Medical Matters.

IS CONSUMPTION INFECTIOUS?

This is a question which has been, and is, often asked, especially by those who have near relations suffering from the disease, and it is one not only of great importance to the community at large, but which closely affects those who work in Special Hospitals for Diseases of the Chest. The discoveries of Koch and Cornet, in isolating the special bacterium of Tuberculosis, and in making it almost certain that the infection of the disease can be conveyed from one person to another, was a great step in advance upon our previous knowledge of the subject, and, amongst other benefits, caused an exhaustive inquiry to be made into the matter in Prussia. It was then discovered that there was an extraordinary mortality amongst the Catholic Nursing orders in that kingdom, due almost entirely to the prevalence of Consumption amongst these women. It is, however, in the face of this, both curious and praiseworthy that comparatively few members of the medical and nursing staffs of large English Chest Hospitals are affected by the disease from which so many of their patients suffer. The reason for this immunity, as compared with the mortality above noted in Prussia, may probably be found in the fact that the hygienic surroundings of the patients in this country have for many years been most carefully attended to, and that, with well-lighted, lofty wards, the concentration of the bacilli has been effectually prevented. Recent experiments on dust collected from various parts of the Victoria Park Chest Hospital, and injected under the skin of guinea pigs, showed that out of one hundred experiments in only two cases was tuberculosis produced, although in twenty-seven more cases the animals died of blood-poisoning, so that it would appear that there must have been considerable virulence in this material. The practical lesson, however, of the present knowledge upon the subject is, that the expectoration and breath of consumptive patients almost certainly contains infective properties, and, therefore, the former ought always to be received in spittoons containing a strong solution of Sanitas or some other antiseptic, the patient never being allowed to spit into a handkerchief or into any other receptacle; the Nurse should avoid, as far as possible, inhaling the patient's breath; and the room should always be kept well ventilated and light—sunlight and fresh air being by far the best bactericides.

A NEW SIGN OF FRACTURED SKULL.

Dr. Morison, of Newcastle-on-Tyne, has recently called attention to what he believes, and apparently with some justification, to be a sign of fracture through the wall of the orbital plates of the skull. In three well marked cases, of which he gives particulars, the patient, after severe injuries to the head, showed fan-shaped hæmorrhages at the outer side of one eye in two instances, and in both these at the post-mortem examination there was found to be a fracture across the orbital plates on the affected side. In the third case, the hæmorrhage was found in the outer side of both eyes, and after death the walls of both orbital cavities were found fissured. Of course, these accidents are not very common, and in many instances, fortunately, recovery ensues. But new clinical facts, which will in any way assist in diagnosis, are always valuable, and there seems good reason to believe that the sign, to which Dr. Morison now calls attention, will prove, on further observations, to be well founded.

TYING THE PLACENTAL CORD.

It is, as all obstetric Nurses know, almost the invariable rule in this country, to apply two ligatures to the umbilical cord upon the birth of the child, separating the cord between the two. An active correspondence is at present taking place in a French medical contemporary as to the wisdom of this time-honoured custom; some obstetricians of experience asserting, that to ligature the placental side of the cord often prevents the separation of that organ, and certainly deters its expulsion from the uterus. On the other hand, it is cogently argued that if the cord be not tied, there may be free, and even dangerous, hæmorrhage from the severed end when the child is removed. As usual, the truth lies somewhere between the disputants. Until pulsation has ceased in the cord, it is impossible to say whether the placenta may not be so adherent to the uterine wall as to need forcible removal, and if it were so, it is plain that to leave the cord unligatured would simply be to invite bleeding. On the other hand, it is a practical fact of great value that in many cases, where the placenta is retained in a firmly contracted "hour-glass" uterus, cutting the cord and allowing an ounce or two of blood to flow, causes the bulk of the placenta to be lessened, and often brings about its immediate expulsion. In such a case as this, moreover, the cord is under control and the ligature can be tightened up again at once if the hæmorrhage seems too free; whereas, to leave the cord untied, as a matter of routine practice, might very easily lead to a greater loss of blood than the patient could afford.

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