

logical tongue changes were present in over a third of the cases. These were not ascribed to nicotinic acid deficiency, for it was thought that the intake of nicotinic acid was adequate.

The report ends: "The poor nutritional status of the people of Newfoundland may well be in large part responsible for their impaired health and efficiency." The climatic and agricultural conditions form perplexing difficulties in the way of improving the nutritional status of the population. The land is poor, transport is lacking, and most of the people are engaged entirely in the fishing industry. At one time a third of the population were on the "dole," as there was not enough work. Measures to improve the nutrition of the people of Newfoundland are under way, but it must be emphasized that nutrition is a many-sided problem that cannot be solved by any single line of approach. Without help from outside, improvement in the nutritional condition of the island is impossible.

FIFTY THOUSAND MEMBERS

The British Medical Association now has more than 50,000 members. The 50,000 mark was reached last week for the first time in the history of the Association. The 50 men who constituted the Provincial Medical and Surgical Association in its foundation year, 1832, were certainly men of vision, and if we, their successors, have feelings of pride in the position the Association has now reached, we should remember with gratitude and admiration the pioneer wisdom of Dr. (later Sir) Charles Hastings and his colleagues who propounded "objects of the Association" which have stood the test of time. It may be of interest at this moment to quote from the last number of the *Midland Reporter*—the full title of which was the *Midland Medical and Surgical Reporter and Topographical and Statistical Journal*—in which the formation of the Association was announced:

"The present Number completes the third volume of *The Midland Reporter*, and with it the Work under the above name will terminate: as the Editors can now congratulate themselves and the Public upon having attained the great object which they contemplated at the commencement of their arduous undertaking. Their appeal to the public spirit, generous feelings, and pure love of Science, which so extensively pervade and dignify our noble profession, has not been made in vain. A wish has, in consequence, been warmly expressed and widely circulated, that the members of the profession residing in the Provinces should unite themselves into an association *friendly* and *scientific*; that this Association should have for its main object the diffusion and increase of Medical Knowledge in every department of science and practice, and that the valuable communications of its Members should, from time to time, appear in the shape of published Memoirs of the Society."

The *Reporter* gave way to the annual *Transactions* of the newly formed Association, but found its true periodical successor in the *Provincial Medical and Surgical Journal*, which appeared in 1840, the title of which was changed in 1853 to the *Association Medical Journal*, and again in 1857 to the *British Medical Journal*.

The Association was founded in the year which saw the passing of the first Reform Bill and the first of the four epidemics of Asiatic cholera which swept over this country during the nineteenth century. Of the five objects of the Association given in the prospectus of May, 1832, the first four can be summarized in these key phrases: (1) "Collection of useful information"; (2) "Increase of knowledge"; (3) "Investigation of . . . endemic and epidemic diseases"; (4) "Advancement of medico-legal science." The fifth embodied "the maintenance of the honour . . . of the profession . . . by promoting voluntary intercourse and free communication of its members, and by establishing the harmony and good feeling which ought ever to characterize a liberal profession."

The year 1946 may prove to be another great year of reform, which this time may vitally affect the medical profession. So long as the reform preserves the principles that "characterize a liberal profession," medical men and women will pursue their traditional aims and objects with "harmony and good feeling." The numerical strength of the B.M.A. is now such as to enable it to pursue its objects in full consciousness of its strength. How this strength has grown since the foundation of the Association is shown in the following table of membership.

1832	...	...	50	1906	...	...	20,993
1836	...	...	500	1925	...	...	30,524
1839	...	...	1,010	Sept. 2, 1939	...	...	39,121
1873	...	...	5,400	1942	...	...	41,239
1883	...	...	10,050	July, 1945	...	...	50,032
1895	...	...	16,000				

HISTOPLASMOSIS

Histoplasmosis, described first by Darling in 1905, is a mycosis affecting primarily the cells of the reticulo-endothelial system. The parasite, *Histoplasma capsulatum* Darling 1906, a small capsulated yeast-like body, 3 to 4 μ in the longer diameter, occurs in great numbers within the reticulo-endothelial cells, which are stimulated to hyperplasia. The granuloma formed tends to undergo central necrosis and provoke a peripheral fibrotic reaction. During the 20 years after Darling's discovery¹ of the first three cases in Panama in 1905-6 no further record of the disease appeared until Riley and Watson² described a case in the United States in 1926, and their report was followed quickly by others. DeMonbreun,³ in 1934, reported his success in cultivating the fungus, and, with this additional means of diagnosis and the developing interest in mycoses, the number of cases reported annually in the United States greatly increased, and the disease was found in Argentina, Austria, Brazil, Central America, England, Mexico, the Philippines, and Rhodesia; this increase seems to be attributable to greater accuracy in diagnosis rather than to an actual increase in incidence.

The disease occurs sporadically and attacks persons of all ages; about 18% of the patients have been infants under 1 year old, and one patient was aged 71. There is no apparent seasonal incidence and no known occupational

¹ *J. Amer. med. Ass.*, 1906, **48**, 1283.

² *Amer. J. trop. Med.*, 1926, **6**, 271.

³ *Ibid.*, 1934, **14**, 93.

predisposition. Nothing is known of the source of infection. The fungus has never been found vegetating saprophytically in nature, but the disease has been identified on four occasions in the dog, and yeast-like bodies resembling *Histoplasma* have been seen in the tissues of the mouse,⁴ the rat,⁵ and the ferret.⁶ The mode of infection is unknown, but it is thought that the fungus may gain entry through the lungs, the alimentary canal, or the skin.

The disease may attack one or several organs or tissues of the body, and all have been involved in some case or another. The symptoms and clinical features depending upon the distribution of the lesions, there is no characteristic symptomatology. Ulcerative granulomatous lesions of the lips, tongue, and other mouth parts, nose, pharynx, larynx, and intestine, may simulate tuberculosis or even malignant disease. Local or general enlargement of the lymphatic glands and the spleen may suggest leukaemia or lymphadenoma. Involvement of the lungs, especially in the form of miliary granulomata, has frequently led to the diagnosis of tuberculosis, while histoplasmosis of the adrenals may be reflected, clinically, only in the signs of adrenal insufficiency, and involvement of the bone marrow in anaemia. Three cases are on record of vegetative endocarditis, affecting the auriculo-ventricular valves, caused by *H. capsulatum*. In the majority of cases irregular fever, sometimes with chills and rarely with night sweats, develops in the later stages of the disease. The diagnosis, therefore, cannot be based on symptomatology, but depends upon the identification of the parasite in culture or in microscopical preparations from the lesion. The most suitable material for this purpose is tissue taken by biopsy from lesions of the skin or mucous membranes or superficial lymph nodes. Smears of the peripheral blood in the final stages of the disease, or of the sternal bone marrow, may contain the parasite, free or in phagocytic cells; but its occurrence is not so frequent as to make these examinations alone of much value in diagnosis. The best stains for demonstrating the parasite in morbid material are haematoxylin, Giemsa's stain, the Claudius modification of Gram's stain, and Masson's trichrome stain. Isolation of the fungus in culture is not difficult, but the development is slow and may take from eight days to three weeks. The fungus, in saprophytic life, is dimorphic; cultures incubated at 37° C. on blood agar and certain other media vegetate as a simple yeast resembling the parasitic form, but at room temperature the fungus vegetates in a mycelial form with a profuse aerial growth bearing terminally on short branches the characteristic piriform to spherical chlamydo-spores measuring from 3 μ to 15 μ in diameter, and having on the surface numerous prominent tubercles or finger-like processes. If, because of gross contamination of the tissue, direct cultivation is impracticable, it may be isolated by inoculation of the material into a susceptible animal such as the mouse, rat, or guinea-pig. A possible aid to diagnosis may be developed in tests of dermal hypersensitivity to filtered extracts of cultures of the fungus.

The prognosis is bad, for the disease is almost inevitably fatal, the duration being reckoned in months or even weeks. All forms of treatment have given disappointing results, but radiotherapy and the use of some pentavalent antimony compounds may prove helpful in early and localized superficial infections. In assessing the value of treatment, however, the possibility of spontaneous improvement should not be overlooked; in the second English case the patient was alive and in apparently good health two years after conclusive diagnosis.

⁴ *Indian J. med. Res.*, 1923, 10, 908.

⁵ *Pathologica*, 1922, 14, 493.

⁶ *Cornell Vet.*, 1938, 28, 249.

HELP FOR THE DEAF

As announced in our news columns this week, a deafness clinic has recently been set up at the National Hospital, Queen Square, where it is proposed to investigate and treat by means of hearing aids and other methods all forms of deafness, excluding those accompanied by active otitis media with ear discharge. The Otological Research Unit which is being established by the Medical Research Council at Queen Square will be under the direction of Dr. C. S. Hallpike, aural physician to the National Hospital and a member of the Medical Research Council's scientific staff and of its Electro-acoustics Committee.

Through its committee on the physiology of hearing the Medical Research Council has for some years been concerned with the problems of deafness, and in order to probe further into this distressing complaint it has recently formed three research committees—one to deal with the medical and surgical problems of deafness, the second to consider the design and performance of electro-acoustic equipment, and the third to look into the education of the deaf. Recent correspondence in this *Journal* has made it clear that the provision of a suitable deaf aid at a reasonable cost and with easy maintenance is an urgent need among those whose deafness could be relieved in this way. The clinic at Queen Square, under Dr. Hallpike, is to examine this very question as part of the work of the M.R.C.'s Electro-acoustic Committee, and for this purpose needs as many deaf subjects as the clinic can deal with. Patients so investigated will of course have the advantage of expert advice and treatment, and practitioners, therefore, will be helping both them and the clinic if they refer to it their patients who require relief. Those wishing to take advantage of this should write to the Director, the Otological Research Unit, National Hospital, Queen Square, London, W.C.1.

THE I.A.M.C. JOURNAL

A new medical journal is nowadays something of an event, and when it comes off those with designs of their own murmur sadly, "I wonder where they got the paper from." The first number of the first volume of the *I.A.M.C. Journal* which has just reached us is, however, not published in this country but from the headquarters of the Indian Army Medical Corps at Poona. It appears in a handsome maroon cover with the badge of the I.A.M.C. attractively displayed in the centre of the page. Our first envy of the paper is diminished on finding that there are to be only two issues yearly—an unusual frequency in medical journals. The present and first number appears with a note of inauguration from Lieut.-Gen. Gordon Wilson, Director of Medical Services in India. "For the first time," he writes, "in the history of military medical organization in India we have a Medical Corps in which officers, warrant officers, N.C.O.s, and men have become unified. This is a great achievement full of the highest promise. . . . It is fitting that this unification should be symbolized by a journal, and we wish the Editor, Colonel D. R. Thapar, all success."

The contents of the first number suggest that the *I.A.M.C. Journal* combines the virtues of a scientific with those of a well-produced hospital gazette. It has photographs of various members of the I.A.M.C., including one showing Lord Louis Mountbatten shaking hands with an Indian orderly. We note with interest a short article written in Basic English, and that a group of instructors in the Army Medical Training Centre have been learning this linguistic system, so as to be able to spread knowledge of the English language among their Indian colleagues.

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