

## Medical Matters.

### A STUDY OF MICRO-ORGANISMS ASSOCIATED WITH RHEUMATIC FEVER AND MALIGNANT ENDOCARDITIS.

The Report of the Medical Officer of the Local Government Board, recently issued, contains an interesting paper by Dr. T. J. Horder, F.R.C.P., on the Micro-Organisms Associated with Rheumatic Fever and Malignant Endocarditis. Dr. Horder says, in introducing the subject:—

The problem of the essential cause of rheumatic fever is one that still awaits solution despite much attention on the part of clinicians, pathological chemists, and bacteriologists. A knowledge of the true *materies morbi* concerned in this disease would constitute one of the greatest possible boons to humanity in general, and to this country in particular. For the malady is one of the commonest amongst those who, by virtue of their age and occupation, have just entered upon active physical life. The frequent tendency to recurrences with long periods of tardy convalescence, and especially the permanent crippling of the heart, too commonly seen as the direct result of the disease, cannot, unfortunately, be effectually prevented by any treatment at present known to us. These reflections amply serve to stimulate research into the cause of rheumatic fever along any lines that seem to offer hope of a successful issue.

That some poison is at work in the tissues of a patient suffering from acute rheumatism seems certain. That this poison is of a specific nature seems highly probable in face of the great constancy of the clinical picture displayed by the disease. The disease undoubtedly constitutes a definite entity. Of this there is an almost unanimity of opinion amongst clinical observers. This being so, it is reasonable to expect that a specific virus exists as the chief casual factor in the disease. But whether the poison is of bacterial origin or not remains unknown.

The argument from analogy with other diseases is often made use of as supporting the theory of the bacterial origin of the rheumatic virus. But the argument is treacherous. The close resemblance often seen between rheumatic fever and such a disease as streptococcal or staphylococcal pyæmia is by some considered strong evidence in favour of rheumatic fever being due to infection by a micro-organism. But the possibility of the poison in question being a chemical substance of other than microbic manufacture must not be lost sight of.

The existence of a special seasonal incidence

in the disease, and the occurrence of marked fluctuations in its prevalence at different places are facts which point more definitely towards the microbic theory of the cause of rheumatic fever (Hirsch, Newsholme, Longstaff, and others). The marked tendency to the disease manifested during the periods of youth and young adult life also supports this theory. Be this as it may, enough presumptive evidence exists to justify the investigation of cases of rheumatic fever on bacteriological lines. And such investigation has been made, in a most thorough manner, during life and after death, by various workers, with the object of isolating the hypothetical micro-organism from the infected tissues.

These investigations have so far yielded extremely discordant results. The reasons for this, as suggested by Bulloch, lie partly in the difficulty that exists in the certain diagnosis of rheumatic fever, partly in the defective technique of some investigators, and partly in interpretations being put upon some of the observed facts that are scarcely warranted.

### THE PHYSICAL DEVELOPMENT OF CHILDREN.

Dr. Lilian Chesney, lecturing last week at the Institute of Hygiene, said: A well known doctor once remarked in a lecture to students, "Remember, gentlemen, the majority of patients you see in a year won't die in spite of all your remedies," and so the majority of babies do not die in spite of all their mothers' treatment and fads, but a great deal of chronic ill health and want of physique is engendered by want of common sense while children are developing.

The cult of fresh air is rather overdone just now, but very few people seem to realise the fact that it is at night that fresh air is most wanted. A child has generally twelve hours in the bed-room, while during the day it is out and about. The craze for nasal breathing is one based on some foundation of truth, for air taken in only through the mouth tends to give rise to a dry throat, and to colds also, but there is no good trying to stop a child from breathing through the mouth unless you are sure it can breathe through the nose. It is remarkable how much better physically and mentally children often become when they can breathe properly, when they get rid of the chronic cold to which adenoids frequently lead, and how rapidly bronchitis and coughs disappear after the operation. Not only does the child need air to breathe if he is to develop properly, but it needs air for its skin. If a child's skin is clogged up with dirt, or with the camphorated oil beloved by most nurses, it cannot be really healthy. There is stuff

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