

Medical Matters.

RHEUMATISM AND BRONCHIAL INFLAMMATION.



Dr. Alexander Haig, M.A., draws attention in the *British Medical Journal* to a special form of bronchial inflammation, first described by Dr. T. H. Buckler, U.S.A., and attributed by him to uric acid irritation or rheumatism. Dr. Buckler believed it could be successfully treated by salicylates, but that if they were not given it was most difficult to cure the disease. He further said that the salicylates would succeed best in cases where the acidity of the urine was high, but would be likely to fail where it was low; he therefore advised examination of the urine before prescribing.

Dr. Haig writes:—Since my attention was drawn to this article I have often been able to confirm Dr. Buckler's observations, and have used salicylates with good results not only in the special form of inflammation he described, but in all forms of ordinary bronchial catarrh or bronchopneumonia.

But salicylates do undoubtedly fail, as Dr. Buckler observed, when the urinary acidity is low. . . . I therefore began to try the older solvents of uric acid, with results that soon demonstrated that my conjecture was correct. I found that it was only necessary to give alkali in sufficient dose to render the urine alkaline to cause an immediate fall of temperature and speedy resolution of symptoms in many cases of bronchitis and bronchopneumonia, besides those described by Dr. Buckler. That to do this it was necessary to give alkali almost alone (say sodii bicarb. grains 20 to 60 for a child, or 90 to 120 for an adult in the twenty-four hours), and on no account to give ammonium with it, as this raises the acidity of the urine, and has been proved by others to do harm in rheumatism. If a cardiac tonic is required, digitalis can be used, but everything that raises the acidity of the urine must be avoided, and even such flavouring matters as orange and sugar, which tend to raise acidity, are better left out.

If the alkali is going to do good, the temperature generally drops decidedly in from twenty-four to forty-eight hours, but it should not be given up as useless till the urine has been rendered alkaline. After the temperature has been normal for one or two days, I reduce the alkali to a small dose (gr. 10 ter.), and add a little belladonna to dry up secretions, and the trouble is at an end.

Immature Infants.

By T. N. KELYNACK, M.D., M.R.C.P.
Physician to the Infants' Hospital; Medical Adviser to the National Children's Home and Orphanage.

A LECTURE DELIVERED AT THE INFANTS HOSPITAL, WESTMINSTER, S.W.

In our last lecture we decided that for the purposes of our present course it would be convenient to divide Infant Weaklings into:—

1. Premature infants.
2. Immature infants.
3. Defective infants:

In my former lecture I dwelt entirely on the characteristics and management of premature infants—infants born prior to the full completion of intra-uterine development. To-day I wish to describe to you the chief features of the second group—immature infants.

Some would include under the term "immature" all premature cases, and others are inclined to extend its meaning to include certain defective cases. It is difficult, and perhaps undesirable in practice to attempt to draw too sharp a dividing line, but for the purpose of our lecture to-day I am desirous of limiting the designation to those infants who, though born at "full term," are manifestly imperfect in their development and vitality—cases born delicate, congenital weaklings.

THE SCHEME OF LIFE'S DEVELOPMENT AND PROGRESS.

In order to further understand the precise nature of our subject, it will be well if we consider for a moment some of the most striking features in the wonderful evolution of the human infant.

With the object of demonstrating the main points in the little pilgrim's progress I have prepared a diagram simplified from the somewhat elaborate schemes which Dr. Ballantyne has presented in his classic work on "Antenatal Pathology and Hygiene." It is important to have a clear understanding of the fundamental features of development as the best guide to a rational study of the infant, and for protecting and directing the development of the new life. This diagram brings out the main divisions in the pre-natal and post-natal life of an infant.

[Diagram drawn on the blackboard and shown on the screen.]

First, there is the germinal period, paternal and maternal. On both sides the influence of race extends backward to preceding generations, showing itself in characteristics of per-

[previous page](#)

[next page](#)