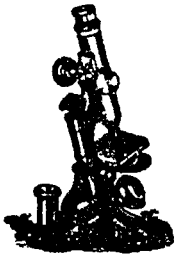
Medical Matters.

APPENDICOSTOMY AND ITS POSSIBILITIES.



Sir William H. Bennett, K.C.V.O., F.R.C.S., Consulting Surgeon to St. George's Hospital, in an address delivered at that hospital and published in the last issue of the *Lancet*, dealt with "Appendicostomy and its Possibilities." One of these possibilities will be of interest to nurses. Dealing with appendicostomy as a means of administering nourishment, and an alternative to the rectum for that purpose, Sir William Bennett said:—

It is a matter of common knowledge that life can be sustained for an indefinite period by nourishment administered by the rectum provided that the necessary amount of nutrient material can be retained by the bowel, and provided that the patient is not the subject of some disease which makes a heavier call upon the powers of resistance than can be met by rectal feeding. At the same time it must be conceded that, apart from the difficulty often met with in the retention of a sufficient amount of nutrient material during the course of a protracted case, rectal feeding in itself is not infrequently painful, and in sensitive patients repulsive; moreover, the quantity of material introduced is vastly out of proportion to the amount utilised, and further, the constant disturbance necessary in patients who are grievously ill often militates seriously against recovery or prolongation of life. It must also be allowed, *ceteris paribus*, that the higher up in the bowel nutriment is introduced the greater is the proportion absorbed for purposes of nourishment.

Assuming these premisses to be correct, it is clear that a given amount of nutrient material passing into the cæcum would have a higher nutritive value than a similar quantity introduced into the rectum, and that a still higher nutritive value would be derived if it could be introduced into the small intestine.

As already shown, the operation of appendicostomy in a normal condition of parts about the cæcum is a simple and entirely safe proceeding in the hands of a competent surgeon. It therefore seems to me that in any case in which prolonged rest of the stomach from food is desirable, or in which feeding by the mouth is likely to be permanently or for long periods impracticable, appendicostomy may provide a channel for the administration of nourishment far superior in every respect to that afforded by the rectum; indeed, I am inclined to the opinion that in some cases of malignant disease of the gullet and cardiac region of the stomach it may finally even supplant the operation of gastrostomy by reason of its simplicity and the avoidance of possibility of the operation area being invaded by disease, as is inevitable in certain instances of gastrostomy for gastric carcinoma. At all events, it is, I am sure, worth consideration from this point of view. Moreover, appendicostomy could be undertaken in patients whose strength had too far gone to enable them to undergo gastrostomy or adequately performed jejunostomy with any hope of survival. At first sight the substitution of appendicostomy for gastrostomy in carcinoma of the stomach seems almost Quixotic, but a little consideration will, I believe, make it clear to any impartial mind that the idea is in certain circumstances not unreasonable. Some years ago I had under observation a case of gastric disease of a non-malignant type in which food could not be given by the stomach and could not be retained by the rectum; death followed finally from exhaustion in spite of every ordinary effort to sustain life. I have little doubt that appendicostomy would have afforded a means of giving nourishment which would certainly have prolonged, and might have saved, the patient's life.

TREATMENT OF OLD ULCERS.

The treatment of old ulcers by ultraviolet light (says *American Medicine*) has been successful in the hands of Dr. Axmann, of Erfurt. The rays are applied a half hour at a time for six or more days. It is said that healing begins quite promptly and even during the application of the rays the ulcers become dry and red. The rays are markedly anæsthetic so that pains promptly disappear—a result which also follows similar application to uterine cancers. As infected fresh wounds are also said to be practically disinfected by these applications, it is quite evident that this newest of therapeutic agents may be destined to play an important part in our future surgical technique.

A lamp for the application of ultraviolet rays has been invented by Dr. O. Schott. By its means a cool, intense ultraviolet light can be secured. It can be held close to the skin, as there are no heat rays, but it produces intense inflammation if held there too long. The enthusiasm aroused by this new lamp would seem to indicate that it is of considerable value. The experiments seem to indicate that these rays are far more powerful than even Finsen suspected.

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