

Medical Matters.

THE ADDRESSES IN MEDICINE, SURGERY AND OBSTETRICS AT BELFAST.

The *British Medical Journal* of July 31st is largely given up to the proceedings of the seventy-seventh Annual Meeting of the British Medical Association in Belfast, and our necessarily brief notice of some of the most interesting addresses are gleaned from its report.

PROGRESSIVE MEDICINE AND THE OUTLOOK ON TUBERCULOSIS.

The Address in Medicine was given by Dr. R. W. Philip, M.A., F.R.C.P.E., F.R.S.E., Physician to the Royal Infirmary, and the Royal Victoria Hospital for Consumption, Edinburgh, on Progressive Medicine and the Outlook on Tuberculosis.

Dr. Philip said that facts and statistics have speedily accumulated which go to show that tuberculosis results chiefly from the exclusion, or insufficient supply, of fresh air in the dwelling-room, work-room, and other haunts of man, and, further, that in proportion as the supply of air and sunlight is improved, under better conditions of sanitation, there follows a corresponding reduction in the mortality from tuberculosis.

The application of aëro-therapy has completely changed the clinical features of pulmonary tuberculosis. Under proper aëro-therapeutic conditions, the classic type of disease as described from generation to generation in the past has ceased to be. The aspect of the patient is metamorphosed. The delicate pink and white colouring or the hectic blush usually described is frequently replaced by a ruddy look. Pyrexia disappears marvellously. Within a short time, temperatures which have been swinging for weeks tend to become normal. The rapid pulse is slowed, and blood pressure increased. Night sweating is practically unknown. Cough quickly lessens or disappears, and expectoration is correspondingly reduced. Appetite picks up and digestive disabilities disappear. Lassitude and disinclination for effort, physical and mental, pass away, and the patient becomes once more keen and fit for neuro-muscular expenditure. His entire physiology returns to a higher plane. The classic description of the consumptive, read alongside of patients under treatment on aëro-therapeutic lines, sounds exaggerated and false.

The brilliant results achieved under aëro-therapy in the arrest of what seemed hopeless conditions of disease afford encouragement for the wider adoption of open-air measures with a view to prevention. It is remarkable how far prevention lags behind treatment. What is capable of effecting the cure of definite tuber-

culosis is *a fortiori* capable of preventing its appearance. We admit this in theory, but the practical application is half-hearted and faltering.

The lecturer urged that it is time we grasped the larger conception of tuberculosis as not merely the cause of an over-whelming mortality and infinite distress, physical and economical, but also as a great devitaliser of the race, indirectly responsible for an incalculable amount of other disease. As soon as that is realised, and also that the agencies which condition its occurrence, are as certainly removable as those which lead to typhus, we shall act effectively. . . . Instead of the doctor being asked merely to tinker up diseased frames, he will be recognised as a nurseryman in the Garden of Health. Is it, he asked, too optimistic to anticipate the time when the physician shall have restored to him his proper *métier* of physical "educator"—in the largest sense—and guardian of the National Health?

PROGRESS IN INTESTINAL SURGERY.

The Address in Surgery was given by Mr. Arthur E. Barker, F.R.C.S., Surgeon to University College Hospital, London, who selected for his subject, Progress in Intestinal Surgery.

The lecturer said that within the memory of many present any trans-peritoneal interference surgically with the intestinal canal was regarded as one of the most dangerous undertakings possible. Nowadays, although we look upon all intestinal work as demanding the greatest pathological knowledge, technical skill, and judgment, we know that it can claim an ever-increasing measure of success.

One of the first reasons for this progress lies in the fact that we have now ever clearer conceptions of the functions of the peritoneum.

When it became known that appendicitis was an infective peritonitis starting from the vermiform appendix, it became abundantly clear that unless the peritoneum possessed the power of disposing in some way of very considerable quantities of septic matter no case of acute appendicitis could possibly recover. And yet it soon became obvious that many such cases did get well without any operation even after severe peritonitis. Moreover, this led to much greater hopefulness about all surgical interference within the abdomen, whether for accident or disease. And the conviction henceforth gained strength that in the peritoneum we possess a powerful ally, always ranging itself upon our side, instead of a foe.

The lecturer further said: "Who would have believed a decade or two ago that the brain and cord may be bathed in virulent septic fluid for days, and yet recover all their delicate mechanism once more, aided by manufactured

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