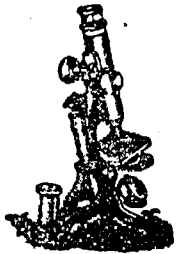


## Medical Matters.

### SALIVA: ITS PHYSIOLOGY, CHEMISTRY, AND PATHOLOGY.



Concerning the pathology of this secretion, Dr. H. M. Hays holds that there is a field for investigation that has as yet been poorly explored. It is probable that there is an altered state of the saliva in latent disease in which no other indication of the disease may be found. It is known that deficiency of salivary secretion is often associated with depleted or depraved function of the stomach, and in wasting fevers, likewise, that increased salivation is caused by hyperacidity of the gastric juices. *Fatty* saliva is often associated with a fat-necrosis due to some obstruction to the circulation. *Sweet* saliva is an accompaniment of diabetes mellitus. *Albuminous* saliva is exceedingly uncommon. *Bilious* saliva is found in severe cases of jaundice due to cholecystitis, cholelithiasis, or carcinoma of the head of the pancreas. Oftentimes the saliva is not coloured, but on chemical examination is found to contain bile salts and bile acids. *Bloody* saliva is of no consequence, as it is usually due to hæmorrhage in the nasopharynx or from an ulcer of the stomach, where the other symptoms are of much more importance. The only point is to differentiate it from an hæmoptysis. *Uric acid* may be found in the saliva, or a uric acid diathesis may alter the saliva.

### THE ART OF SUTURING.

As Professor Mikulicz, the distinguished German surgeon, aptly remarks, "whoever has an opportunity of watching a surgeon operate can generally judge, at first glance, from his manner of suturing, the degree of perfection which his technic has attained." It is here that the dexterity of the surgeon most distinctly manifests itself. In spite of the numerous ingenious devices for facilitating the insertion of sutures, none of them surpasses the hand. The surgeon who has learned to apply stitches accurately and rapidly will often be able to materially shorten the period of operation, and thereby greatly diminish the risk of shock, and especially is this necessary in operative work upon the gastro-intestinal tract. Dr. Mikulicz points out with justice that in the development of the

purely scientific part of surgery there is danger of forgetting what might be termed the mechanics of the art. Nowadays there is scarcely any organ which may not require suture, and the successful treatment of wounds of the heart well exemplifies the importance of this subject.

### SUGGESTIONS FOR FEBRILE CASES.

When for any reason the cold bath cannot be employed, Dr. Wynterhas finds the use of cool air, in the manner known as "cradling," and introduced many years ago by Dr. Samuel Fenwick, of London, of service. The patient lying nude in bed, the covers are raised from the body with a cradle that is employed in such diseases as acute rheumatism to remove their weight; both ends being left open, a current of air at the room temperature (60° to 70°) passing constantly over the naked body acts as a sufficient anti-pyretic. A simple method of applying ice to the head, which he thinks superior to either cold compresses or the ordinary ice cap, is to fill partly a water bag with chipped ice and water, and place it under the nape of the neck. This has the advantage not only that it will remain in place, but that the cold reaches the spot where it will do the most good, the centres at the base of the brain.

### "SIEGE" CHILDREN.

One wonders what the nervous results of the present Russian trouble will be on the children born at this terrible time. Dr. Dabbs recalls in the *London Argus* that the siege children of the Paris siege were afflicted with nervous results (from maternal sorrow and anxiety) to so marked a degree that they came to be recognised as siege children, and to be so described.

### MOIST GAUZE DRESSINGS.

Experiments by Dr. Noetzels have demonstrated what is probably well known to surgeons who have had experience in the same—that the secretions of a wound are drawn up into a moist dressing better than into a dry one. In Dr. Noetzels' experiments, virulent anthrax bacilli placed upon an artificial wound in rabbits, were absorbed into moist dressings and the infection of the animals was prevented. While both moist and dry dressings were effective in the destruction of germ life; the germs were drawn up into the outer layers of moist gauze, while they were found only in the layers closest to the wound in the dry dressings.

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