

## MEDICAL MATTERS.

### MOUNTAIN SICKNESS.

The *British Medical Journal* says that in a recent monograph on the subject of mountain sickness Regnier distinguishes two clinical forms of mountain sickness: (a) An acute and early attack occurring in course of the ascent, resulting in large measure from a predisposition on the part of the individual; (b) a subacute and later attack coming on independently of muscular exertion. In both cases the attack is brought on by the retention of the products of incomplete oxidation, which brings about a condition of auto-intoxication. The former appears, as a rule, in the Alps at an altitude of 3,500 metres, while in the Himalayas or Cordilleras it is generally over 4,000 metres. In the subacute or delayed form of the malady the ascent is usually accomplished without fatigue, and the author distinguishes a stage of invasion lasting twenty-four hours, during which the digestive symptoms are the most prominent, along with a condition of mental torpor, a phase during which shivering, headache, dyspnoea, oedema of the hands and face—the latter coincident with diminution of the flow of urine—occur; and, lastly, a stage of regression with polyuria and a return of the appetite. As to prophylactic treatment, any cardiac lesion is a contraindication; so, too, are bronchiectasis, asthma, emphysema, or renal disease. Patients suffering from pulmonary tuberculosis ought not to go beyond a certain altitude. All unnecessary fatigue should be avoided, and the ascent should be slow and regular. Until the limit of the perpetual snow is reached, according to Regnier, the iced water met with on the way may be drunk with benefit. When the ice had been reached, tea or coffee are always indicated, but no alcohol. The clothing, needless to remark, should be warm and woolly. In the acute attack the vomiting may be allayed by sucking ice. The diarrhoea may be regarded as a defence of the organism against auto-intoxication, and ought not to be interfered with too lightly. If excessive, salicylates of bismuth with benzo-naphthol may be given. If syncope occurs, it must be dealt with in the ordinary way, but it is better to give up any further attempt at ascent. In the subacute attacks, if acclimatization is aimed at, the patient should rest for a time in a warm, well-aërated room, and so gradually lessen the state of anoxyaemia. Warm drinks will assist diuresis, and a hypotoxic regimen of milk and vegetables will lessen the strain upon the excretory organs. Inhalations of oxygen may be necessary in some cases.

### THE TEMPERANCE MOVEMENT IN AUSTRALIA.

The Vienna correspondent of *The Lancet* reports that at a meeting of the Austrian anti-alcohol societies, held recently in Graz, it was remarked that the proportion of medical members was increasing considerably, an important fact both as an indication of the favour with which the temperance movement was regarded in well-informed quarters, and also on account of the influence which such practitioners exercised over their patients. Another notable feature was the circumstance that numerous college and university students have joined the ranks of the anti-alcoholists within the last two years. For those who know that beer-drinking is (or rather used to be) one of the chief relaxations of the German students, this fact is more significant than a whole volume on the subject. A third and also a very important item in the discussions was the attention paid by many speakers to the influencing of children in favour of total abstinence. In fact, a large proportion of the papers dealt with the effects of alcohol on children. Dr. Weiss, of Vienna, as well as Professor Kassowitz, pointed out how the breast feeding of infants was interfered with by alcoholic indulgence on the part of the mother; the latter also denounced the use of alcohol as a tonic for children under 14 years of age. Frau Fröhlich, who read a paper on Alcoholism in Children under Six Years of Age, said that both in rural districts and in industrial centres infants were often given some alcoholic tincture, or even more or less diluted brandy, as a hypnotic, to ensure a quiet night for the hard-working parents. Beer-drinking was quite common at a very early age in Bohemian and Silesian villages, since the parents had no clear ideas as to the harmful effects of this habit. Frau Masaryk gave an account of an inquiry which she had made with reference to the use of alcoholic beverages by school children. She described the facts supplied to her from reliable sources as fearful. In certain districts there was not a single boy over 12 years who had not been intoxicated at least once. Even in the larger towns boys and even girls were regularly given an evening drink from their parents' beer glass, whilst in the wine districts the daily consumption of light wine by children amounted on an average to a pint per head.

### A CASE OF PLAGUE.

It is believed that the seaman who is suffering from plague at Shotley contracted the disease from a rabbit which he skinned, during which process he cut his finger.

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