

## Medical Matters.

### TREATMENT OF DIABETES.



Dr. De Renzi, a German physician, has been treating diabetes for thirty-four years with a green vegetable diet. He thinks that this is not merely a symptomatic, but a radical cure. The carbohydrates in green vegetables are well tolerated by diabetics. The power of assimilation is exaggerated in them, contrary to what is observed in tuberculosis. An amount of calories inadequate for a healthy subject amply suffices for a diabetic. His ration is five portions of green vegetables; five portions, that is, about 300 grammes, of meat, five eggs, and a pint of wine, forming a total of 2,104 calories. The only drug of any use in diabetes is sodium bicarbonate. He gives it in large doses and remarks on the strange tolerance for it. It neutralises the betaoxybutyric acid, while it improves the general condition and the glycosuria decreases. One diabetic woman took 40 grammes a day, fractioned, deriving astonishing benefit from it during the two years she was under observation. When the dose was reduced the improvement declined with it. He considers electricity harmful in diabetes.

### HYDROTHERAPY IN SCARLET FEVER.

According to *Pediatrics*, Dr. R. W. Marsden believes nephritis in scarlet fever is not so wholly independent of the severity of the febrile attack as is usually supposed. His experience in hydrotherapy as a prophylactic includes a number of cases treated by the lukewarm bath, but without the use of the ice-pack or the regular administration of quinine. The baths were given every four hours for fifteen or twenty minutes at a temperature of 90° F. Of fourteen patients thus treated, nine were under five years of age; one death occurred, a child of three. This cannot be claimed a percentage mortality for the series, as only selected cases were employed. The most striking feature showing the action of the baths was the sedative influence, they often acting similar to baths in typhoid fever, the patient falling asleep directly after removal from the bath. Dr. Marsden believes that short, cold baths give the greatest benefit where there is no danger of producing cardiac failure.

In doubtful cases, in young or weakly patients, the lukewarm bath is to be preferred, though the duration of it should also be short.

### THE DANGER OF INFECTION TO THE ATTENDANTS OF TUBERCULOUS PATIENTS.

Dr. Louis Faugères Bishop, in the *Boston Medical and Surgical Journal*, declares that the idea that tuberculosis is of necessity contagious is not strictly true. We all take in germs of tuberculosis from time to time. There will be fewer tubercle bacilli found in the tuberculous ward of a hospital than in the air of a dusty street, for in a crowded street all conditions are favourable. We do not get tuberculosis because we enjoy a natural immunity against it. The tubercle bacilli may be introduced into the human body, but there will, ordinarily, be no ill effect. The one exception is in the case of a very severe infection if the person is inoculated with the germs of tuberculosis repeatedly, and the natural immunity temporarily broken down; but even then if the individual is not susceptible he will throw it off. Many people are afflicted with this disease for a little while, but the condition is not recognised, and the lesions heal and the patient recovers. The writer hardly considers it fair to put tuberculosis in the same category with other contagious diseases, because it is only contagious in the sense that it may be transmitted from one to another, but is not contagious in the sense that the average person is liable to catch it. As far as danger in taking care of tuberculosis patients is concerned, it is practically *nil*.

### THE DANGERS OF AN INFECTED CONJUNCTIVA.

In the *Medical Record*, Dr. Stedman Bull writes on the importance of a routine examination of the bacteria inhabiting the conjunctival sac before operation in any case where the conjunctiva appears abnormal. No operation should be undertaken if toxic germs are present in any number, or if the lacrymal passages are infected.

Dr. Stedman Bull would even forbid operating on acute inflammatory glaucoma under these latter circumstances. It may be doubted whether a posterior scleral puncture might not be admissible. This would lower the tension for some days, and allow treatment of the lacrymal suppuration.

[previous page](#)

[next page](#)