

## Medical Matters.

### FEVER HOSPITALS.



THE present epidemic of infectious fever in London has once more proved the inadequacy of the existing accommodation in the Fever Hospitals. From every part of the metropolis, complaints are forthcoming of patients treated in their own inefficiently isolated homes, because they cannot be admitted into the proper Institutions. And the ordinary result has followed in the shape of an alarming diffusion of the epidemic. If one fact in the treatment of fevers is more clearly proved than another, it is the possibility of stamping out an epidemic by efficient isolation of the affected. And, on the other hand, the want of isolation is the greatest cause of the extension of the disease. Consequently, the loss both to the nation and to the individual which arises from the want of sufficient accommodation in Fever Hospitals is almost incalculable. This leads us to the very practical conclusion that the benefits which are conferred upon the community by that excellent institution, the London Fever Hospital, cannot be over-estimated. Patients are received into this Institution who are willing to pay a small fee, but whose incomes are insufficient to meet the whole expenses of their illness at home, or whose dwellings do not afford the necessary opportunity for complete isolation. The fee which is charged to ordinary patients covers only one-fourth of the patient's cost to the hospital. The advantages of the Institution to those of the better classes who would not go, or might not even be considered eligible for admission, to the Institutions under the control of the Metropolitan Asylums Board are even greater. Because, by a larger payment, such persons are enabled to obtain the best possible medical treatment and Nursing, combined with the greater safety of their families in consequence of their removal from home. The London Fever Hospital has never received the full support to which its great public usefulness entitles it, and it is earnestly to be hoped that the present epidemic, and the strain, therefore, which has been thrown upon its resources, may lead the charitable to bestow upon it a greater measure of assistance in the future.

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### THE EFFECTS OF ETHER.

SOME American physicians have recently been carrying out valuable investigations into the influence of Ether on the kidneys. Hitherto, attention has chiefly been paid to the results produced by an anæsthetic upon the heart and lungs, and the influence of the gas upon the other organs has been comparatively overlooked. It has, however, been long known that chloroform has a direct irritating effect upon the kidneys, and in an investigation of its consequences upon a hundred persons having healthy organs, it was found that, in one-third, the administration of chloroform was followed by the appearance of albumen and epithelium in the urine, thus proving the irritation and congestion from which the organs had suffered. In the recent inquiry into the effects produced by Ether, it was found that out of sixty-two patients whose condition was investigated, and whose urine was normal before the vapour was administered, only sixteen showed no abnormalities after the employment of the anæsthetic. In the remaining cases, more or less irritation of the urinary tract was evident, and, in all these, the condition persisted for at least ten days after the administration.

### INFLUENZA EFFECTS.

It is a well-known fact that influenza exerts a most injurious influence upon the nervous system, and that patients who have had a severe attack of the complaint are for long subject to serious nerve manifestations. It is now also becoming recognised that the direct or indirect results of influenza upon the heart are almost equally serious. Women are especially liable to dilatation of the heart, subsequent to an attack of influenza; but a remarkable fact in connection with this is that valvular disease appears to follow the dilatation in no inconsiderable number of patients. In most of the cases which have been recorded, the aortic valves were thus affected, a distinct double murmur being audible over the aortic orifice, while the heart's apex was displaced outwards as far as, or even beyond, the nipple line. A significant fact is that as the dilatation of the heart disappeared, the aortic murmur became less marked, and it is therefore possible that the incompetence of the aortic valve was due to the stretching of the walls of the ventricle, and was not, as one observer appears to believe, caused by actual disease of the valves themselves. The nursing of these cases consists of keeping the patient at absolute rest, and carefully administering the prescribed tonic and stimulants; and the chances of the patient's complete recovery seem to be very favourable.

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