

Medical Matters.

OPERATIONS ON THE HEART.



The daily papers are at present excited over what they apparently consider to be an unprecedented operation on a patient admitted into a Paris hospital suffering from a stab in the region of the heart. The surgeon found that the heart was still acting, and immediately cut down upon it, found that the cut had entered the substance of the heart, and that the wound was bleeding. He therefore stitched the muscle together, and the patient recovered. Every credit is due to him for his prompt and successful action, but the operation is by no means so unusual as our contemporaries appear to believe. It is several years indeed since the first of these operations was performed, with the complete recovery of the patient. In fact, in one case on record the cavity of the heart itself had been opened by a large wound in the chest. Fortunately immediate access to the wound was possible, for a few minutes' delay would, of course, have been fatal, because the blood would then have been pumped straight out from the heart instead of into the arteries. The majority of cases on record, however, have been those of wounds which only penetrated the heart's substance, and which only required a catgut stitch skilfully applied to stop the hæmorrhage and bring about healthy union. The element of time is the only matter of importance. If the patient who has been stabbed in the heart is wise enough to faint, so that the heart's action shall be at once quietened, many cases are on record in which no operative treatment whatever had been required. The clot which has been formed between the stab in the heart walls prevents further hæmorrhage and is Nature's best method of closing the wound, and absolute rest is all that is required for a complete cure. When, however, the wound in the chest is large, and the heart is exposed and is seen to be bleeding, any skilled operator would smile at the difficulty of stitching the wound, closing the pericardium, the cut chest muscle, and the skin, and presuming, of course, that the cut is a clean incision, and that very ordinary antiseptic precautions are used it is safe to predict that in a week everything will be firmly healed. The lessons taught, in fact, by abdominal surgery are equally applicable, and have been applied equally successfully, to the cavity of the chest.

LOST FORCEPS.

It will be remembered that a year or two ago considerable public interest was aroused by the case of a hospital patient who suffered considerably from a pair of forceps being left in her abdomen after operation, and it is well known, of course, that such a case is by no means unique. Quite recently in another London hospital a patient was operated upon for very obscure symptoms connected with the bowel, and when the abdomen was opened a pair of forceps, which had evidently been left in some years previously at the time of an operation on one of the ovaries, was found half inside and half out of the ascending colon. The instrument, of course, was black and deeply corroded and its movements to and fro had caused the alternating pressure on the nerves over which they were matted by adhesions and so had produced the extraordinary symptoms of which the patient complained and from which, of course, the removal of the forceps entirely cured her. Last month, two French surgeons reported a remarkable case apparently of hip-joint disease, from which the patient finally died; but it was found at the post-mortem examination that amidst the coils of intestines and covered by adhesions there was a pair of blackened artery forceps, the tip of which pressed against the bone close to the right hip-joint, the bone itself having become bared and exposed and pus having formed which had spread downwards and completely destroyed the joint, so that the surfaces of the bones were necrosed and black. It was then ascertained that six years before an operation had been performed for the removal of both ovaries. The case is, in fact, unusual only because of the position of the forceps and the resulting bone disease; but it once more points the lesson as to the imperative need of someone always being held responsible at abdominal operations to count the sponges and instruments before and after the operation.

FLIES AND TUBERCULOSIS.

Dr. Frederick T. Lord, of Boston, reports in the *Clinical Contributions* of the Massachusetts General Hospital, for February, a series of experiments to demonstrate the rôle of flies in the dissemination of tuberculosis. His conclusions are (1) that flies may feed on tubercular sputum and excrete living bacilli which remain virulent for two weeks, or longer. (2) That human beings are in danger from eating food defiled by fly specks. If these fly specks are mechanically disturbed they may infect the air with tubercle bacilli.

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