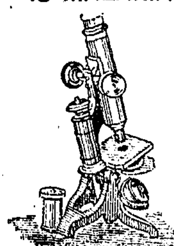
Medical Matters.

IS MALARIA THE ANTIDOTE OF CANCER?



Professor Loeffler recently published an interesting paper in a German medical journal which tended to show that antagonism exists between cancer and malaria, and in which he suggested that the inoculation of malarial hæmatozoa might cure cancer. The Professor admitted that his theory could only be taken seriously if it were shown to rest on a solid statistical foundation but quoted in its support the case of a girl, recorded by Dr. Trnka, a physician of the eighteenth century in which a tumour of the breast disappeared when she contracted tertian ague, and also the rarity of cancer in the tropics, precisely in those places where malaria is common. In investigation of Professor Loeffler's theory, a mass of statistics have been collected and tabulated by Professor Kruse, of Bonn. The evidence gained from them would seem to prove that no relation exists between the mortality from malaria, and that from cancer, and that Professor Loeffler's theory is not substantiated.

SMALL-POX CONTACTS.

A circular has been issued by the Local Government Board to Metropolitan Borough Councils which embodies the opinion of the medical adviser to the Board on the proper method of dealing with persons who have come in contact with the infection of Small-pox. It is to the effect that if the removal of the infectious person to a hospital is promptly effected, and if those who have been exposed to the infection are vaccinated, or re-vaccinated, without loss of time, there is no need to isolate such "contacts." The circular adds "occasions however, may arise in which additional precautions may be necessary; as, for example, when laundries are in question, or where the business or habits of the inmates of the invaded house are such as to make it difficult for proper medical observation of them to be maintained." Thus the migratory inmates of common lodging-houses may provide fresh centres of infection. It is, of course, necessary that all persons exposed to small-pox should be subjected to examination at the time when it may be expected to develop, and therefore those who are likely to be lost sight of must be kept under observation.

Nursing of Diseases of the Eye.

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DRESSINGS USED IN OPHTHALMIC PRACTICE.

The dressings that are used in ophthalmic practice are, as a rule, extremely simple. Seeing that the upper lid is really in contact with the wound and forms the innermost dressing in all operations on the cornea, some surgeons do away with all external appliances beyond fastening the lids together with a small piece of plaster. This appears to be liable to certain risks. The patient is apt to regard such a simple method as a sign that he need take few precautions, and, as a result, finding the confinement irksome, commits some imprudence which throws the case back and seriously retards the course.

The mere presence of a bandage is a reminder that the condition of the eye must be taken seriously.

For all surgical wounds which may be expected to run an aseptic course, it is my custom to dress the eye by placing a circular pad of gauze tissue impregnated with double cyanide, about 3in. in diameter, on the eye and securing it in position by means of a bandage. Many regard the bandage as unnecessary, and place crossed strips of rubber plaster on the pad to hold it in position. The former method is I think better and more comfortable to the patient. If a bandage be used it should not be too broad, two inches is quite a sufficient breadth. It is to be applied thus :—The end of the roller is to be placed above the affected eye, and held in position The roller is then passed across the forehead and completely round the head, lying just above the ears, making a circuit and a half, until it comes back to the ear on the opposite side, passing above this, the bandage is then directed downwards, rather below the occiput, and below the ear on the same side as the operation, and up across the pad to cross the first turn near the centre of the forehead; here it may be secured with a safety pin.

This single turn is sufficient to hold the pad in place, and give adequate support to the eye; if necessary, a second turn may be made in the same way.

The question whether the unoperated eye should be covered or not will be answered by different surgeons in different ways. I am convinced from my own observation that there is less reaction when both eyes are covered than when one is left open, and that if the bandage be left off the second eye the other becomes more injected. This would seem to me be obvious.