


Medical Matters.**SICKNESS AT THE SEAT OF WAR.**


ENTERIC and dysentery seem to prevail at all the besieged towns in South Africa, and also amongst all the stationary armies. At Ladysmith the daily deaths from these diseases have been seldom less than ten, during the last two months. At Kimberley, where the fresh meat, milk, and fresh vegetables failed, the death-rate amongst children amounted, taking whites and natives together, to about 160 per 1,000 during the last two or three weeks of the siege. Mafeking seems to have been well supplied with meat and fresh vegetables, and the health of the garrison has been better. In future prolonged sieges, it would be well to remember these facts, and, seeing the enormous distances at which the attacking and the attacked fight, it would appear possible and certainly wise to start cultivating fresh vegetables from the very first day of imprisonment in a beleaguered city. The relief armies, however, have suffered severely from enteric and dysentery, even although their lines of communication have been open, and the means of distributing water have apparently been ample. "Camp" ailments are evidently not yet a thing of the past, and wherever a large body of men congregate, both these diseases seem rife, even when fresh meat, etc., are to hand. A parallel to such a condition is seen during pilgrimages, more especially in the case of Indian pilgrims proceeding to Mecca. Amongst them, "pilgrim's diarrhoea," which includes cholera, diarrhoea, dysentery, and enteric, is ever present, let the inspection before starting be as thorough as it may. Overcrowding and surface crowding, whether on board ship or on the field, seem to entail a series of intestinal ailments totally independent of either food or drink; and, even with the improved hygiene of the camps of modern armies, these scourges seem to be unavoidable.

ANTI-TYPHOID INOCULATIONS.

SOLDIERS of all ranks and branches of the service proceeding to South Africa have been inoculated to the extent of about 20,000 men. The results of the inoculation will not be ascertained for some time, but it is interesting to note the published results of the treatment as gathered from Indian experience. As the result of observations upon soldiers, it is found that,

amongst the inoculated, typhoid seizures occurred in 0.95 per cent., whereas amongst the uninoculated, 2.5 per cent. suffered from the disease. The case mortality was 0.2 per cent. of those inoculated, and 0.34 per cent. amongst the uninoculated. These facts speak for themselves, and seem to justify the adoption of Professor Wright's prophylactic treatment.

ALBUMINURIA IN THE HEALTHY.

THE vexed question of albuminuria in the apparently healthy has been discussed recently by various careful observers. In the laboratory sense, no urine is free from albumen, and therefore the word is used in a clinical sense as implying the presence of albumen in urine as shown by cold nitric acid and boiling. When no evidence from the state of the heart and from the general health is available to show that renal disease exists, the patient is assumed to be healthy—in other words, that the albumen does not mean disease. The influence of chilling of the surface as a cause of transient albuminuria is often thought of little importance; but there can be no doubt that a very large number of such cases occur, and far from being an unimportant cause of the phenomenon, it is perhaps one of the most general and far-reaching of all. Much attention has been given to the discussion of what is described as "postural" albuminuria, viz., that form which disappears when the patient is in bed, but reappears on his assuming the erect position. It may be fairly argued that, when a patient is in bed, he is presumably warm, and hence a very powerful factor, viz., chill, in the production of functional albuminuria, is in abeyance. It is only by following the history of patients for many years that it is possible to form an opinion as to the result of this kind of abnormality affecting the urine; and it is impossible, otherwise, to say that the patient is really free from renal disease.

THE DIET OF DIABETES.

French physicians speak highly of a diet of fresh vegetables in the treatment of diabetes. In bad cases, they find much benefit in an exclusive diet of fresh vegetables for a few days, recommending endive, cabbage, French beans, artichokes and, in general, all green vegetables. Peas and beans may be taken in small quantities, and fruits in moderation. The objection to saccharin and dulcein is that they do not represent a food, but a foreign body in the organism, and being non-assimilable, only increase the amount, already copious enough, of waste products in the body.

[previous page](#)

[next page](#)