

## Medical Matters.

### A HOPEFUL DIAGNOSIS.

The announcement that the German Emperor has been operated on for a polypus in the region of the larynx will arouse universal regret and a widespread hope that he may make a rapid and complete recovery. The operation was successfully performed by Dr. Moritz Schmidt, and the extraction was examined microscopically by Professor Orth, who states that it was of very soft connective tissue containing very few cells, which was covered all over in regular layers with a scaly epithelium sharply defined from the tissue. A portion of the connective tissue cells contained fine brown pigmented granules, which evidently were the result of former slight hæmorrhages. The polypus also contained a large number of thin-walled corpuscles. It is, therefore, only a question of a benignant connective tissue polypus, and there is not the slightest suspicion of the presence of any serious formation.

### TREATMENT OF INSOMNIA.

The *Charlotte Medical Journal* says:—Dr. Skelton (*Merck's Archives*) discusses the various causes of insomnia under the following heads:—(1) Interferences with the normal withdrawal of stimuli of irritation of the sensory nerves; (2) irritation from visceral organs; (3) over-activity, irritable exhaustion of the cerebral neurons; (4) intoxications of the cerebral neurons; (5) hereditary unbalanced and irritable neurons. In the general management of a case of insomnia we can utilise one or more of the following agencies:—(1) The induction of muscle fatigue by walks in the open air or by massage. Many people cannot sleep because their muscles are not tired and their nervous system is over-excited. (2) The clearing away of intestinal and hepatic accumulation by sodium sulphate and salicylate, combined or not with potassium citrate and lithia. This serves several purposes. Auto-intoxication is diminished, irritation from distended viscera is diminished, and circulatory equilibrium is aided. (3) The use of a hot bath. (4) Proper sleeping rooms. In regard to the exact action of hypnotics and narcotics on the nerve-cell, it is to be remembered that, first, the nerve-cell is especially rich in fat; second, that the narcotic action of alcohols and chlorine compounds is proportional to their fat solubility; third, that fusion and diminution of the granules of the cell occur after the use of narcotics; fourth, that these changes in the

cell may interfere with function by altered chemical composition of cell-contents directly, or by causing a retraction of dendritic processes and interrupting neurotic continuity. It is important to remember that all drugs of this class interfere with normal metabolism, that they are purely symptomatic in usefulness, that all are objectionable by reason of secondary and side effects, and that they are used by reason of ignorance of the underlying cause of the symptoms or our inability to control these causes. In a general way we may formulate the indications for their use, viz.—Insomnia from pain: Morphine, coal-tar products, and large doses of chloral. Insomnia from increased reflex irritability: Chloral, trional, sulphonal. Insomnia from delirium and chronic insanity: Hyoscyamine combined with morphine. Insomnia from "nervousness," "worry": Bromides, given in sufficient doses—20 grains three or four times in the daytime—are incomparably the best and safest hypnotic. It is to be reflected that morphine increases reflex irritability. The chlorals depress the medulla, and are dangerous in heart and vascular diseases and lung, kidney, and stomach irritability.

### ANKYLOSTOMIASIS IN WESTPHALIA.

The report of Dr. J. S. Haldane, Fellow of New College, Oxford, to the Home Secretary on ankylostomiasis in Westphalian collieries, which has been issued as a Parliamentary paper, states that the disease has been met and fought with great energy and thoroughness. Dr. Haldane was particularly impressed with the combination of knowledge and vigorous initiative displayed by the management of the leading colliery companies as soon as the disease began to spread to an alarming extent. The experience already gained in Germany will, he thinks, be most valuable in connection with measures to prevent the spread of ankylostomiasis in England. The preventive measures possible are (1) exclusion of infected men from underground work; and (2) sanitary improvements underground. In conclusion, Dr. Haldane urges the desirability of obtaining further information as to the pathology of the disease itself, the mode of infection, the conditions under which the larvæ develop, the best disinfectants, and the simplest methods of diagnosis; also as to the best forms of sanitary receptacles for use underground; and, finally, as to the organisation of satisfactory means for the examination of suspected cases of infection with the worm.

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