MEDICAL MATTERS.

THE RESISTANCE OF THE HUMAN BODY TO DISEASE.

Dr. Arthur R. F. Exham delivered an interesting address on the above subject to the Shropshire and Mid-Wales Branch of the British Medical Association, which is published in the *British Medical Journal,* in the course of which he said :—

"The resistance of our bodies to disease is a subject that we know very little about positively; but in these days, when, as it appears to me, there is a widespread nervousness in regard to disease, and especially infectious disease, it is well that we ourselves should remember that there are such things as defences in our bodies.

"The older physicians and surgeons were conscious that many cases recovered in an inexplicable fashion—that, at any rate, the recovery did not seem to be due to the treatment employed. Some power was there that was beyond their ken—an unknown agency was fighting for the patient's recovery.

"And do not most of us see the same thing to-day? I know I do. In a large practice for thirty years among all sorts and conditions of men, women, and children—from those who live in the lap of luxury down to those who often are without the bare necessaries of life—nothing has impressed me more than the power of recovery that seems innate in human beings. I see a young patient with pneumonia, living miles from me in the country, in bad surroundings and ill-ventilated rooms, with no nursing, with discomfort of every kind, and irregular feeding, a case whose circumstances preclude the possibility of employing anything but the most simple treatment—everything, so to speak, against it; and yet—and yet—it recovers. And not only an odd case here and there, but scores. The same result happens in measles, scarlet fever, and other affections, where cases recover without any care being taken of them. Further, what are we to make of the fact that many methods are advocated for treating a particular disease, and all, according to those who employ them, equally efficacious? Look at the cases of people with healed cavities and other evidence of tuberculosis disease who have died of something else. . . . So that the conclusion must be this, I think: That a human being in normally good health is really very resistant to disease; that there is some dormant power in us ready to do battle if called upon. But the How and the Why are still obscure."

CLINICAL NOTES ON SOME COMMON AILMENTS.

By A. Knyvett Gordon, M.B. Cantab.

SCARLET FEVER.

It has been pointed out to me that, in this series of common ailments, one very common disease — namely, scarlet fever — has been omitted. As a matter of fact, this was done intentionally, because I had written rather fully from time to time in the columns of the Journal on this subject. Still it may, perhaps, be not inappropriate that a short description of the disease should be given for the benefit of those who may not have seen the previous articles.

Scarlet fever is a definite infection—that is to say, an attack from without on the patient by a micro-organism, which multiplies and produces poisonous substances, which are absorbed by the patient's system and give rise to the symptoms of the disease. Either the organisms win the fight, in which case the patient dies, or his white blood-cells are victorious and he recovers; the severity of the attack depending either on the vigour of the germs or on the strength of the resistance which the patient is able to make.

As a matter of fact, we do not know much about the germ of scarlet fever. We know that in cases of the disease various members of the family of organisms, which we call streptococci, are always present, but we have not as yet identified the individual streptococcus; the main reason for this being that hitherto all attempts to produce scarlet fever in animals have failed. In other words, while we recognise that the raid on the patient is made by a particular tribe, we do not know which members of the clan are the real offenders; they always hunt in bands.

Scarlet fever is very infectious—that is to say, the disease is easily transmitted from one person to another, and the germs may also be conveyed in clothing or in infected milk, and possibly by flies also. Undoubtedly, the most common source of infection is from a previous case, which has often been unrecognised, either on account of its mildness or of its intense severity; the patient in the latter case succumbing before the characteristic signs of the disease have appeared.

It affects children for the most part between the ages of two and ten. Inasmuch as, except in very rare instances, people do not contract a second attack, it follows that it is uncommon in adults, simply because most of these have had it already.

Let us now see what happens when the organisms enter a susceptible host. For a

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