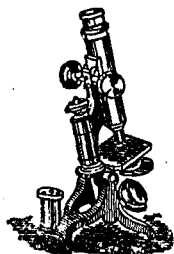


Medical Matters.

OCCUPATION AS A CAUSE OF LUNG DISEASE.



Professor Oliver recently gave an interesting lecture at the offices of the Mount Vernon Consumption Hospital in Fitzroy Square on "Occupation as a Cause of Lung Disease." Statistics proved, he said, that the mortality from phthisis was much greater amongst people connected with some trades than with others. There was no doubt that dust was the *causa causans*. The percentage amongst coal-miners in this country was much lower than it used to be, on account of the better ventilation of mines required by Act of Parliament. In lead mines, not so completely within the scope of the Mines Act, the mortality remained high. Gold-miners' phthisis, caused by working in air impregnated with dust and without any satisfactory ventilation, led to the Transvaal miners being a short-lived class. Without giving absolute credence to the statement that the average life of a rock-driller in England was eight years, and in South Africa only four, it should be remembered that the South African drillers worked on contract, and the eagerness of the men to earn £60 or £70 a month prevented them from waiting till the dust settled after an explosion, and so they entered a poisonous atmosphere.

As there was evidence to show that the inhalation of minute particles of organic matter was the primary cause of the malady, there was immediate necessity for introducing into South African mines those precautionary measures which had made coal mining in England a comparatively healthy industry.

Of the industries carried on in this country, Professor Oliver pointed out that file-cutting and steel-grinding were among the most unhealthy. What made knife and scissor grinding such a dangerous occupation from a phthisis point of view was the fact that the grinding was usually done on a dry stone. Hand file cutting was generally carried on under extremely bad hygienic conditions in small shops, and, as the work was cold, ventilation was never encouraged. The liability of potters to pulmonary disease had been known for centuries, and the china scourers, always women, who had to brush the dust from the ware after it had been fired, probably suffered most. Millstone

masons were a notoriously short-lived body of workers, and before ten years were over a large proportion died from pulmonary disease caused by the dust given off in the act of chiselling the stone.

DIAGNOSIS OF LEPROSY.

An interesting account of the routine method of examining cases of leprosy in Hawaii is given by Dr. J. T. McDonald (*Jour. Amer. Med. Assoc.*), who also draws particular attention to the general prevalence of the disease and the liability of its being undiscovered. He details the observations made on 150 cases. As a means of diagnosis, the microscope stands in first importance, a minute strip of tissue being teased out and stained with Ziehl's carbol fuchsin in the same manner as for tuberculous sputum. Of clinical symptoms, maculæ, chiefly leucodermic spots, are found in 89 per cent. of all cases. The lepra nodule found in 74 per cent. is the chief distinguishing lesion of skin leprosy. Thinning or complete loss of eyebrows and eyelashes is present in 63 per cent. Atrophic changes in hands and forearms, with retraction and contraction of fingers and enlarged ulnar nerve in 32 per cent., is a leading feature of nerve leprosy. The plantar ulcer was found in 26 per cent., absorption of phalanges in 16 per cent., facial paralysis in 11 per cent. The entire body should be carefully tested for anæsthetic areas.

NEURALGIC HEADACHES AND STORMS.

Dr. Weir Mitchell states in *American Medicine* that the originating causes of hemicrania are as yet unknown. The determining causes of the separate attacks have never yet been made clear enough to enable the victims to avoid them by precautionary measures. Eye-strains are rarely the primary trouble, but may add to the number and exaggerate the force of attacks. Freedom from exhaustion of mind and body is most apt to lessen the number of headaches. It is very probable that atmospheric conditions play an important part in the production of this form of pain. Certain migraines are due to storms, but not, as a rule, to the summer electric storms, which, nevertheless, in some hysterical women are sure to occasion a general headache, distinct in character from hemicranial attacks. The writer presents a chart on which are drawn two curves, the one representing the storm curve, the other the headache curve. March and April are the worst months and October and February the best.

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