

Medical Matters.

TAPPING.



Most Nurses have seen the great benefits which have followed the simple operation of tapping the limbs of those suffering in an advanced degree from dropsy. An ordinary method of doing this is either by incisions through the skin through which the fluid is allowed to ooze away, or by the more cleanly and useful method introduced by Dr. Southey, in which the small tubes known by his name are inserted in the oedematous limb, and the fluid drains away through these and the little drainage tubes attached to them, into a receptacle beside the bed. In many cases, however, these tubes get choked up and fail to act, and the method now recommended and practised by a well-known German physician is receiving a good deal of attention. He inserts under the skin of the affected limb a fine trocar and canula, bringing this out again through the skin about an inch higher than the point of entrance. The trocar being withdrawn, a fine indiarubber tube, perforated with drainage holes, is threaded through the canula, and then, the latter being withdrawn, leaves the drainage tube in its place. The latter is about two yards in length, and the ends drop into a receptacle by the side of the bed. It is found that the serum runs freely through this tube, and that it does not cause the same amount of local irritation which is usually produced by Southey's tubes. The same care, however, is requisite as in the use of the tubes, or indeed when any incision is made into an oedematous leg if the dropsy be due to kidney disease; because the danger of erysipelas attacking the open wound is very great in these cases, and therefore the most careful antiseptic precautions must always be taken.

SILVER FOR WOUNDS.

A GERMAN surgeon has given an extensive trial to the silver treatment of wounds during the past year. The preparations used were chiefly silver citrate as a dusting powder, and silver lactate in 1 to 2,000 solution as a lotion. His conclusions as to their value are as follows. (1) Wounds treated by them healed as antiseptically treated wounds should. (2) Silver

has two great advantages over other antiseptics. (a) Satisfactory healing can be obtained, when it is impossible to be aseptic, and strict antiseptic precautions are difficult. On this account it is especially suitable for use in the field. (b) It has a remarkable power of arresting the spread of and localising inflammation. (3) The writer never observed any indication of poisoning by it, and its application is not painful, though it occasionally causes eczema.

SULPHONAL POISONING.

There is now a considerable amount of evidence to show that sulphonal is not so harmless as was thought. Many cases of toxic symptoms, some fatal, have been recorded, chiefly from asylums, and after frequent or continuous administration for weeks or months. Toxic effects from comparatively small doses are much less frequent; but two deaths have occurred after doses of 30 grs. and 40 grs. respectively. The following case, recently reported, is a typical example of idiosyncrasy against sulphonal. A woman, aged 28, excited and hysterical from domestic quarrels, had been taking potassium bromide with no effect. For insomnia 20 grs. of sulphonal was given in hot spirit and water. She had a good night's rest, but was irritable and excitable on the following day, and at night could not sleep; 15 grs. was given. She again slept well, but the next morning she was ataxic and reeled about, and had headache and tinnitus aurium. At 2 p.m. she suddenly said she felt she was dying, and became cyanosed. At 2.30 p.m. she was generally livid, the face particularly. She could not speak; she had fainted, and vomited two or three times. There was no dyspnoea; the respirations were extremely slow and shallow. Now and then she gave a slight sigh. The heart's action was feeble, and occasionally intermittent. The pupils were dilated, and acted very feebly to light. She said she felt she was dying, and she looked like it. She complained of dreadful headache and noise in her head. Stimulants were given and hot bottles were packed around her. Two hypodermic injections of strychnine, 1-25th gr. and 1-30th gr., were given within a few hours of each other, and a mixture of ether, ammonia, and strophanthus. The next day she was better; she had vomited once; and had diarrhoea. The heart was intermittent for a few days, and she then recovered.

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