

Medical Matters.

TAPPING THE HEART.



IN some cases of pericarditis the effusion of fluid into the pericardium becomes so great that the action of the heart is rendered impossible; and in these cases the natural treatment by the withdrawal of the fluid from the pericardium by means of a fine trocar is often followed by a rapid recovery.

A curious case, however, has recently been published in which after a nine days' illness the heart apparently ceased beating and the patient appeared to be practically dead. As a very last resource a trocar was thrust, it was supposed, into the pericardial sac, but as ten ounces of pure blood were withdrawn, it was evident that the instrument had entered the right ventricle of the heart. However, the organ at once commenced to contract again, the patient finally recovered, and six months later appeared to be in good health. The case is of very great interest, not only as showing that puncture of the heart by a sharp pointed body is not invariably, nor immediately, fatal, and also the great advantage of the removal of blood in such cases of embarrassed heart action. It is possible that if the patient had been bled from the arm at an earlier period of her illness she might have been greatly relieved, but it is certain that, in the condition described, ordinary bleeding from a vein would have been useless because its action would have been too slow. The case raises a question as to the advisability of tapping the heart by a fine trocar in cases of asphyxia when the heart's action has been stopped—cases, for example, of suffocation from drowning, from the inhalation of carbonic acid, coal gas, or other poisonous vapours, in cases of apparent death from chloroform and in all cases where the patient is evidently dying from engorgement of the right side of the heart. It would seem advisable, therefore, not only that the old-fashioned remedy of bleeding should be more generally employed in such cases in future, but also that the operation of tapping the heart in suitable cases might be performed.

FLAX SEED MEAL.

A WELL-KNOWN American physician has recently descanted on the value of poultices made of flax-seed meal. The meal is boiled from three to five minutes, but should not be treated for a longer period because it is thereby reduced to a gelatinous mass unfit for surgical use. It has been found by careful examination that

colonies of bacteria are found in the great majority of such poultices. It is, therefore, impossible to regard the application as absolutely aseptic, and the employment in its preparation of heat sufficient to sterilise it renders the meal useless for the ordinary purposes of a poultice.

MEDICAL SEPTICÆMIA.

MANY diseases which were formerly obscure are now known to be produced by the absorption of various poisonous substances either from the food or from the atmosphere, or even from the secretions of the patient, the latter being termed auto-infection or self-poisoning. They form a group of cases which are generally obscure, and it is only within very recent times that it has been realised that, for example, attacks apparently of blood poisoning may be due to simple ulceration of the bowels or even of the gums, poisonous material being absorbed through these channels, and a cure only being effected when the diseased surface was closed.

ASIATIC CHOLERA.

IT has been recently pointed out that there are special reasons in India and other Asiatic countries for the rapidity with which cholera spreads. Chief amongst these, of course, is the water supply, the importance of which can be understood when it is realised that whereas in a European town there are usually only two or three sources of water supply, in an Indian town there are probably hundreds of distinct sources, seeing that nearly every house is provided with its own well. It is quite impossible to overlook the danger of filtration from graveyards and through soil impregnated with the dissolving remains of cholera patients, into these hundreds of wells, and this source of infection and propagation of cholera is palpable. Then, again, in most Asiatic countries—as even in some backward European towns—shallow surface drains exist in every street, and at the time of a cholera epidemic these must contain infectious dejecta in its most virulent form. In such a town millions of flies settle on the filth in the drains and then pass on to the food displayed in the shops—a method of propagating the cholera germs which is universally acknowledged. The best methods of completely stamping out cholera, therefore, consist of improving the water supply, and of a thoroughly modern system of drainage. In those towns in which such improvements have been made, the influence of cholera has markedly diminished, and there can be little doubt that the security from its visitation which this country has enjoyed during recent years has been largely due to the excellence of our sanitary arrangements.

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