

Medical Matters.

THE PRINCIPLES OF HEREDITY.

Dr. J. A. Ormerod, who delivered the Harveyan Oration at the Royal College of Physicians on Monday, gave an interesting address on the subject of heredity in disease. At the outset he said their illustrious founder wished these orations to be exhortations to the Fellows and members to search out the secrets of nature by observation and experiments.

We are not, he said, links in the chain of life, but flowers or leaves which spring from a common stem. In relation to the transmission of disease, as, for instance, whether if a man of healthy stock acquired phthisis or gout, his children were likely to be phthisical or gouty, Dr. Ormerod confessed he did not know the answer to this question, but many of those whom he addressed had experience which perhaps could supply the answer to the question whether acquired diseases are in any degree transmissible to our children.

THE USE OF CATAPHORESIS.

Dr. Morgan Dockrell, in his opening address at St. John's Hospital for Diseases of the Skin, drew attention to the use of cataphoresis. Given the proofs, he said, of the possibility of using cataphoresis as a means of conveying foods and drugs to the system, of feeding and curing the patient through the skin, no very large amount of demonstration was necessary to indicate that here was a new idea in medicine, a new discovery which should rank with that of the introduction of chloroform by Simpson and of antiseptics by Lister. There were diseases where it was of vital importance that the mucous membrane should have, so far as was compatible with the preservation of life, absolute and entire rest. By cataphoresis the patient might be nourished, stimulated, and given medicine. Meanwhile the mucous membrane was left entirely and uninterruptedly uninterfered with. Or again, there were numerous cases where there seemed constitutional inability to take the necessary amount of nourishment and where there was consequent impaired health, and in some cases emaciation. The value of cataphoresis as a means of supplementing nourishment and raising the standard of health was incalculable. Again, in prescribing for those cases where the loathing of medicine, with the attendant difficulty of its retention, had become almost a mania, the benefit of cataphoresis at once did away with the difficulty. Here, therefore, was a new and far-reaching path in medicine, which led, it seemed to him, to a new era in medicine.

The Out-Patient Treatment of the Orthopedic Diseases of Children.*

BY A NURSE.

The success of out-patient treatment of the orthopedic diseases of children depends largely on the intelligent co-operation of the parents, as the work of the doctors and nurses counts for little unless the parents are willing and able to carry out the prescribed treatment.

Time must be taken at the out-patient department to explain to the parents the nature of their child's disease, the treatment and the probable result. If the parents understand that months, even years, may be necessary for a cure, they will not become discouraged when the child shows little or no improvement at the end of several weeks of treatment.

The necessity for continuous treatment must be emphasised, and the fact that neglect will cause greater deformity and much suffering.

The general care of the child must be explained to the parents, and, when necessary, the case should be referred to the visiting nurse.

The work of the visiting nurse is very important in orthopedic cases, particularly the tuberculous one, where so much depends on good care and hygienic surroundings.

The cases most frequently treated in their homes are mild cases of tuberculous joint disease, and convalescent cases of osteomyelitis, congenital dislocation of the hip, knock knees, bow legs, and infantile paralysis, which go home with plaster casts after operation.

Whenever it seems necessary, the out-patient cases are referred to the visiting nurse, with any directions the surgeon wishes to give.

The nurse then visits the case; she reports the hygienic condition of the home, number of family, income, charitable aid, if any, is received, and number of visits a week she judges necessary. With tuberculous cases she makes inquiries as to possible sources of infection. This information is entered on a card with patient's name and out-patient department number. This card is filed in the out-patient department, separately from the patient's history card. On this card is also kept the nurse's notes of her subsequent visits, the patient's treatment and progress.

In the patient's home, the nurse instructs the parents in the case of the child; with tuberculous cases, arranging for open-air treatment; teaching the necessary sanitary measures for the benefit of the patient, and protection of the

* Read at the International Congress on Tuberculosis, Washington, U.S.A.

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