

through steadily and rolled loosely. It will be found that the bandage has become fully impregnated with plaster. The weight of the centre piece is found to be sufficient to impregnate the bandage, but a simple catch can be arranged at the loose end to prevent it rising as more plaster is drawn underneath.

The piece of wood A is hinged at one side and is thus capable of being raised. A bandage is placed on the board. A is replaced. A pile of plaster is placed on the bandage. When the bandage is pulled through the small space beneath A with a steady motion, it will bring sufficient plaster, well impregnated.

Current Literature.

HANNESSON, H. **A Case of Pulmonary Asbestosis Accompanied by Tuberculosis.** *Tubercle.* 1941, Feb., v. 22, No. 2, 40-44, 3 figs.

Pulmonary tuberculosis is found complicating asbestosis less often than it complicates silicosis, and appears later. Of ninety cases of death from asbestosis reported between 1933 and 1939, tuberculosis was present in thirty-two.

In a typical case the radiogram shows a fine diffuse fibrosis, beginning at the bases, and when complicated by tuberculosis the latter is distinguished as in cases of silicosis; the present case is of more than usual interest, first because the diagnosis was made during life, secondly because the radiogram did not show any definite evidence of pneumoconiosis, and thirdly because there was no macroscopic evidence of pneumoconiosis at autopsy.

The patient was a man aged 44, who gave a history, dating from five years back, of winter colds and bronchitis, loss of weight and once a large hæmoptysis. He was admitted with a diagnosis of pulmonary tuberculosis. For nine years he had been occupied as an "asbestos blower," a dusty occupation of passing asbestos fibre through a cleaning machine. Though provided with a respirator he did not use it. Physical examination revealed impairment of note over both lungs, diminution of breath sounds at the bases, crepitations fairly generally distributed; sputum contained tubercle bacilli and asbestosis bodies. X-ray yielded no evidence of pneumoconiosis but widespread nodular tuberculous infiltration with cavitation. The fingers were markedly clubbed. Twenty-five days after admission the patient had a spontaneous pneumothorax and died the same day.

Autopsy revealed thickened pleuræ; collapsed right lung with a cavity in the upper lobe which had perforated; macroscopically, the appearances were those of a pure tuberculosis. It will be seen, therefore, that the case recorded in this paper differs considerably from a typical case of pulmonary asbestosis; in the latter the pleural sacs may be completely obliterated by fibrous adhesions; the bases adhere firmly to the diaphragm; bronchiectasis is frequent, the lungs appear honeycombed, but firm, tough and airless. The upper lobes may be spongy, crepitant and emphysematous, strongly con-

trasting with the lower parts of the lungs. Microscopically, in this patient there were seen caseous tuberculous areas, reticular fibrosis of asbestosis most marked in the sub-pleural region, and a thickened pleura. Dr. Roodhouse Gloyne reported "Asbestosis bodies were numerous and large, many of them were in clumps with a radial arrangement. The presence of the asbestosis bodies implies a tissue reaction to the fibre, but it does not necessarily follow that this reaction is accompanied by fibrosis. The asbestosis bodies are an expression of tissue reaction of the nature of a benign irritant, and fibrosis of an appreciable extent may or may not be a part of that tissue reaction. Asbestosis bodies are the sign of tissue reaction to a foreign body just as much as phagocytosis, but the bodies should not be regarded as indicative of asbestosis unless they are accompanied by reticular fibrosis."

From the radiological aspect four stages of pulmonary asbestosis are distinguished; in the first, movement of the diaphragm is restricted; "the root shadows are unusually heavy and the basal linear striation on one or both sides is increased. The two sides of the chest are equally involved . . . some loss of translucency and a fine homogeneous opacity or haze at one or both bases."

"In the second stage the homogeneous opacity becomes more obvious and a fine punctate stippling may be detected at one or both bases, while the basal linear striation is more obvious, with very definite restriction of diaphragmatic movements and sometimes blurring of the diaphragmatic angles. The interlobar pleura is usually thickened and may be drawn down to the base by the fibrosis.

"In the third stage definite evidence of pleural involvement may be present, with or without mediastinal displacement, depending upon the irregularity of fibrosis in the two lungs.

"In the fourth stage the fine punctate mottling has spread beyond the limits of the lower zone to the middle and even upper zone, but the apices usually remain free. This fine diffuse mottling stands out in definite contrast to the coarse nodular mottling which is seen in silicosis." H. H. S.

Reprinted from "Bulletin of Hygiene," Vol. 16, No. 6.

HAWKING, FRANK. Sulphanilamide in the Treatment of Climatic Bubo and Similar Conditions.—*Jl. Trop. Med. & Hyg.* 1940. Dec. 2. Vol. 43. No. 23. P. 271. [Summary appears also in *Bulletin of Hygiene.*]

Sulphanilamide or some member of the sulphonamide group of drugs is now being tried in the treatment of almost any disease and it is only natural that venereal diseases should come within the category, especially since MacCallum and Findlay found that the mortality was lowered among mice so treated after infection with the virus of L.i.

The author gives brief details of four patients with L.i. The first, after receiving 63 grams sulphanilamide in fourteen days, left hospital with merely slight thickening of the inguinal tissues. Similar results followed

in another patient who received 27 grams in twelve days. A third received 41 grams in twenty-nine days, and the bubo was incised. The swelling subsided and the patient was discharged. The fourth had two coronal ulcers and climatic buboes, eighteen days' history. After twenty-two days' treatment with sulphone he left hospital, the buboes having subsided. They recrudesced and he returned. In all he received 81 grams over seven weeks and still had some residual swelling.

Eleven others had a closely similar history, so that, though some benefit followed, the curative effect cannot be said to have been very remarkable, in fact recovery was, generally speaking, no more rapid than in those who did not receive this form of treatment. With chancroid and granuloma venereum more favourable results were obtained, but the number of venereal cases in which the author has tried the drugs is at present small.

H. H. S.

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BAKER, AUDREY Z. **Malignant Measles.** [Correspondence.] *Brit. M. J.* 1941, Mar. 8, 380.

"Black measles" is so rare that medical men are apt to forget its existence. The following case is, therefore, worth noting.

A child aged 9 months, when first seen by the author, had a temperature of 100.4° F., a slightly increased respiration rate and was apathetic. It was said to have vomited half an hour earlier. There was no rash. An epidemic of measles was in progress. Within twelve hours the child was *in extremis*, with cyanosis, rapid, shallow respirations and the whole body covered with a deep purple rash with petechiæ and purpuric areas up to ½-inch diameter. Death occurred in just over twelve hours after the child was first seen. The mother stated that she had not noticed anything wrong with the child prior to the vomiting. If this is correct, the illness ran its entire clinical course in thirteen hours.

H. H. S.

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Reviews.

TROPICAL MEDICINE. Fourth Edition. By Sir Leonard Rogers, *K.C.S.I., C.I.E., LL.D., M.D., B.S., F.R.C.P., F.R.C.S., F.R.S.*, and Sir John W. D. Megaw, *K.C.I.E., B.A., M.B., Hon.D.Sc.* (Queen's University, Belfast). London: J. & A. Churchill, Ltd. 1942. Pp. xii + 536. Price 21s.

The publication of this edition, the fourth in twelve years and only three years after the third, clearly indicates the rapidity of the onward march of tropical medicine. It also indicates the keen desire of the authors to maintain the high reputation of this book in which they have achieved, even more successfully