


Medical Matters.

BORN WITH TEETH.



Punch immortalised the boy who advised his father to change the doctor because he had "forgotten to give the new baby any hair or teeth." He would have been more satisfied, perhaps, with a baby whose case was recently reported in a French contemporary. This infant showed at birth two well-developed lower central incisor teeth. The mother was healthy, and gave no family history of congenital teeth. This was her second child, and her first infant showed no signs of precocious dentition. In weight the infant was above the normal. The teeth were normal in appearance, save that one was inserted somewhat transversely in the jaw. There was no local alteration in the surrounding gum. On the fourth day the teeth began to trouble the mother when suckling. The examination of the infant's mouth showed ulceration under the tongue, and swelling and redness of the gum. An abscess began to form, consequently the teeth were extracted. It required a distinct effort to remove them from their sockets; they were typical milk incisors.

BLINDNESS FROM JAMAICA GINGER.

THERE has recently been published an account of six cases of blindness brought about by the consumption of ginger. Only one case of the kind had been previously reported. Following upon abdominal pains, nausea, and headache, which symptoms developed a few hours after taking the ginger, dimness of sight, passing into complete blindness, resulted. Papillitis was recognised in two of the cases. The lesion was regarded as an acute retro-ocular neuritis. So rapid was the failure of sight that in a few days all perception of light would be lost. The prognosis is comparatively good, either complete restoration of sight, or considerable improvement. The *Medical Times*, in commenting upon the case, pointed out that in Jamaica itself a similar case had not been heard of and that the occurrence as a result of eating ginger must be extremely rare. Indeed, it is open to doubt whether, in the particular cases in question, some other agent may not have been the real cause of the symptoms. If pure ginger were at fault, blindness should be very common.

EYE COMPLICATIONS IN FEVERS.

VARIOUS ocular complications are met with in measles, whooping-cough, mumps, scarlatina, typhoid, diphtheria, influenza, small-pox, varicella, and erysipelas. Of these fevers, influenza, measles and scarlet fever are those attended with the greatest number of ocular complications. Paralytic troubles may develop in the course of whooping cough, parotitis, typhoid, diphtheria, influenza, and variola. Superficial inflammatory troubles involving the conjunctivæ and cornea are seen for the most part in measles, scarlatina, and influenza. Iritis is a very rare complication, and is seldom met with. Retro-ocular neuritis is prone to develop in connection with no less than four of the fevers—typhoid, influenza, varicella, and erysipelas. It is held accountable for the optic nerve atrophy, a sequel to these fevers. From the proximity of the sphenoidal sinus to the optic foramen, inflammation of this sinus from the spread of nasal troubles is regarded as the explanation of the retro-ocular neuritis. Papillitis may develop in measles, influenza and erysipelas; and retinitis in scarlet fever (albuminuric), influenza and variola.

HEADACHES FROM NASAL CAUSES.

AN interesting article on this subject appeared in an American journal. The writer points out that these cases are of frequent occurrence. In addition to local treatment, both topical and surgical, proper regard is always be paid to any existing constitutional disturbances, whether of the digestive or circulatory apparatus, and especially the correction of any tendency to lithæmia by regulation of the diet and appropriate remedies. Practitioners are fully alive to the importance of ocular defects as a cause of headache, but the part played by the nose is sometimes overlooked. Whilst upon the subject of headache, it should be borne in mind that disease of the frontal sinus is a frequent factor in frontal headache. Inflammation of these cavities is most often accompanied by a serous exudation, which accumulates in the sinus. Treatment must be directed primarily to any nasal obstruction that may be present. Probing is usually futile. Nasal sprays and steam inhalations are much used. Moist heat over the sinus gives relief. In operating, the chief aim is to obtain free drainage into the nose and to empty and cleanse the sinus. After this, surgical cleanliness is of the most cardinal importance.

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