

Medical Matters.

TUBERCULOSIS IN IRELAND.



IN a valuable paper recently published on this subject, the author showed that tuberculous disease throughout Ireland—*tabes mesenterica* and tuberculous meningitis more so than phthisis—was regulated almost exclusively by aggregation of population. Small towns and villages bred tuberculosis largely. He controverted all theories referring the prevalence of Irish tuberculosis to meteorological or climatic causes, or to the proportionate amount of bog and barren mountain land, to surface elevation, or to geological formation. These did not operate as influential factors, or their effects could not be measured by death-rates recorded over large areas. In the counties, death-rates per million living from (1) *tabes mesenterica* and tuberculous meningitis combined, and (2) from phthisis, corresponded so closely with the several degrees of urbanization as to leave no reasonable doubt of a causal relationship. This line of argument led to the conclusion that tuberculosis, as found in Ireland, was essentially a town-bred and village-bred disease, exclusively rural localities showing next to no mortality from *tabes mesenterica* and tuberculous meningitis, and greatly reduced death-rate from phthisis. The most tuberculous region in Ireland extended along the eastern and south-eastern seaboard, and was mapped out by the counties of Antrim, Down, Dublin, Wexford, and Waterford. The least tuberculous was found in a compact region in the northwest, comprising the five contiguous counties of Donegal, Leitrim, Cavan, Fermanagh, and Longford. These two regions contained respectively a high and low percentage of urban population. A table giving the percentage of inhabitants of towns over 500 to the total population in each of the 32 counties showed that, where the town-dwelling population was high so also was tuberculosis, and *vice versa*.

CELLULOID HAIR PINS.

It is reported that the editor of the *American Journal of Electro-Therapeutics* recently had a most disagreeable experience, which might have proved to be a serious accident. It may

serve as a warning to those using static electricity. A young lady was being treated with the static breeze on the head from an ordinary static head crown. The crown was about eighteen inches from the hair, and was attached to the negative pole of the battery direct, while the positive pole was in connection with the stool on which the patient sat. The day was clear, and the charge generated was moderately strong, certainly much less than has often been given. The hat having been removed, the shower came down in profusion over the head and shoulders, and was not at all disagreeable, until suddenly a scream, and the most painful expression of countenance gave warning that something had gone wrong. The motor was at once disconnected. A column of smoke arose from the patient's head, while she continued to scream the louder. Before he could reach her, a second column of smoke, and then a third arose. He tore down the hair with all possible haste, and removed the charred remains of three celluloid hair pins, one of which was only partly destroyed. He succeeded in smothering the fire with his hands only after three spots of hair had been burned away, varying in size from a sixpence to a shilling, and the scalp had been quite seriously burned in one place and slightly burned in another.

DIPHTHERIA ANTITOXIN.

A well known Swiss physician has recently given his experience of the treatment of diphtheria by antitoxin. He sums up his experience in the following words: "I who was a Saul have become a Paul, and even if I should have an unfavorable case, my new-found faith would not be shaken." He gives a short account of 51 cases treated with antitoxin, and 38 prophylactic injections, observed during the fall and winter of 1897 to 1898. His patients all recovered. The epidemic appears to have been a severe one, whole families being attacked by the disease, but the treatment was so uniformly successful that the community (a small Swiss village) began to doubt that it really was diphtheria, because no one died. Fortunately, the writer says, their faith in science and in their doctor was somewhat restored by the fatal issue of two cases, in one of which the treatment was not used at all, and in the other only after the patient was beyond all hope. All but one of the children treated with a prophylactic injection escaped infection.

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