

## Medical Matters.

### THE PREVENTION OF MALARIA.

Dr. Ronald Ross, Professor of Tropical Medicine in the University of Liverpool, in a report submitted to the Colonial Office on the prevention of Malaria in Mauritius, writes:— "If they can avoid it people should not go to live in known malarious places or in the vicinity of marshes, or close to an infected native population. Even in such, however, the chances of infection can be much reduced by the careful use of mosquito nets. The net should not have the smallest hole. . . Those who can afford it should protect the windows of the house with wire gauze, and provide the doors with automatic closing arrangements. It is especially advisable to protect a room or a part of the verandah for sitting in during the day or evening. Punkas and electric fans not only drive away mosquitoes but also keep the body cool, comfortable, and vigorous even in great tropical heat. Where there is great danger of malaria five grains (one-third gramme) of quinine should be taken regularly every day just before breakfast, but it is advisable to take a double dose at least once a week, say on every Sunday. Professor Ross also recommends the constant use of a palm-leaf fan, with which mosquitoes can be largely driven off, and the body kept cool, and emphasises the fact that it is extremely dangerous to sleep in a house which is occupied, or has recently been occupied, by infected persons, especially native children; or in or close to an infected native village."

### SURGICAL TREATMENT OF GASTRIC ULCER.

Dr. Young, lecturing on "Ulcers of the Stomach and Duodenum" to the Wellington Nurses' Association, N.Z., said, of the surgical treatment of such ulcers: "Within recent years the surgery of the stomach has made great advances. Operation in cases of hæmorrhage is rarely advisable because the danger from the operation is about as great as the danger from hæmorrhage. In the case of perforation of the stomach or duodenum, immediate operation is indicated. The earlier the operation the better the patient's chance of recovery. The usual method adopted is to open the abdomen, stitch up the perforation where possible, swab out the peritoneal cavity, and leave in gauze drains and drainage tubes. Gastro-jejunostomy has proved a great success in cases of chronic gastric ulcer where prolonged medicinal treatment has failed, where the pylorus is obstructed, and the stomach dilated or where adhesions

have interfered with the healthy action of the stomach. This operation is now, as most of you know, generally performed by making an opening in the posterior wall of the stomach, and another in the jejunum, and stitching the two carefully together. In this way the contents of the stomach may readily escape into the intestine. It is probable, too, that the alkaline juices in the intestine enter the stomach and help to neutralise the acidity there. In the majority of cases there is marked improvement following this operation, which is also applicable to cases of chronic duodenal ulcer.

### THE KARELL TREATMENT.

About 40 years ago a Russian physician, Dr. Karell, devised an efficacious method of treating obesity and troubles of the circulation. According to the Berlin correspondent of the *Lancet*, Dr. Lenhartz, chief physician to the Eppendorf Hospital at Hamburg, has recently made an extensive trial of this method, which has hitherto been little employed in Germany. The treatment is indicated especially in chronic bronchitis and emphysema, in certain cardiac disorders, and in cardiac failure following general obesity. The "cure" consists in the administration of 200 cubic centimetres of milk four times a day during five to seven days without any other fluid or solid food. On the following two to six days some other food is allowed together with the milk. First one egg and some biscuits are allowed, then two eggs and some bread, then some meat, vegetables, and milky rice pudding, so that after about a fortnight's treatment a mixed diet is being taken, whilst the quantity of 800 cubic centimetres of milk or tea is the maximum amount of fluid allowed during the next four weeks. The bowels must be looked after during the "cure" and purgatives are required subsequently. The patients, as a rule, tolerate the treatment very well, and become accustomed to the reduction of fluid after the first few days. Patients suffering from cardiac weakness and troubles of the circulation are often affected with gastro-intestinal catarrh and consequently have but a poor appetite. The treatment was specially efficacious in arteriosclerotic myocarditis, whilst in valvular diseases the success was less obvious and in degeneration of the myocardium it failed. The patients must be kept in bed during the "cure." On the third day the dyspnoea and oppression disappear, so that patients who for weeks have often passed the night sitting in a chair can take a good night's rest asleep in bed. Diuresis is also increased and drugs such as digitalis are rendered superfluous.

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