

Medical Matters.

THE INSANE AND ANÆSTHETICS.



A MOST interesting paper on this subject was recently read at the Society of Anæsthetists. The author's conclusions are important, in view of his extensive experience. His first conclusion was that an anæsthetic is liable to cause insanity in any neurotic individual who is subject to recurrent attacks of insanity. The form which the attack assumes is usually that of acute mania, or of anergic stupor—very rarely melancholia or simple delusional insanity. The second conclusion was that an anæsthetic does no harm to a person who is already insane. This does not affect the question of operation on the insane. It is a fact that surgical wounds in the insane, as a rule, do badly, either on account of the restlessness of the patient or on account of his dirty habits. The third conclusion was that anæsthetics are useless in the treatment of insanity. There is, however, one method which, though it may not shorten the attack of insanity, may considerably comfort the patient by giving sleep—that is, to give 30 gr. of trional, and then to follow it up with a general anæsthetic (preferably chloroform) for half an hour. At one time this was suggested as a routine treatment for mania from drinking.

MEASUREMENT OF EUROPEAN CHILDREN.

INFORMATION on this subject derived from various sources from the examination of 10,000,000 children has recently been published. The British Association for the advancement of Science reports that there is an average difference of five inches between the best and worst nurtured classes. There is a constant but uneven growth in height, weight and chest measurement increasing annually up to 17 and then diminishing rapidly. The growth of strength increases greatly at 13, again at 15, continues longer and diminishes slower than height and weight. In Saxony, Dr. Paul Haase says that in the well-to-do classes, as compared with the poor, the height is from 1—4 centimetres greater, the weight from 1—4½ greater. Dr. Combe says children born between September and February are not as tall as those born in the summer and spring months, and Wahl, that the growth of children is much more rapid from March till August,

and that this is not due to the summer vacation, for it occurs whether the child go to school or not. Combe finds that sickness in girls is most prevalent between 11 and 15, and depends less upon contagious diseases than in the case of boys. Girls demand special care during the age of puberty, owing to the tendency to anæmia, etc., and this should be considered in regard to school life. Children of the well-to-do are stronger and larger when beginning school life, but do not grow faster than the poorer children. Weissenberg says the growth in height does not go parallel with that of the chest. During puberty the body grows in length at the cost of the chest development; but this is compensated for after puberty. The extremities grow rapidly up to the 16th year, then there is a slow growth till the 30th year. The legs chiefly grow between the 10th and the 17th years. Comparing the general results, it appears that there are 6 periods of growth. The first extends up to the 6th or 8th year, and is one of very rapid growth; the 2nd period, from 11—14 years, growth is slow; the 3rd period, from 16—17, a sudden advance of growth in relation to the development of puberty; the 4th period shows a slow growth up to the age of 30 for height, up to 50 for chest girth; the 5th period is one of rest, from 30—50 years; the 6th period is characterised by a decrease in all dimensions of the body.

LEAD POISONING IN CHILDREN.

AN interesting article on this subject has recently been published in an Australian contemporary. The author states that the blue line is frequently indistinct and localized near certain teeth only; except when there is necrosis of the jaw or dental caries. The most common paralysis is that of the muscles of the front of the leg, especially the tibialis anticus and exterior longus digitorum, less commonly the peronei; thus a high-stepping gait is produced; wrist-drop is comparatively rare. Colic is fairly common, it may be accompanied by vomiting, and the attacks of it are frequently periodic. Pains in the limbs are frequent. Convulsions may occur and even prove fatal. Optic neuritis may be present, and this, accompanied by headache and vomiting, may raise a suspicion of meningitis or cerebral tumour, but the prognosis, except as regards sight, is good. Lead poisoning in children is certainly rare in this country, and no mention of it is to be found in the principal text-books.

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