

AN Edinburgh medical student writes:—

"I was much interested in the refreshing account which appeared in the RECORD of our cookery classes. We had our last lecture on Saturday, when the peptonising, or rather pancreatic processes were gone through. Even at the hands of our experienced teachers, the peptonised foods had a most ghastly and uninteresting taste. If ever I am an invalid, I think I shall be pretty far gone before I entrust the digestion of my gruel to anyone but myself. It seems so strange to us in Edinburgh that these cookery classes are regarded in England as a novelty. The class has been an institution here for some years past, and is held every spring."

Edinburgh student also says:—

"I noticed an article in the RECORD with reference to the use of bone-marrow. It has been largely experimented with here for a year or so. It has been given for stubborn cases of pernicious anæmia, spread raw on bread and butter. Like other cures for serious diseases, it gave splendid results in one or two cases, but totally failed in others."

## Medical Matters.

### ISOLATION AFTER OPERATION.



AN interesting discussion has recently taken place in the medical press as to the importance of isolating patients who have had abdominal section performed upon them. On the one side, it is urged that many of these cases do very well in the general wards of a general Hospital. On the other hand, it is a well known fact that even better results are obtained after similar operations in special Hospitals, where, as a general rule, the patient is isolated in the special room in which the operation is performed, until she is completely convalescent. The discussion has been conducted with much good feeling on both sides, and it is certainly one concerning which doubts may be freely expressed. But there can be no dispute, and indeed it is admitted, that a certain number of cases of abdominal section require the most careful isolation in order to give them the best possible chance of recovery, and furthermore that to remove such a patient who apparently is becoming dangerously ill from one ward to another, is a proceeding which might possibly be attended by the most harmful results. Conse-

quently it comes to this, that unless an operator can be perfectly sure before he operates that the patient will have an uneventful recovery, his duty to her would be to consider that her prospects were bad, so as to secure for her every possible chance of recovery if her progress after operation were to take a markedly unfavourable course. Then, inasmuch as it is beyond all doubt, that it is perfectly impossible for the operator to prophesy the future progress of the case, it follows that it is his duty to isolate her to begin with. In other words, all cases of abdominal section should be nursed in a separate and special room set aside for the purpose.

### THE USE OF ELECTRICITY IN OBSTRUCTION.

DURING recent years, the employment of electricity in the treatment of obstruction of the bowels has been widely tried, and more successfully as better methods of application became known. In this country and also abroad, applications have been made through the intestines. The point of the obstruction is defined, and the current is made to pass directly through this portion of the bowel. An illustrative case, just reported, was that of a man who had suffered from obstruction for ten days, and who appeared to be in a dangerous and collapsed condition. An insulated sound was introduced into the rectum, and a moistened conductor applied to the abdominal wall over the sigmoid flexure; the primary current was passed through, its force being gradually increased until the patient experienced a decided feeling of vibration in the bowels. This was followed in a few hours by complete relief of the obstruction, and the patient rapidly recovered. In Paris, the treatment adopted has been somewhat similar, except that in order to avoid any burning effect from the application of the metal electrode to the mucous membrane of the bowel, salt water is injected into the rectum, and thus the current is conveyed to the wall of the bowel through the fluid. It is stated that by this means a very considerable strength of the electric current has been used with safety. It must, however, be remembered, that in many of these long-standing cases of obstruction the walls of the intestine become decidedly weakened, and it appears to us to be possible that the application of a strong current to such stretched and weakened walls might very possibly cause so violent a contraction as to bring about a complete rupture of the intestine with almost certainly fatal results. It would therefore appear advisable that when this method is employed, the operator should on the one hand begin with a low strength of current, and on the other, that he should be prepared, if the remedy

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