Clinical and other Notes

object (with his left hand he could not hold a pencil even for a short time). The movements were virtually continuous, succeeding each other in rapid succession.

Deglutition was affected, as also his speech, the defect being due to chorea of muscles of articulation. Sensation seemed to vary; hyperæsthesia at times being well marked.

His condition on next day, April 12th, was the same, but on April 13th the heart was beating very rapidly, though not irregularly, and tension in his pulse was not good. He was, and indeed during his illness, perspiring very freely. He had not slept, with exception of three hours, since admission to hospital, and was sinking fast during April 14th, and finally died at 3 a.m. on April 15th from exhaustion and heart failure.

The post mortem disclosed nothing definite. All the organs were healthy, simply exhibiting the signs to be expected in rapid fatal disease. There were perhaps punctiform hemorrhages in substance of cerebral lobes. There was no endocarditis.

The patient was a strict teetotaller; none of his family as far as could be ascertained suffered from any nervous affection, nor could fright be elicited as a cause of his disease. No cardiac history.

Treatment.—Attempts were made to procure sleep for patient and to keep up his strength. For this purpose bromides and chloral were tried, but with no result. Finally sleep was obtained by morphia hypodermically and brandy in large doses.

The patient was continuously watched, and frequently fed and bathed in lukewarm water.

Appended is the temperature chart.

MALARIAL FEVER IN CANDIA.

By Captain R. A. Cunningham. Royal Army Medical Corps.

The two papers by Major Salvage and Major Macdonald, which lately appeared in the Journal of the Royal Army Medical Corps, dealt very fully with the manner in which the preventive measures against malarial fever were carried out in Crete. In 1904 this work was continued on the same lines. The results were very satisfactory, and a further decrease in the dwindling rate of admissions for malarial fever was obtained. The admission rate was about 30 per cent., as compared with 54 per cent. in the previous year.

The numerous wells, which are a feature of the town of Candia, were the principal source of Anopheles mosquitoes in the neighbourhood of the camp. Many larvae were collected and from them mature insects were bred. Only one species of Anopheles was found—Anopheles bifurcatus. Even in the cold weather of December there were still
numerous larvae of this species to be found, but their development was much slower than in the warmer months. Culex and Stegomyia were present in large numbers in the tanks and puddles of the market gardens on the east of the camp. These tanks were regularly emptied and cleaned.

The sanitary measures adopted have greatly improved both the health and the comfort of the troops.

The mosquitoes were so few that it was almost unnecessary to use a mosquito curtain at night. If it were possible to apply these preventive measures to the whole town a further great diminution in the disease might be hoped for. So long as the surrounding country remains so marshy its total disappearance can scarcely be expected.

Climatic conditions, such as amount and period of rainfall, prevailing winds, &c., seem to have some influence upon the prevalence of malarial fever in Candia, as two exceptionally good years, viz., 1899 and 1900, were followed by the very severe outbreaks of 1901 and 1902, the admission rate for this fever being 21 per cent. in 1900 as compared with 246 per cent. in 1901.

If southerly winds prevail in the late summer and autumn, which is the malarial season here, mosquitoes are probably conveyed shorewards from the interior of the island and help to propagate the parasite. Exceptionally wet winter seasons are also favourable to the multiplication of mosquitoes, as they breed here all the year round.