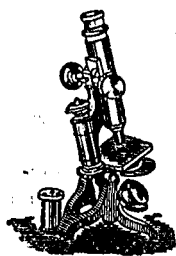


Medical Matters.

THE NEW HEADACHE.



An essentially twentieth century form of headache is described in the *Practitioner* by Dr. Guthrie Rankin. This form of headache, he says, continues as long as an over-worked person persists in fatiguing himself, and rapidly disappears when sufficient rest is taken. The pain is always located at the back of the head, generally associated with a feeling as if the head were encased in an iron sheath. It is caused by the prevailing stress of life and the increasing demands of ambition for long-sustained effort without the necessary repose.

SLEEPING SICKNESS IN UGANDA.

It is reported from Mombasa that Lieutenant-Colonel Bruce, who, together with Dr. Nabarro, was despatched from London in February last on behalf of the Government and the Royal Society to study the sleeping sickness in Uganda, has left for England on the conclusion of his mission. He states that the ravages of the disease are unabated.

RED LIGHT TREATMENT OF SMALL-POX.

The *New York Medical Record* reports that Dr. Finsen states it may be considered an irrefutable fact that daylight, and especially the chemical rays, has a most injurious effect on the course of small-pox, as the suppuration of the vesicles is due to the effect of light; consequently, it is possible to avoid the suppuration and its consequences by protecting the patients from the action of light. On the other hand, light seems to have no action on the small-pox infection itself, and death caused by the latter cannot be prevented by excluding the chemical rays; but the avoidance of suppuration is of the greatest importance, as the suppuration stage is most dangerous, and the greatest number of deaths are due to suppuration. Further, the numerous complications and sequelæ due to suppuration may be avoided, as well as the disfiguring pitting. Since small pox is a disease in which the public health authorities oblige the patient to go into a particular hospital, he has a right to ask that he shall not there be unnecessarily exposed to dangers that may be fatal, or are at least liable to disfigure him for life. It must be considered absolutely unwarrantable on the part of the public health authorities to treat serious cases of small-pox,

in which suppuration might be expected, in hospitals where patients are exposed to daylight. As to the private physician, it must be considered a gross shortcoming if, as soon as he diagnosticates small-pox, he does not make preparations to prevent the patient from being exposed to daylight. It is everywhere possible to darken the windows by curtains, and a candle will supply all the necessary light.

PAINFUL AFFECTIONS OF THE FEET IN NURSES.

Dr. R. W. Lovett, in *American Medicine* has made a series of 500 observations upon the feet of nurses, normal and disabled, from which he deduces some interesting conclusions. Contrary to expectations, well-marked flat or pronated feet frequently gave as good service as those which seemed perfectly normal. This was so frequently the case that the information as to the probable serviceability of the feet obtained at the preliminary examination was almost valueless, though a foot with a well-distributed pressure area seemed rather less likely to give trouble than one resting on two islands. Conditions which cause general muscular debility seem to predispose most to cause trouble with the foot; this trouble is due to a rolling in of the foot and a shifting inward of its weight-bearing areas. Actual breaking down of the arch was not observed. Dr. Lovett lays much emphasis upon the importance of the nurse's wearing a proper shoe, and at first he was compelled to arrange for the manufacture of a special shoe which should be constructed along the following lines: (1) The boot should be as wide as the foot in front. (2) The inner edge of the front of the boot should be nearly straight, so as not to displace the great toe outward. (3) The boot should be constructed on a slightly curved line, the convexity being outward, so as to hold the foot in its position of strength. (4) The shank should be fairly high and slightly stiff. Lace shoes, with rubber heels, medium in height, with fairly thick soles, are prescribed. Low shoes were generally not allowed. If the nurse's foot gives trouble, in mild cases felt pads are put in the shoes to support the arch, the feet are soaked in hot water before retiring, then doused in cold water, and feet and legs bandaged with flannel. Metal plates or more elaborate bandages are required in more severe cases, while if these fail to give relief the nurse should be taken off duty until she can walk a mile or two on a brick sidewalk without pain.

[previous page](#)

[next page](#)