and ethical and educational standards have been raised.

"In all these respects," our contemporary concludes, "the last half-century has witnessed enormous advances; and in the practical realisation of these advances, so as to bring them home for the service of the public, the work of the Medical Council has exercised an influence which it would be difficult to exaggerate. It has combined into a harmonious whole the previously scattered elements of the medical profession, and has raised its standards, alike of knowledge and of conduct, in a manner which those who remember the conditions of fifty years ago can only regard with unmixed satisfaction."

What the General Medical Council has accomplished for medicine, the General Nursing Council can accomplish for Nursing, but the history of the Medical Council must be taken to heart by nurses, who must safeguard and jealously prize the right now accepted by the House of Lords to elect their own representatives on their governing body.

Medical Matters.

QUININE TANNATE FOR HAEMOGLOBINURIA.

The *British Medical Journal* gives an interesting summary of an account published by a foreign contemporary of the work done by Dr. Angelo Celli, who, working with Drs. Martinotti and Castellani, has tried for three years to find a preparation of quinine which shall be both pleasant to take and without side-effects upon those who are intolerant of quinine as ordinarily administered. He claims to have found in tannate of quinine chocolate pastilles a preparation which fulfils these requirements. The treatment by the pastilles was successful for all but 17 out of 736 children suffering from malaria, and of 690 children treated prophylactically only 9 contracted malaria. The pastilles were well borne by the alimentary and nervous systems; in only one case did a child show an idiosyncrasy against quinine as thus administered, and in the whole number of 1,426 cases there was no case of haemoglobinuria. In view of this almost complete absence of toxicity, it occurred to the author that quinine tannate pastilles might give good results in cases of malaria complicated by haemoglobinuria, and although he has notes of five cases only in which they have been employed, these are all eminently successful ones. The first case is that of a child seven years old, who sickened with malarial fever accompanied by haemoglobinuria, vomiting, and great weakness; quin. bisulph. 1.2 grammes was vomited, and injections of quin. bichlor. 0.5 gramme were followed by increase in the haemoglobinuria. The administration of the quinine tannate pastilles was then tried, with the result that on the first day the child vomited everything except the pastilles, but after this the vomiting ceased, the urine became clearer, and was normal after three days. On the second day also the parasites disappeared from the blood, the spleen diminished in size, and the general condition became very satisfactory.

THE INFLUENCE OF HEREDITY UPON TUBERCULOSIS.

Dr. Arthur Latham, F.R.C.P., in a paper read before the Fellows of the Royal Society of Medicine, on November 10th, and reported in the *Lancet*, sums up the position as regards tuberculosis as follows:—

1. The hereditary transmission of the germ is so infrequent that it is a negligible factor.
2. The incidence of tuberculosis depends in the main on two factors—(*a*) exposure to infection, which in turn is governed by the dose received and the virulence of the particular strain of bacillus; and (*b*) the undermining of the resistance of the individual by insanitary conditions and by disease.
3. The more adequate the preventive measures taken in any community the less are the incidence and mortality of the disease.
4. The more adequate the medical treatment—that is, the greater the proportion of persons in whom the disease has been arrested and who have thereby acquired a partial immunity—the less are the incidence and mortality of the disease.
5. As at death we all, or nearly all, show evidence of having at some time been infected with tuberculosis, and as most of us are able to overcome the infection, it is clear that the diminished opportunity for repeated infection, brought about by preventive measures and better medical treatment in this country, cannot wholly account for the diminishing incidence and mortality of the disease.
6. There is some evidence to suggest that the diminishing incidence and mortality of the disease may be in part due to a partial immunity inherited in the course of generations from tuberculous ancestors in whom the disease has been cured.
7. The theory that there is an inherited predisposition to tuberculosis is based on insufficient evidence.

previous page next page