catarrhalis*, etc., etc. (*Bulletin, Institut Pasteur*, September, 1921).

Pilot and Pearlman (in the *Journal of Infectious Diseases* for July 21) give the results of their bacteriological studies on the upper respiratory passages of children. Out of 115 individuals examined, the bacillus of Pfeiffer was recovered forty-seven times from naso-pharyngeal adenoids and sixty-two times from tonsils; on blood-agar its colonies often appear in the hæmolytic areas of streptococci. The organism has also been recovered very often from the nose or naso-pharynx.

Muller, "Bacteriological Researches in 102 Fatal Cases of Influenza," states that Pfeiffer's bacillus was recovered from the blood of the cerebral sinuses in twelve cases; from the lungs in ten cases. He also believes that the causal agent is Pfeiffer's bacillus, and maintains that the small proportion of positive findings is due to faulty technique. The other organisms mentioned above were found by themselves or associated with it.

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