

Pleurisy. And, secondly, insufficient movement of the chest must involve more or less injury to the whole system, because it implies that the air is not entering the lungs as it should, and that the blood therefore is not being adequately purified by the addition of oxygen.

Bronchitis is termed Acute or Chronic, according to its duration; the latter term being reserved for an attack which continues for weeks, whereas the former is usually applied to an affection which, however severe, lasts only a comparatively short time. To deal with acute bronchitis first; it occurs in persons of any age who have been exposed to cold or irritating vapours, such, for example, as coal dust or fog. In the more ordinary case of an attack commencing with a cold, the history is usually as follows. After exposure, the patient suffers from a sensation of heat and dryness in the nose and throat, followed in a few hours by a free discharge from the mucous membrane of the former, and by a dry, irritating cough, in consequence of the implication of the throat. When the mucous membrane of the nose is examined at first, it is seen to be red and inflamed. It is, in fact, more or less deeply congested, or overloaded with blood, the irritation of its surface having caused the blood vessels to dilate; and the appearance of the nose is precisely that presented by the mucous membrane in each successive track of the trachea or bronchi as the affection progresses. The blood vessels attempt to relieve their overloaded condition by squeezing out the more watery part of their blood, and in the form of mucus this is exuded from the mucous membrane, making the latter wet and glistening, instead of red and dry as before. Every one knows by personal experience that, in the case of an ordinary cold in the head, after a few hours of stuffiness and then of discharge from the nose, the attack passes off. The same would probably be the case in an attack of bronchitis if the discharge could easily flow away; but being in the lungs it must be coughed up in order to be expelled, and the coughing while it removes the foreign matter, at the same time sets up a certain amount of irritation in the lung, and therefore increases to some extent the congestion of the mucous membrane. This should be remembered, because it shows that the cough is not a thing to be encouraged, and especially if the paroxysms are at all violent.

*(To be continued.)*

## Medical Matters.

### ALCOHOLISM.



ALL medical men recognise, at the present day, that alcoholism is as much a disease as insanity; and that, if it become habitual, alcoholic intemperance soon develops a craving which is beyond the power of most natures to control. This view is the more important in its influence upon treatment because it completely upsets the old fashioned methods, and holds them to be as valueless in theory as they actually were in practice. Flogging, fines, and imprisonment probably never cured a single drunkard. Moral suasion and enforced abstinence have cured many an apparently hopeless case. In fact, it is in accordance with all medical knowledge to say that upon the proper understanding of the disease, depends its only rational treatment. Medical men have long urged that chronic drunkards should be restrained in asylums and retreats; and the success of recent Habitual Drunkards' legislation has proved the value of the advice. The public have not fully realised the dangers to the community which arise from alcoholism, or a more scientific treatment of the disease would long ago have been insisted upon, by law, in every civilised State. No one denies, at the present day, that it is for the common welfare that persons of unsound mind should be placed in an asylum, but few lunatics could do the direct and indirect harm which a drunkard can cause to his family and friends. And there is a wider question still. It is a well known fact that the children of the insane often die early or fail to have children to convey their mental weakness to another generation; but the grave injury which the drunkard does to the community may be propagated from generation to generation, and thus the harm caused by one individual may be incalculable. A German philosopher, Dr. Pellmann of the University of Bonn, has examined with scrupulous care and accuracy the family history of a woman who was a notorious drunkard and who died in 1800. Her descendants are known to have numbered at least 834, but the Professor was only able to trace 709 of them. Of these seven were found to have been convicted of murder, 76 others of more or less serious crimes, 142 were beggars,

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