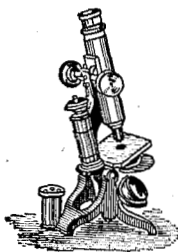


Medical Matters.**OPEN-AIR TREATMENT APPLIED IN CASES OF INFLUENZA.**

DURING an epidemic of influenza which attacked the resident staff and several patients at the North London Consumption Hospital, an opportunity was afforded of comparing the course of the illness in the patients undergoing the open-air treatment for consumption, and the staff who were treated in their rooms.

Dr. Bergin, Registrar and Pathologist to the Hospital, shows (*British Medical Journal*, June 30th, 1900, p. 1,593) that the "open-air" patients had—(1) lessened range of fever, (2) much shorter duration of fever, (3) freedom from complications in comparison with the nurses who were attacked. This result seems to point strongly to the advantage of much more fresh air than is usually allowed to patients suffering from ordinary diseases.

EXTRA-BUCCAL FEEDING.

A paper by Dr. Ewald, of Berlin, with the above attractive title, appeared in the *Medical Record* of New York on August 18th, 1900. Extra-buccal feeding includes feeding by the rectum; feeding by subcutaneous or intravenous injections and feeding through the opening in the stomach after gastrotomy. By none of these means can life be supported indefinitely, but all are agreed that in incurable cases life may be prolonged for some time by the employment of one or the other method, and that in many cases of gastric diseases, etc., they are extremely useful means of tiding the patient over the period during which it is impossible to give food by the mouth.

As the secretions of the rectum cannot convert proteids into peptones nor starches into sugar to a useful extent, it would appear advisable to peptonize all proteids and convert all starches into sugar before they are put into the rectum, and this has been the practice for a long time past. But, as a result of several experiments which he mentions, Dr. Ewald has come to the conclusion that is not necessary because certain albumins and starches can be absorbed through the rectal wall without being primarily treated with pancreatic fluid, and he

even finds that proteids previously treated (particularly when converted into albumoses) are likely to irritate the bowel and, consequently, to be expelled.

Practically he finds that ordinary egg-albumen (mixed with water) and milk are the best proteids for nutrient enemata; that ordinary wheat flower with water or milk can be absorbed, and that grape sugar is better than cane sugar. The egg enemata contain a certain amount of fat, but if oils are being used it is better to pancreatise them. He gives the following useful formula:—Two tablespoonsful of wheat flower to be stirred into 5 ounces of lukewarm water or milk. Add to this one or two eggs with a pinch of salt (which has been found to aid absorption). The whole is then beaten up with 4 oz. of a 20 per cent. solution of glucose and injected into the rectum. Dr. Ewald considers that a little alcohol in the shape of a glass of claret may sometimes be added to the enema with advantage, and the above formula may be varied by replacing certain of its constituents by peptonised foods. It must be understood that he does not think ill of peptonised foods, but considers them in most cases unnecessary, and, on the whole, more likely to irritate the bowel than the natural food stuffs which he mentions. There seems to be a practical advantage in injecting the enema as far up the rectum as possible, because it is then absorbed by those hæmorrhoidal veins which empty themselves into the portal system and not into the branches of the inferior vena cava.

As regard subcutaneous and intravenous feeding, Dr. Ewald mentions that glucose solutions (10 per cent.) can be injected subcutaneously without ill effects to the amount of one pint and a half, and that subcutaneous injections of oil can be effected, although the latter often causes inflammation at the site of injection. On the whole, however, he does not appear to favour this method of feeding.

In feeding through a gastric fistula, the important thing, according to Dr. Ewald, is to consider the disease for which the gastrotomy was performed, for if the stricture of the œsophagus be innocent, any fluid food can be put into the stomach and will be properly digested. But if the œsophagus be cancerous, he finds the food will not be digested in the stomach, but only after it has reached the duodenum. Consequently, it is better to use peptonized foods and also to make the opening into the stomach

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