

MEDICAL MATTERS.

A NEW ANTI-TYPHOID SERUM.

It is reported by a contemporary that Professor Metchnikoff and Dr. Broughton Alcock have submitted to the Académie des Sciences, Paris, a new anti-typhoid serum. The serum is prepared from living bacilli, as in the case of preparations used for inoculation against rabies and smallpox. It was found that chimpanzees inoculated with this preparation acquire immunity from typhoid, and Professor Metchnikoff informed the Académie des Sciences that some months ago two persons who volunteered for the experiment were inoculated at the Pasteur Institute. The reaction of the serum was almost imperceptible, and since then 44 persons have been successfully inoculated. It is somewhat startling to learn that the first inoculation introduces no less than 500 million of typhoid bacilli into the human system, and the second, a week later, two or three times as many. The Professor claims that his method is simple and efficacious, and specially suitable as a preventive in time of manœuvres when troops are concentrated in districts where typhoid fever is endemic.

The critics contend that the danger of inoculating a human organism with live bacilli has been abundantly demonstrated, and that it has further been proved that no animal which has been subjected to experiment can be infected with human typhoid, and that this applies in particular to chimpanzees. It is claimed further that Professor Vincent, who has a laboratory at the Val de Grace Military Hospital, and who has prepared an anti-typhoid serum, absolutely innocuous, and of invariable efficiency, has been so successful in its use that the War Minister is causing a great laboratory to be built for the sole purpose of anti-typhoid inoculation with this preparation.

THE DEPARTMENTAL COMMITTEE ON TUBERCULOSIS.

Among the recommendations of the Departmental Committee on Tuberculosis is one providing "that concurrently with the measures for prevention, detection, and treatment, provision should be made for increasing the existing knowledge of the disease and of the methods for its prevention, detection, and cure by way of research, and the Committee further points out that by Section 16 (2) of the National Insurance Act a sum of one penny per annum per insured person is provided by the Exchequer, and may be retained by the Insurance Commissioners for Research.

CLINICAL NOTES ON SOME COMMON AILMENTS.

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ADENOIDS.

This is a convenient abbreviation for the scientific, but somewhat cumbrous, term "adenoid vegetations of the naso-pharynx," and denotes an ailment which is certainly very common in children. Inasmuch as the condition often gives rise to somewhat serious symptoms which would not at first sight be thought to be connected with the nose at all, it may be as well that we should consider the subject for a few moments.

What the condition is is perfectly simple, though its origin and results are rather complicated. In ordinary healthy children the nostrils should be quite open, and at all times it should be possible for the little one to breathe through the nose. Very many children, however, cannot do this, but breathe instead through the mouth, which is always open, and the reason is that they cannot use their nostrils because they are blocked. If one puts one's finger into the mouth of such a child, and turns it upwards so that it passes behind the soft palate into what should be the space at the back of the nose, one finds that there is no space at all, but, instead, a soft, elastic mass which arises from the back and roof of the naso-pharynx and projects downwards so as to block the nostrils. It is, moreover, not only the nostrils that are blocked, but also the mouths of the eustachian tubes that lead from the back of the nose into the middle ear.

The cause of these growths is not very clear. Often they are inherited, and they are sometimes also associated with an excess of glandular tissue in other parts of the body—the so-called status lymphaticus. Generally some enlargement of the tonsils is present as well. They are more common in town bred children than in those who lead an outdoor life, and they very frequently follow an attack of measles, and perhaps, though less frequently, of scarlet fever also.

In structure they resemble a tonsil, that is to say, they consist chiefly of cells resembling white blood corpuscles.

The most important points for our purpose, however, are the symptoms to which they give rise, and the treatment which is necessary for their removal.

We have, firstly, the fact that the child always breathes through his mouth, and in

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