

Medical Matters.

SEA SICKNESS.

Dr. Ageka, in an article in a French contemporary, as reported by the *Daily News*, urges that sea sickness should be made a serious study. He believes that in the majority of the cases the nervous prostration which sets in before the actual sickness has a purely physical or bodily origin. The trouble is wholly due to the mechanical effect of the rolling of the ship upon the loose internal organs in the body. "The stomach, liver, and intestines are all free to move, and they react to the unaccustomed motion by transmitting through the intermediary of the sensory nerves their sufferings to the brain or nervous centres, whence in their turn emanate defensive but ill co-ordinated reactions. If, for example, the stomach is affected, that organ has no surer means of defence than of expelling its content, which on normal occasions is almost the sole cause of the trouble. But, alas, in sea-sickness the cause is external to the stomach and vomiting gives no relief."

There are, therefore, three ways of dealing with sea-sickness: (1) reducing the mechanical effect of the rolling upon the internal organs of the body; (2) producing anaesthesia of the stomach; or (3) diminishing the excitability of the nervous centres. The two latter require powerful and dangerous drugs, such as cocaine, the use of which should be confined only to short sea-journeys. The most logical method is to wear some kind of abdominal bandage or stays to protect the organs against the movement of the ship. In strong and healthy folk these organs have very little play, being more or less fixed. As a consequence they rarely suffer from sickness. But with the large majority of people "the simple wearing of a special adapted belt gives marvellous results." The difficulty is, however, that existing appliances are no protection against lateral movement, though they are efficacious enough against vertical movement. "What is wanted, therefore, is that some thought should be given to the invention of the most practical form of belt; with our present resources a result should be quite feasible without going so far as the 'triple bond of brass' recommended by Horace."

THE PREVENTION OF CONSUMPTION.

Sir Shirley Murphy, Medical Officer of Health for the County of London, speaking on behalf of the Marylebone Dispensary for the Prevention of Consumption, expressed the opinion that the dispensaries for preventing consumption were far and away the best methods that had been inaugurated for dealing with the disease.

Clinical Notes on Some Common Ailments.

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RHEUMATISM.

We now come to the consideration of a disease, or rather a mixture of diseases, about which there is perhaps more confusion in medical literature than any other ailment. This difficulty has arisen partly because most writers have not made it quite clear to what group of symptoms they are applying the term rheumatism, but mainly because it is only recently that certain work in the laboratory has made the task of classifying the numerous ailments that had previously been included in the descriptions of rheumatism in their proper pathological position.

Originally the name rheumatism was given to any disease that was characterised by pain and swelling in one or more joints. When this was accompanied by feverishness and sweating, and the illness was obviously acute, it was called rheumatic fever, but when the pain persisted, though the sufferer was able to be up and about to a certain extent, it was called chronic rheumatism or "rheumatics," the latter being thought to be merely a less painful and more persistent variety of the acute disease.

Recently, however, it has been discovered that rheumatic fever is due to a particular micro-organism which is found in the blood in persons suffering from that disease, and which, when introduced into animals, reproduces the complaint in them also. This organism is not, however, present in the chronic cases, and it seems probable that these latter do not bear a relation to rheumatic fever at all, and in fact may be due to a totally different cause. We will therefore consider first the true rheumatic fever, and then touch briefly on the more chronic diseases which affect the joints.

The onset of rheumatic fever is usually quite sudden; the patient feels very ill, and has a headache and a sore throat, together with a general aching which soon, to use his own words, "settles" into one joint—usually a knee or ankle, less frequently a wrist or shoulder. Sometimes two or more joints are affected, but it is more usual for one joint to suffer first. The affected joint is very painful and extremely tender, so that the patient cannot bear even the weight of the bed clothes on it. Very soon there is swelling, and, it may be, some redness also, and the joint is found on examination to be distended with fluid.

The general symptoms are now well marked. There is high fever; in fact the temperature

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