

Medical Matters.**POISONOUS COATS.**

SOMEONE once remarked that if nervous people only knew the multiplicity of dangers with which they are surrounded, they would never dare to eat or drink or even to move out of bed. It is certainly a fact that, as civilization advances, and adulteration in every department becomes more rife, our dangers do increase. One of the most recent illustrations of this is the employment of poisonous materials in the manufacture of clothing. Some men who were recently employed in a large provincial town to clear the streets from snow, were supplied with overcoats which, on becoming soaked by the sleet, converted this water into a poisonous fluid which caused such injury to the hands and arms of the wearers, that they required hospital treatment. The analysis of the clothing showed that it contained chloride of zinc. Fortunately, in this case, the skin disease which was caused was easily cured, and the manufacturers have probably learnt a lesson which will prevent them from converting the clothing they supply to the public, in future, into poison traps.

MEASLES.

It is a well known fact that although the preliminary symptoms of measles are very well marked, the characteristic rash does not appear on the skin until the fourth day. It has, therefore, been considered difficult, if not impossible, to diagnose the disease at an earlier stage. As a matter of fact, for some time past, it has been recognized that the preliminary symptoms, for example the running from the nose and soreness of the mouth, are explained by the condition of those parts. Even on the first day of the fever, a distinct eruption is found inside the mouth, on its mucous membrane, looking not unlike the rash which subsequently appears on the external skin. The spots are described as small, bluish white in colour, slightly elevated, and surrounded by a red margin. The rash in the mouth generally disappears as soon as the rash on the skin is well developed. German observers who have devoted the most attention to this matter are confident that the sign is absolutely characteristic of, and invariably associated with, measles.

And its importance can hardly be over estimated because there is no doubt that the immense prevalence of any epidemic of measles is largely due to the fact that isolation of an affected child is rarely, if ever, attempted until the characteristic rash appears upon its skin. The natural consequence is that for three or four days it frequently communicates its contagion to others. The discovery therefore of this mouth eruption will probably produce valuable results in enabling cases to be isolated at an earlier period, and the dissemination of the fever can therefore be more easily controlled.

A HEADACHE INSTRUMENT.

It is generally known that patients suffering from Megrin are accustomed to press their fingers against certain portions of the head—generally on or near the temple—whereby the pain is dulled or controlled. Taking advantage of this fact, a German surgeon has invented an apparatus to fulfill the same purpose of pressure. It consists of two pads with a steel band and adjustable spring, by means of which the pressure can be applied directly over the painful area; and it is claimed that by means of this instrument immediate relief is given even in extreme cases. It is even possible that the influence of such an instrument may be twofold, and be useful, not only from its direct pressure, but also through its influence on the imagination. Patients subject to these attacks are generally of a highly nervous type, and thus are susceptible to external impressions in a marked degree.

CHLORATE OF POTASH FOR BURNS.

Cold solutions of chlorate of potash are employed in the form of local or even general baths immediately after burns. In case of urgency all that is necessary is to throw the crystals into cold water and agitate a little; in consequence of its feeble solubility the salt dissolves only to the required degree. The remedy is efficacious in even deep burns, but the action is particularly evident in the erythema of superficial burns. Relief is said to be immediate. This is the treatment at the beginning when pain is dominant. Later, the method varies according to the depth of the burn. If deep, it is treated with dressings, like an ordinary wound; if superficial, compresses of chlorate of potash are continued until the end, but they are covered after one or two days with mackintosh.

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