

Medical Matters.

THE MEDICAL ASPECT OF THE PRESENT WAR.



A VERY valuable article on this matter by Mr. James Cantlie appears in last week's *Medical Times*. He points out that the area in which the British troops are campaigning and likely to campaign is one of the healthiest in which they have found themselves for many years. Not since the days of the Peninsular War have operations on a large scale been conducted in so good a climate. Egypt, the Soudan, Burmah, the North-west Frontier of India, the Malay Peninsula, the West Coast of Africa, and the Crimea, are a few of the countries to which British troops have been sent during the latter half of the present century, and none of these can be compared in salubrity with South Africa. For the most part consisting of elevated tablelands and plateaus, Natal, the Transvaal, and the Orange Free State, possess an attractive climate by virtue of the peculiarly invigorating properties of the air, properties which speedily revive the weak and act almost as an intoxicant to the strong. Malaria is scarcely met with in any of the three countries mentioned, although in Swaziland and along the Limpopo river "African" fever is very deadly. Malarial affections, therefore, will, fortunately, not play an important part in the category of diseases during the campaign. That ague, however, may not complicate wounds and diseases is not by any means certain. The contingent of troops which proceeded from India to South Africa carry with them either active or latent malaria, and exposure to the cold during the night in the highlands of the Veldt is calculated to "bring out" the malaria. In fact, cases of the kind have already occurred amongst the wounded from India. *Enteric* is a great enemy in South Africa. During the Zulu campaign a large number of soldiers were attacked by enteric, and, in fact, in every campaign in, or expedition to, South Africa, enteric has played an important part. If we are right in attempting to fix the ætiology of enteric upon milk, instead of the water presumed to be added to it, and if upon the milk, necessarily upon the cow, we are afraid that the amount of diseases amongst cattle in South Africa which has existed lately, will afford but little hope of our soldiers escaping. However, there are well

known means of counteracting the evil influences, which, though difficult to carry out completely during a campaign, can be fairly effectively applied. The communicability of enteric also is a feature which seems to assume a practical form during the exigencies of a campaign. *Pneumonia* has already caused the death of several soldiers, and there is no doubt that a wet season at high altitudes in a subtropical country is calculated to predispose to the disease. *Intestinal flux* is a fairly common ailment, and dysentery has occurred during previous campaigns in the same districts. *Bilharzia* *Hæmatobia* and the hæmaturia resulting therefrom is a disease peculiar to this region; in fact, it was in a case from Natal that, in 1864, Dr. John Harley first discovered the ova of the parasite in the urine in a case of hæmaturia. The ovum of *Bilharzia*, as met with in recently passed urine, will be found as a brownish coloured compact, ovoid body with a short spine, measuring 0.16 mm. by 0.06 mm. A ciliated embryo is generally to be found within the ovum, which soon escapes, and if fresh water be supplied to it, swims about freely. The cilia cover the embryo everywhere except at the beak. The embryo is most probably imbibed in the drinking water, and penetrating the stomach walls, gains the blood by way of the portal vein. Ova are met with in the fæces as well as in the urine. *Sunstroke* is, curiously enough, but rarely met with in South Africa. Lately Dr. Sambon has advanced the theory that sunstroke, or siriasis, as he terms it, is a parasitic disease, and but indirectly connected with exposure to the sun's rays. The absence of siriasis in South Africa would seem to point to such a conclusion, for in no part of the world is less shade obtainable than in the Veldt and the Karroo of South Africa.

CATCHING COLDS.

AN American paper recently published a paper upon the very practical subject of "Taking Cold: its Results and Treatment." The author contends that the phenomena usually known as "taking cold" are caused by irritation of the ganglionic nerve centres, which produces a disturbance of the vaso-motor system, and consequent vascular dilatation. The irritation of these nerve centres he looks upon as due "to lithic diathesis, oxalic dyscrasia, or to the presence in the blood of nitrogenous substances formed in the body as the result of bacteriological action." To the uninitiated, this sounds as bad as the actual complaint could possibly feel.

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