

Medical Matters.

ALIMENTARY PENTOSURIA.



Dr. Von Jaksch, in the *Zentralblatt Fuer Innere Medizin*, mentions a case of chronic pentosuria which had been treated for years as one of diabetes. He finds that alcohol free fruit juices are rich in pentose. If a healthy person, or one whose urine is absolutely free from carbohydrates, drinks from one to one and one-half litres of such fruit juices, such as apple juice, the urine will react to Trommer's and Mylander's tests for sugar, but will not ferment on the addition of yeast. Tollen's pentose test is decidedly positive. The pentosuria lasts at least twenty-four hours. Dr. Von Jaksch advises asking the patient in every case in which sugar is supposed to be present if he has partaken of fruit juices, and he further advises making the fermentation and Tollen's pentose tests.

RECTAL INJECTIONS IN CEREBROSPINAL MENINGITIS.

Dr. A. Seibert, in the *Medical Record*, states his belief that the administration of large doses of sodium salicylate, given by rectum to avoid gastric disturbances, forms the most satisfactory plan of treatment for this disease. Tapping the spinal canal by lumbar puncture may be of great value in some cases by relieving pressure, but it is not curative, and injections of antibacterial fluids into the spinal canal never reach the organisms they are intended to destroy. An effective remedy for cerebrospinal meningitis must travel the same road which the infection germ has taken through the blood current. Salicylates have been used before in this condition, but in doses that were entirely too small. Five cases are described in which the use of large doses of the drug appeared to exert a very powerful curative effect. According to the age of the patients sodium salicylate given by rectum in fifteen-grain doses dissolved in a tablespoonful of water, at intervals of from one to eight hours, the salicylisation being gradually reduced as improvement followed. In one case, that of a boy aged four and a-half years, who had had the disease for seven weeks some months previously and presented numerous sequelæ, such as contractures, hemiplegia, strabismus, &c., very remarkable improvement followed the treatment. The author is convinced that it is of value in all cases where serous, not purulent, exudate forms.

The Dumb-Bell Intestinal Anastomosis.

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The numerous methods of suturing that are described and the various mechanical devices that are demonstrated, even in our recent standard text-books of surgery, prove that the ideal method for intestinal approximation of anastomosis has not been discovered. Some of the methods of suturing have been successfully used by surgeons in a series of cases until they were almost ready to declare the method all that could be desired, when a sad accident occurred and the postmortem showed a defect in its workings. The same may be truthfully said of all the mechanical devices up to the present time.

The new method of operating and the new device here explained is the result of a year's work. I began with the idea that, in an end to end approximation of an intestine or an anastomosis of the intestine with the stomach, either where the severed end is used to make the anastomosis or with a lateral union, all of the connective tissues must be incorporated in the fixation method in order to safeguard against leakage, and also to get a firm safe union. This is what nature does in all cases in which one organ becomes agglutinated to another, and ultimately becomes anastomosed as a result of septic infection. After experimenting with one device after another, I finally succeeded in making this simple hollow dumb-bell accomplish the desired result. It simply acts as a hollow cylinder for the passage of liquids and gas, and at the same time gives a base on which we can tie all the connective tissue in one firm grasp by means of a rubber or silk suture of coarse fibre, and thus have a firm union for three or four days while the serosa and muscularis are becoming united by an organised lymph in their new position. In from three to four days the organised tissue is a safe barrier against leakage. The ligature necroses through the connective tissue by this time and frees the device.

The dumb-bell is made of aluminium and is very light. There are three different sizes, one for children, one for adults, and one for the colon. This same method may be used with a dumb-bell moulded from soft rubber or from any digestible material, but I prefer one of

* A preliminary report on a new mechanical device and a new method for either intestinal approximation or anastomosis with the stomach. Read before the Chicago Academy of Medicine.

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