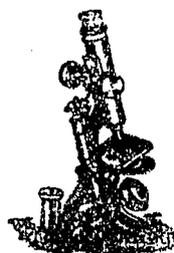


Medical Matters.

LEPROSY.



Captain E. R. Post, I.M.S., seems, says the *Indian Medical Gazette*, to have discovered a means of artificially cultivating the bacillus lepræ. Following up his discovery he has made a "leprolin," which contains the products of the bacillary metabolism, the organisms themselves being removed by filtration. Leprolin, upon being injected into a leper, causes a reaction in the leprous patches and appears to have a curative effect.

It is difficult to realise the relief of sorrow and suffering which will be achieved should any effective remedy be found for this terrible disease.

DANGERS OF THE TOURNIQUET.

The *Journal of the American Medical Association* says:—"Ahlberg relates three instances of serious injury resulting from the application of the Esmarch bandage to arrest hæmorrhage after an accident. In one case the tourniquet had been applied very tightly and left for a day and a half above the severed brachial artery. There had been considerable hæmorrhage, and the patient, a robust young man, soon succumbed. The fatality may have been due to the acute anæmia alone, but there is a possibility that the products of decomposition after ligation of the artery may have induced intoxication of the organism, already enfeebled by the anæmia, when the constriction was removed. The tourniquet should never be left long, but should be removed at the earliest possible moment. It should be applied as close to the wound as possible. In two of his cases the limb had to be amputated at a much higher point than would have been required by the trauma alone. It should be more generally emphasised that all the parts below a tourniquet left for more than three hours are exposed to the great danger of tissue death. Another important point to be borne in mind is that the injured part should have all the cleansing manipulations done before the tourniquet is removed. It prevents foreign matters and fluid from being sucked into the circulation, and consequently they should all be cleaned off before the circulation through the parts is restored."

THE THERAPEUTIC VALUE OF RELAXING CLIMATES.

Dr. Williams (*Edin. Med. Journal*) says that factors as moisture, sunshine, and exposure all take their share in influencing metabolic changes, and hence ought to be considered in the effort to guide the application of climatic treatment in any individual case. The usual "bracing climate" generally advised is without doubt refreshing and stimulating to persons in moderately good health; on the other hand, it may exercise a disastrous influence in certain pathological conditions. For chronic invalids, and particularly those suffering from chronic pulmonary or renal troubles, or chronic heart or nervous diseases, he advises a "relaxing climate."

Its action is to decrease metabolism and to lower generally the activity of the vital processes. For instance, among pulmonary affections take emphysema. The moisture of the atmosphere in a "relaxing climate" acts as a sedative to the respiratory passages and, by minimising changes in temperature, protects the patient from the extremes to which, in a "bracing climate," he would probably be exposed. Similarly, in chronic renal disease the relaxing climate both diminishes the amount of waste material produced in the tissues and assists the action of the skin and lungs in their compensatory excretory function. Hence the work of the damaged kidneys is diminished and the dangerous complications which are associated with renal disease are delayed. Again, in chronic cardiac disease the lowered function and diminished blood-pressure which attend on life in a relaxing climate relieve the strain on the cardiac muscle, and so favour its possibilities of endurance. In the treatment of the degenerative processes which affect the central nervous system the relaxing climate is the only safe medium. The vital forces have to be conserved so that the unfavourable movement of the morbid process may be checked. In neurasthenia and hysteria the therapeutic problem, so far as climate is concerned, is less simple. Temperamental considerations and local circumstances must be borne in mind, as also the mental attitude and reaction of the patient. The possibilities or otherwise in reference to suitable baths and other mechanical methods of treatment are also guiding influences in the selection of a suitable climatic station, and this more particularly in cases of chronic renal and chronic cardiac disease.

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