

that he taught the lesson that crime is nearly allied to insanity. That lesson has not been lost, and "more and more we are coming to see that by making criminality a psychological study we are more likely to arrive at a satisfactory conclusion than by merely looking at crime as the work of the devil, and pinning our hope of salvation on the penal code."

It is quite certain that the conditions of life in the poorer localities of many large towns—the housing, poverty, and the mental and physical degeneration which ensue, predispose to the manufacture of criminals, and that they can only be effectively dealt with by bringing medical science, and hygienic municipal government, as well as the penal code, to deal with the problem.

Medical Matters.

INFANTILE BERI-BERI.

Much light, says the *Lancet*, has recently been thrown upon the etiology of beri-beri by the researches of Dr. Fraser and Dr. Stanton in the Federated Malay States and by other investigators elsewhere; but a new problem in connection with this disease has recently been raised in a paper read at the biennial meeting of the Far Eastern Association of Tropical Medicine, and published in a professional journal in the Philippines, by Dr. Allan J. McLaughlin, assistant director of health for the Philippine Islands, and Dr. Vernon L. Andrews, assistant professor of bacteriology and pathology in the Philippine Medical School. These observers have been making a study of the causes of the excessive infantile mortality in Manila, and their inquiries have led them to the conclusion that a large number of infants die from a disease presenting a definite pathological picture for which they say no better name can be given than "moist beri-beri." The total deaths certified from this cause in children under one year of age in Manila for the fiscal year 1908-09 amounted to 595. But this does not, it appears, represent the full mortality from the disease. Post-mortem examination of a number of cases certified as due to convulsions, bronchitis, and broncho-pneumonia demonstrated that the cause had been wrongly given and that death was due to "moist beri-beri." In a series of 219 necropsies on infants dying under one year of age no fewer than 124 were found to present the characteristic appearances of this disease. The main post-mortem conditions observed were:

(1) dilated and hypertrophied right heart; (2) congestion of all internal viscera; and (3) anasarca. The investigators did not themselves see the cases during life, but were dependent on others for the clinical histories, which, however, in a number of instances were meagre and not always trustworthy. The symptoms noted were chiefly dyspnoea and cardiac embarrassment with general cedema. The illness was said in some cases to have lasted only a few hours, seldom more than two days, but it is possible that the ailment had existed longer than this, perhaps from birth. It is a very noteworthy fact that nearly all the cases examined were under two months of age, and, what is still more surprising, they were almost without exception *breast fed*. It is distinctly stated that in none of the cases in which a necropsy was made was any rice or other artificial food found in the baby's stomach. In nearly every instance the mothers themselves presented some symptoms of beri-beri, and a number of them admitted that they had already lost other infants who had suffered from a similar illness. The etiology of "moist beri-beri" has not yet been fully investigated, but there seems to be some suggestion that a relationship exists between this malady and the poor quality of the milk yielded by Filipino mothers. This condition of the mother's milk, which is probably deficient in certain essential elements necessary for the normal nutrition of the infant, is due no doubt to the physical condition of the native mother, who, as a rule, lives in chronic poverty with consequent insufficiency of proper food, more particularly during the periods of pregnancy and lactation. Nevertheless, Dr. McLaughlin and Dr. Andrews say that they cannot overlook the possibility of an ultra-microscopic organism being concerned in the production of the disease.

Some ten years ago Professor Hirota, of Tokyo, described a disease discovered by him in infants brought to his clinique for treatment, and which he named "infantile beri-beri." The native, medical practitioners in Manila appear to have become acquainted with the views of the Japanese professor and during the past few years have been certifying deaths as due to this cause.

SLEEPING SICKNESS.

The Rhodesian Government is conferring with the Sleeping Sickness authorities with a view to the despatch at an early date of a new Commission composed of experts to make the fullest investigation on the spot into the question of the appearance of the disease in that country.

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