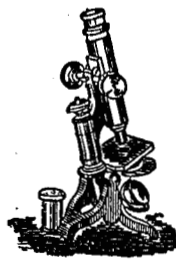


Medical Matters.

CHRONIC CIRCULATORY DISORDERS.



The *Medical Chronicle* for December, 1902, contains an article by Dr. G. Steell on "Chronic States of the Circulation Simulating Heart and Kidney Disease." The class of case referred to is one which includes females chiefly. The complaint is that of shortness of breath on exertion, and later œdema and venous stasis. Yet on physical examination no evidence of disease can be found, either as regards heart or liver. There may be some accentuation or reduplication of the second sound, and the apex beat may suggest hypertrophy of the left ventricle—but that is all. The pulse is generally slow and regular, and is suggestive of high tension. The author attributes this state of things to an increased peripheral resistance on the part of the arterial system, so that the heart, though too strong for a normal healthy condition, yet is too weak to carry out the arterial circulatory necessities of the patient. This increase of peripheral resistance is the direct outcome of pathological alterations of metabolism.

Attention is called to the fact of the frequency with which dyspnoea is complained of in chronic nephritis. This is often attributed to toxin influence, but the author points out that it is far more likely to be the result of the increased peripheral resistance. The latter is so great that, in spite of hypertrophy, the left ventricle is unable to satisfactorily discharge its duties, and shortness of breath results. The cases are thus precisely similar to those referred to in the article as occurring in middle-aged women. The latter cases are clearly closely allied to those which depend upon recent conditions. We think there can be little doubt that there is more than a resemblance, that, indeed, both classes own the same origin—chronic nephritis in a very early stage.

The paper concludes with some simple remarks upon the dietetic treatment of high arterial tension, especial stress being laid upon the necessity of restricting the starchy elements of the dietary. A most important warning is given as to the danger of the indiscriminate administration of drugs, and particularly of digitalis, in the heart troubles associated with this condition. It is not easy to over-estimate

the damage done by the reckless administration of digitalis and similar drugs. In an early stage of increased tension iodide of potash is often useful, but it will have no influence when the tension is advanced.

DOUBTFUL THROAT CASES.

"The Importance of Careful Examination and Frequent Cultures in Doubtful Throat Cases" is the title of a paper by Dr. Coues, which appeared in the *Boston Medical and Surgical Journal* for January 22nd, 1903. The author reports the case of a patient who was seen on January 11th, 1902. Three days before he began to feel slight sore throat, not sufficient to keep him from his work. On inquiry it was learned that he had seen a little child on Christmas Day, who subsequently developed diphtheria. The following day, on tipping up the uvula with a throat stick, there was seen on its posterior surface a triangular piece of membrane the size of an almond. A culture was taken, and 4,000 units of anti-toxin given. A positive report was not obtained until the third culture. The membrane remained confined to the posterior surface of the uvula. There was very slight constitutional disturbance, and the patient made a good recovery. Dr. Coues finishes his paper by quoting thus from Fussell: "Always make a culture in throat cases. When called to see a sore throat of doubtful character, give anti-toxin at once; give a large dose, 2,000 to 4,000 units have proved sufficient in the writer's experience, but in desperate cases much larger doses may be used."

REINDEER TENDON.

Dr. Stankiewicz (*Monats. f. Geb. u. Gynäk.*) speaks highly of reindeer tendon introduced for abdominal operations by Dr. Snegurieff. It has several advantages over catgut; it is flat instead of cylindrical; it can be tied more safely and easier, and lasts longer. It yields in from ten to fourteen days, and at the end of from two to three months is completely absorbed in the peritoneal cavity. Before use it is carefully sterilised, being placed in ether for forty-eight hours, then in a 1 in 500 solution of sublimate for ten days, and, lastly, kept in alcohol until required. The value of an agent for ligatures and sutures which is flat instead of round is obvious, and the advantage of an absorbable ligature requires no emphasis.

[previous page](#)

[next page](#)