

**Medical Matters.****WASP STINGS.**

As a general rule, the stings of insects, in this country, are considered merely disagreeable; but cases not infrequently occur, especially if the injured person is much out of health, in which such an accident is followed by more or less local inflammation. The matter has not received the attention which it deserves, probably because of the slight nature of the injury. There is, however, little doubt that the sting of a wasp, or even of a bee, contains an acrid poison which is sufficient to cause local trouble; whilst the sting of the mosquito, as we have previously shown in these columns, perhaps introduces into the system the poison which produces an attack of malaria, and the action of the African tsetse fly is known to be fatal to many quadrupeds. In fact, the whole nature of these poisons deserves careful investigation. It is a well-known fact that whilst the sting of a wasp, penetrating through the hard outer skin of the body, only causes a slight local irritation, the same injury through the more delicate and sensitive mucous membrane of the throat, as when, for example, a wasp is swallowed in some fruit, often causes dangerous and even fatal consequences, by swelling of the throat or tongue. A case which was reported last week is much more unusual. A young lady, aged twenty-four, was stung, some two months ago, by a wasp, upon the throat. Her face became very red, she complained of feeling numb all over, and that she could not see, and then her face turned pale and she fainted. On recovering from this, she was seized with pain in the abdomen and violent vomiting. A few days ago, she was stung by a wasp on the hand; the same symptoms occurred, but instead of recovering from the fainting attack she died, within 25 minutes from the time she was stung. She is reported as being a strong and healthy girl, in good condition, though of a neurotic temperament; and it is evident that, in her case, death occurred from shock. It is possible that there may have been some organic condition to account for the sudden collapse; but, at any rate, the case is important as proving that even in this country the stings of insects cannot be regarded entirely with contempt.

**GASTRIC ULCER.**

THE sad death of Dr. Edith Webb, at the early age of 31, which will be deeply regretted by all who knew her, has drawn attention to the modern treatment of gastric ulcer. The great majority of the cases, of course, recover under simple medicinal and dietetic treatment, but in the small proportion in which the ulcer perforates through the wall of the stomach, the modern treatment is to open the abdominal cavity, and close the edges of the opening, cleansing the peritoneum from any food or blood which may have escaped from the stomach. There are various cases on record, in which this treatment, immediately adopted, has been completely successful; the sides of the perforation being turned in, its edges drawn together by fine stitches, and rapidly and perfectly healing. Still although abdominal surgeons nowadays think little of such operations, and their success is very great, it is obvious that it is only in those cases in which the operation is performed within a short time after perforation has occurred that there is any possibility of obtaining any successful result, or saving life. And it is just in these cases that delay is so likely to happen. The vast majority are more or less chronic, but yield to medicinal measures. When perforation does occur, it takes place more or less suddenly. Then, even if medical aid is instantly obtained, and the previous progress of the patient is so well known that the accident is immediately recognised, the services of a surgeon who has had special experience in abdominal operations cannot always be at once secured. Meanwhile, the extravasation of the contents of the stomach, and generally more or less bleeding also, continues into the peritoneal cavity; and every minute which is lost means an incalculable increase of danger and an equal diminution of the hope of recovery. The moral of all this is that the nurse who is in attendance on a patient suffering from gastric ulcer, must watch most carefully for any signs of perforation or hæmorrhage. A rising pulse, especially if this is associated with a falling temperature, sudden and severe abdominal pain, faintness or collapse, must be, of course, instantly reported to the doctor. But the nurse can do much by persuading the patient to keep absolutely at rest, until medical aid arrives; for, in these cases, great restlessness is a most marked symptom, as it is whenever there is considerable loss of blood, or great abdominal pain.

[previous page](#)

[next page](#)