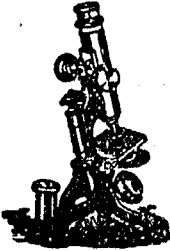


Medical Matters.

OXYGEN AS AN AID IN LABOUR.



Dr. G. Lapenta, New York, has found that inhalation of oxygen is a most valuable aid in labour. It relieves the dyspnoea and cyanosis and induces anaesthesia to a certain degree, all the functions returning nearer to normal, and the progress of delivery being advanced in consequence. In his article on the subject in the *New York Gazette Medica* for March, of which he is the editor, he states that the results have been invariably brilliant in more than fifty cases in which he has used the oxygen as an auxiliary for the uterine forces. The labour pains were always materially reduced in intensity, while the contractions of the uterus became rhythmical and more energetic. The patients afterwards feel better instead of being depressed as when chloroform is used. The oxygen evidently has a favourable influence on the entire nervous system and revivifies the nerve centres, which in turn react on the muscles. The new vigour is accompanied by a slight, transient anaesthesia, sufficient for the purpose desired.

NERVES AND DIGESTION.

Most people are aware of that happy co-operation between nerves and digestion which provides that the mere sight or smell of appetising food sets going the mechanism which stimulates the flow of gastric juice; but a recent summary of the latest knowledge on this subject by M. Mayer shows that the accommodation of cause and effect goes still further than this. A mental image is sufficient to provoke the secretory glands to take that first step to digestion which is known as "making one's mouth water"; if one is in the habit of carrying sugar or food in the pocket—a habit which, however, we do not recommend—the act of putting the hand into the pocket will produce the same effect. MM. Maloizel and Victor Henri, who have studied digestive processes in the dog, declare that if two dogs are looking at one another it is only necessary that one should be eating meat to cause the same flow of viscous saliva in both. The poignancy of a dog's emotions on such occasions can now be understood. There is also a physiological explanation of the reasons why a dog refuses a biscuit that he does not want with such determination. His juices will not digest it. A dog

that prefers cooked to raw meat has an abundant digestive secretion when he is allowed to eat the first, and a very slight one when he is made to eat the second. The introduction of an article of food that is displeasing to him is sufficient to stop the secretion. The character of the animal also plays its part in the intensity of these processes. Dr. Pavlov notes that certain dogs are not excited by the sight of food because they are of "a cold temperament." From all of which we may draw the reasonable moral that it is important to eat food which is agreeable and to avoid what is unpleasant in order that proper digestion may take place.

BLOOD IN FÆCAL DISCHARGES.

In view of the fact that many nurses are greatly alarmed by the discovery of traces of blood in stools, the results of recent investigation into common causes of this condition are sufficiently interesting to mention. By means of Weber's test the investigator (Dr. Joachim) was able to demonstrate blood in the fæces in malignant tumours of the intestinal canal, in gastric ulcer, in cases of pneumonia having bloody sputum, in a few cases of enteric fever, in failing compensation, in hæmorrhagic pancreatitis, in catarrhal conditions of the common bile duct, and in secondary carcinoma of the liver. The fact that the blood can be demonstrated in the fæces in so many conditions makes it of less value in diagnosis; then, too, he says it possesses several fallacies. If but 3 g.m. of blood be swallowed, a positive reaction for blood can be elicited in the fæces with Weber's test. The aloin test is still more intense in such an instance. Similar results can be obtained after fresh, unboiled, or medium done meats and sausages are eaten. If 100 g.m. of blood be taken, blood can be demonstrated in the fæces for three days afterwards.

TRACHOMA TREATED WITH X-RAYS.

Drs. W. S. Newcomet and J. T. Krall report a case of this. The patient was a girl, eighteen years old, who had suffered from granular conjunctivitis since the age of three. The cornea were cloudy, and vision greatly reduced. Treatment of most varied kind had been employed, but without success; X-ray treatment was begun with one eye, the other eye being treated by other means. A burn of the eye resulted, and then improvement in the cornea was observed. This continued until the cornea became quite clear and vision greatly improved, while the opposite eye remained much as it had been.

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