that the alimentary canal becomes filled with decaying proteids, which must become the happy hunting-ground of those ubiquitous micro-organisms which are by many looked upon as the whole, the sole, cause of disease.

Hence, according to prevalent views, the patient, already suffering the ravages of the tubercle bacillus, is further threatened from the noxious activity of fresh bacterial infection, and from a cause which is altogether avoidable.

Although very far indeed from accepting most of the absurdities of modern bacteriology, I can yet fully understand how very prejudicial this overfeeding and consequent repletion of cases of phthisis must be. Appetite is lost, constipation induced, and the very end and aim that it was hoped to attain is entirely missed. No. The feeding of phthisical patients should be conducted on rational lines, which will ensure that the blood does not become laden with poisonous products of retrograde metabolism, and that the intestine is not over-filled with decomposing proteid matters; and to gain this end it is of the first importance to inquire carefully into the digestive powers of the stomach and into the state of the blood as regards the quantity of hæmoglobin contained therein.

I have found the peptonate of iron in the form of the solution a very useful drug in the early stages of phthisis with anæmia and some gastric disturbance. And in the same class of case Ferrichthol may be made use of, the effect being as a general rule very satisfactory.

It need scarcely be said that when there is a tendency to hæmorrhage the preparations of iron should not be employed in phthisis, but apart from this complication I know of no other which prevents the use of the drug in this common disease, provided only that a suitable preparation be chosen. I am quite sure that more benefit is likely to accrue from this form of treatment than will result from the prevalent custom of administering creosote and guaiacol in large quantities, to the great damage of the patient's digestion and the consequent failure of assimilation, and therefore of nutrition. When combined with arsenic, iron may also produce excellent results in pulmonary phthisis, and if given directly after food this combination is generally well borne.

Lastly, the anæmia of renal disease remains to be discussed. This form of anæmia is often very intense, and, associated with the puffiness of the face, and especially of the eyelids, it gives the patient the appearance which is so characteristic of the malady from which he is suffering.

The very common occurrence of gastric symptoms in chronic renal disease again emphasises the necessity of adapting the form of iron which is to be given to the exigencies of the case.

The more astringent preparations of the drug are not easily tolerated in many cases, and it is better to exclude them. As a rule, the ammonium citrate, the tartrate, and the peptonate of iron are all tolerable to the patient and are rapidly absorbed. I am partial to the use of a mixture of the liquor ferri perchloridi with the liquor ammon. aetatis. The result is a clear and palatable mixture, not astringent, and it does not upset the stomach. This combination can be taken over long periods of time without upsetting the digestion or causing constipation, as so many preparations of iron do.

It is, of course, useless to consider the question of cure in such cases, and the utmost we can do is to maintain the blood condition in a fairly healthy state, and to see that the skin and alimentary canal respectively continue to perform their functions in an adequate manner.

Just as in the case of chlorosis, so here it is of great importance to determine the progress of the patient as regards the gain of the blood in hæmoglobin. This can easily be done by means of Bizzozero's chromocytometer, an instrument which ought to be in the possession and in the daily use of every practitioner in the country.

The British Gynæcological Society's Examination.

We learn that the first examination of nurses in gynæcological and in maternity nursing held by the British Gynæcological Society, will take place next June. Nurses who desire to enter for these examinations should therefore write for application forms with as little delay as possible to Dr. Aarons, 14, Stratford Place, London, W., enclosing a stamped envelope, and stating whether they wish for the form for the maternity nursing or the gynæcological nursing examination. The essential difference between the two examinations is, of course, that the maternity nursing certificate, when gained, will testify to the holder's competence in the care of lying-in cases, under medical direction, while the gynæcological certificate will certify her proficiency in the nursing care of the diseases of women. This certificate will be specially valuable because, so far, there is no means by which a nurse's knowledge in this branch of work is tested, or can be guaranteed to the medical profession and the public. Yet skill in gynæcological nursing is most essential, and no doubt those nurses who can produce evidence of it will be greatly in demand. We should advise all nurses who have had experience in this branch of work to obtain the certificate of the British Gynæcological Society. We should also strongly advise all private nursing associations to require their nurses to possess this certificate before sending them to cases of this class.

previous page next page