

**Medical Matters.****ABDOMINAL OPERATIONS.**

EVERY trained nurse knows the extreme care which is now-a-days taken, during abdominal operations, to avoid the possibility of leaving any foreign body in the abdominal cavity. The sponges and instruments which are employed are usually entrusted to the care of a special assistant who is responsible for counting these as soon as the operation is completed, and seeing that the number is correct before the wound is closed. In the early days of abdominal surgery, cases unfortunately occurred in which, through want of such precautions, a sponge, or even a pair of forceps, was left in the abdominal cavity, with fatal results. Now, however, such an accident is so infrequent that a case which was recently reported in a Russian periodical, conveys a moral of which very few operators require to be reminded. A woman aged 29 had both ovaries and tubes removed for disease; an abscess shortly afterwards developed in the track of a suture and a fistula remained. Four months later, an abscess was found on the left side of the pelvis, which was opened and drained. Then an abscess developed in the scar of the abdominal incision, and when this was opened it was found that a foecal fistula was established, the intestine having become adherent to the abdominal opening and ulcerated through. Then an abscess developed in the pelvis which required to be opened and drained through the vagina. After a time, it was found that this abscess had burst into the bladder, and so urine began to pass through the vagina. After a few weeks, this fistula apparently closed spontaneously, but after continued ill-health for two years and a-half after the operation, urine again came through the vagina, and an abscess developed on the right side of the pelvis which was opened. So matters went on, till at the end of four years the abscess apparently burst into the rectum, and the patient shortly afterwards passed a pair of pressure-forceps,  $4\frac{1}{2}$  inches long. It is a wonder that she recovered at all, and the case is probably unique in the prolonged struggle between the foreign body and the efforts of nature to get rid of it.

**ANTI-TETANUS SERUM.**

During recent years, the treatment of tetanus by the injection of an anti-toxin has been widely tried, and there are several cases on record in which the treatment appears to have been successful, but hitherto, it has been used only in the form of an injection under the skin. A case has recently been reported in Paris, however, in which marked success followed the injection of the serum into the brain. The patient was a boy eleven years old, who fell down and hurt his left knee. The accident appeared to be so slight that the mother simply covered the excoriation with a piece of plaster, but the boy appeared to lose his usual health and spirits at once, and, after a few days, the typical symptoms of tetanus developed. A hypodermic injection of the anti-tetanus serum produced no apparent result, and as he grew worse, an incision was made over both frontal bones, and the skull was perforated with a drill on both sides. Then a solution of dried serum was injected into the brain substance on each side, both wounds were closed with sutures, and an antiseptic dressing was applied. Some convulsive seizures occurred the next day, but after that the boy rapidly improved, and ten days after the operation he was able to leave his bed. The same plan was followed in another well marked case, a man aged 18, but in this instance the treatment had no apparent effect, and the patient died 84 hours after the commencement of the tetanus. The conclusion to which observers have come upon the matter, is that in order to be effectual, the treatment must be carried out at the earliest possible stage of the disease, and that it is essential to employ the remedy first by injection under the skin; keeping the method of injections into the brain substance as a final resource. It is, at any rate, comforting to reflect that a disease which has until recent years, been regarded as perfectly hopeless, can now be combated, when taken in the earliest stage, with some hope of success. It is, however, probable that the method of injecting the remedy directly into the brain substance will not be largely employed in this country. The principle, of course, is that the remedy should be applied to the precise locality affected. But the measures above described will appear too heroic, to English surgeons, to be advisable or expedient; especially when the possibility is considered that the remedy might prove as fatal as the disease.

[previous page](#)

[next page](#)