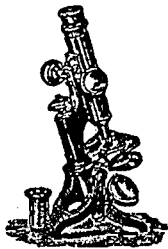


Medical Matters.

THE CONVEYANCE OF DISEASE.



AMONGST the many agents which are now known to convey and disseminate disease, milk holds, perhaps, the most unfavourable place, and its evil deeds in transmitting bacteria are impossible of refutation. It is so easily contaminated, it is so often exposed to infection, that it is not to be wondered at, that many outbreaks of scarlet fever, typhoid fever or diphtheria have been traced with unerring certainty to the medium of the milk supply. It must also be remembered that cows are extremely subject to diseases which in another form have serious effects upon human beings and so we have a direct cause for the transmission of disease which has sometimes been overlooked. It is therefore possible that in many instances the poison for example of typhoid or diphtheria may bear unsuspected relation to some bovine affection. It is known that cows suffering from foot and mouth disease, as it is termed, cause inflammatory affections of the mouth and throat to those who drink their milk. So, in like manner, thrush has been shown to be due to a fungus in the milk, and to be coincident with the appearance of this fungus on the udder of the cow. Then again cows' milk is known to be, of course, largely affected by their diet, and if they have been fed on meadow saffron, for example, it is a well recognised fact that their milk may produce severe intestinal symptoms and even attacks closely resembling dysentery. Finally, milk which has been exposed to warmth, sewer gas, or various effluvia, or which has become sour, is well known to cause perfectly definite symptoms in those who drink it; and it is beyond all question that some obscure epidemics of fatal diarrhoea in infants or young children have been due to intestinal irritation caused by such a diet. All this then points the moral that milk should always be treated, from however excellent a source it may be obtained, as liable to produce disease, and therefore it should always be boiled as a matter of routine before it is consumed. This measure of precaution would prevent the transmission of disease due to infectious germs, but it would not, of course, affect milk which has become fermented.

OLIVE OIL FOR GALLSTONES.

THE practice of administering large doses of olive oil to patients suffering from gallstones is meeting with increased favour. It is found that during an attack of colic set up by the passage of the gallstone through the duct, great relief is often given by the administration of a large rectal injection of this oil, and in the preventative treatment of the affection, the use of large doses of the same oil by the mouth, although less palatable, seem to be equally effective. The gallstones often appear to be softened, if not actually dissolved, by this method, and patients who have suffered for years from attacks of biliary colic, are found to remain free for many months; while, at the same time, there is evidence of the passage of softened and broken-down stones. A well-marked example of this treatment has recently been seen by the writer in a patient, who, for nearly seven months had suffered from jaundice, evidently due to obstruction of the gall duct by an impacted stone. Under the administration of olive oil the pain in the side gradually decreased, in less than four weeks the jaundice began to clear up, and finally quite disappeared, and it became evident that the calculus fixed in the gall duct had passed away.

SWALLOWING A STOMACH TUBE.

A CASE has recently been reported in which a patient, upon whom a stomach tube was being used, succeeded in swallowing the instrument. She was at the time suffering from ulceration of the stomach, and it is therefore hardly surprising to learn that she was taken very ill at once, and that for some days afterwards she suffered from vomiting of blood and from intense pain at the pit of the stomach. The pain gradually shifted over the abdomen, and eight days later the tube was detected doubled up in the right iliac region. As soon as possible the abdomen was opened, and by that time the tube had made its way into the ascending colon. It was thought that it would not be able to complete its circuit of the intestine by its own efforts, and therefore it was removed by means of a small incision in the bowel. The operation was successful, and the patient completely recovered. But the accident exemplifies the necessity of the old-fashioned rule that the stomach tube should always have a strong piece of silk cord attached to it. Had this precaution been observed in this case the patient clearly could never have succeeded in swallowing the instrument.

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