


## Medical Matters.

### HYDATID CYSTS.



Considerable ignorance exists amongst the public, and even amongst Nurses, concerning the real origin and progress, and even as to the precise meaning, of Hydatid disease. This is usually found in the form of a cystic growth in various organs, most commonly in the liver. The cyst, or watery tumour, has a soft gelatinous lining membrane, and contains a clear fluid in which, as a rule, a number of smaller, or, as they are termed, "daughter-cysts," float. Attached to, and growing from, the lining membrane of the cyst are minute bodies which, when examined by the microscope, are found to be oval in shape, and to possess a head surrounded by a crown of minute calcareous hooks, and which is the parasite typical, and the active cause, of the disease. The cyst may grow to an enormous size or it may dry up, and become converted into a soft, putty-like mass which may remain in the organ for years without causing any harm. The cysts are developed from the egg of a tape-worm (*Tænia echinococcus*), and are usually derived from the flesh of the pig from which they obtain admission into the human intestine, and from thence, probably, into the lymphatic stream, or direct into the circulation, and thus into different organs. Although it is comparatively rare for hydatids to occur in the lungs, they are occasionally found there, and then more commonly at their base than elsewhere, usually in patients between twenty and forty years of age. The treatment of these cases is very difficult because, unless the hooklets or membranes of the cyst are found in the expectoration of the patient, the presence of an hydatid cyst in the lungs is rarely suspected, and the symptoms of its presence so closely resemble those of phthisis, in the consequent destruction of the lung tissue, that the mistake in diagnosis is frequently made. When the presence of hydatids has been diagnosed, the best results have been obtained from an operation on the lung—making an opening directly into the cyst through the pleural cavity, and draining it until the cavity has healed.

### TUBERCULAR PERITONITIS.

It is a clinical fact which has caused considerable speculation, that a very effective treatment for cases of tubercular peritonitis is to open the abdominal cavity, and thus expose the peritoneum to the action of the air. Many cases in which this operation has been done, in order rather to afford relief to the symptoms than with any anti-

icipation of securing a cure, and for the removal of the large collection of serum which is so frequent in this disease more than with the hope of permanently relieving the patient, have been apparently followed by a complete cure. A thoughtful paper has recently been communicated to a Congress of American Surgeons, in which it is explained that in these cases the fluid collected from the abdominal cavity develops in a few hours the bacteria of putrefaction, and from this fluid it has been found there can be isolated a toxalbumen which is found to destroy the tubercle bacilli very promptly. The explanation therefore would seem to be that the admission of air to the peritoneal cavity brings about putrefactive changes in the serum poured out by a tubercular peritonitis, and that the bacilli developed thereby destroy the specific germs which are causing the disease. Further experiments in other countries would doubtless prove whether or not the theory is correct. At any rate, it is strictly analogous to similar processes which are known to be constantly taking place in consequence of the efforts of the human organism to rid itself of disease—the body in fact developing an antidote to the poison introduced into the system.

### MEDDLESOME MIDWIFERY.

A French contemporary recently contained a paper recording the fact that out of 216 labours the forceps were used in 156, while, in at least 23 others, mechanical measures were adopted. The author claimed that better results were obtained by instrumental treatment than by leaving the case to Nature. His success, thanks to antiseptic precautions, was certainly excellent, but there is no proof afforded that the cases would not have done equally well if they had been left entirely alone. In this country, at any rate, the progress of knowledge has led to a greater dependence upon natural efforts in midwifery than upon extraneous assistance; and this, combined with the strict antiseptic precautions now enjoined, have resulted undoubtedly in reducing the mortality of childbirth to a fractional percentage. Obstetric Nurses—who are everywhere, especially in provincial towns, so rapidly superseding midwives—would do well to remember that meddlesome midwifery is the most dangerous form of treatment; and that the most successful practitioners are those who never use mechanical means unless spontaneous delivery is impossible, or unless it may be attended with danger to the patient. But, as a shrewd obstetrician once remarked: "Any fool can put on the forceps, but it sometimes takes a wise man to do without them."

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