

## Medical Matters.

### REMOVAL OF THE STOMACH.



DURING the last ten years, the successes achieved by abdominal surgeons have led to the performance of many operations which would previously have been regarded as perfectly impossible. The remarkable results, for example, which have been obtained in the treatment of perforating ulcers of the intestines, are due to an entirely novel application of old-fashioned principles; and when it is remembered that the great majority of these cases are rapidly and inevitably fatal, it is more easy to realize the advance which has been made in their treatment. In cases, for instance of perforation through the stomach from gastric ulcer, through the intestine in typhoid fever, or through the appendix in disease of that *cul de sac*, the operation undoubtedly affords the best and only certain method of cure. It was but a small step, therefore, from this closure of ulcerated intestinal edges, to the attempt to form a connection between two parts of the intestinal canal, and so remove the intervening part when irreparably diseased; but an operation which has recently taken place is undoubtedly novel. A Continental surgeon removed the entire stomach and stitched together the intestine, and the cut portions of the œsophagus, and the patient recovered excellently. The patient had been suffering for some time from cancer of the organ, and had been reduced to the lowest condition, both in weight and in general health. After the operation, the appetite quickly returned, and in three weeks solid food was taken. Curious facts in connection with this case were that the digestion of food in the stomach was thereby proved not to be essential to the proper nutrition of the body, and also that various articles of food were found to pass through the alimentary canal in twenty-four hours less time than the same substance required when taken by an ordinary patient; from which it would appear that the stomach delays the passage of food through the alimentary canal more materially than has been hitherto supposed.

DELICIOUS MAZAWATTEE TEA  
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 A Guarantee of Purity.

### THE INFECTIOUSNESS OF SCARLET FEVER.

THE period during which scarlet fever is infectious has often been questioned, and there can be no doubt that, in different individuals, there is a very marked difference in the liability to infection. A recent investigation into the subject has elicited facts which are certainly important and interesting. A number of Fever Hospitals throughout England were asked to state the minimum, the maximum, and the average period of isolation in each institution during the previous two years. From a large number of these cases, the conclusion was drawn that a scarlet fever patient is more or less infectious for at least eight weeks after the onset of the disease, and that this may be, in some instances, prolonged so far as three months. In view of this, the importance of not only isolating cases of scarlet fever most carefully, but also of effectually disinfecting them before they are allowed to go out again, is made very evident. The practical point has been noted that the cases which prove most infectious are those in which some congestion or irritation remained in the throat or nasal passages—the obvious lesson from which would be, that the nose and throat of a patient who has had scarlet fever should be most carefully disinfected before the patient is allowed to move about again amongst the unaffected.

### CHLOROFORM AND ETHER.

THE old discussion between the advocates of chloroform and those of ether is now going on as actively as it did forty years ago. While some are urging that chloroform is most dangerous to deal with, and that ether only possesses the one disadvantage of being so weak, chloroformists, on the other hand, are contending that the whole danger of the vapour is due to mistakes in its administration, and that when given carefully, slowly, and with a large proportion of atmospheric air, chloroform is much safer than ether. It is certainly a curious fact that when administered upon a handkerchief or towel—that is to say, well mixed with air—accidents most rarely occur with chloroform, although the patient is longer in becoming unconscious. The cumbrous inhaler, at present in vogue, has probably something to answer for in the increased death-rate, because, in anæsthetics, as in everything else, safety is usually associated with simplicity.

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