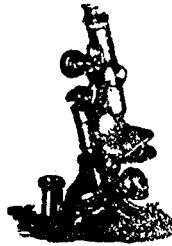


Medical Matters.



THE STATE CONTROL OF HEALTH.

In the section of State Medicine at the Annual Meeting of the British Medical Association at Toronto, Dr. Jennie G. Drennan, of St. Thomas', Ontario, delivered an address on the State Control of Health, in the course of which as reported in the official organ of the Association, she said :

The State should be as a mother to the public—a mother ever watchful, anxious, and solicitous concerning the welfare of her charge—and in no one respect should she be so careful as over the health of the people, for by the healthfulness of the community millions of pounds may be saved for her exchequer. There is no necessity for me to go into any details concerning the cost of disease to the State and to the individual; it is one of our national drains, which should not be if we but knew how to live. The public must be taught how to live, and this can be accomplished effectively alone by an organised system—a health army as it were. If the State were as solicitous of preserving health as it is of preserving peace it could be done, and would be done in a short time. Health is every man's birthright, but health is not alone an individual matter; it is a State consideration. Disease does not alone affect the individual; it affects the whole State; it is found in palace and hovel alike, and no one entirely escapes its ravages.

In every municipality, however large or small, there should be a standing army of medical men, fully equipped for the work, every one with his special duties assigned to him. There should be a regular headquarters for these in every such municipality, and all hospitals and institutions should be under the control of the Department. A physician's duty should be to regularly visit his own district and to maintain it in a state of health, curing the diseased—for there will always be some such—and teaching the well how to keep well. A band of well-trained nurses could materially aid in this work—to a certain extent in the large cities this is being done by nurses, teaching the mothers in the tenement districts and visiting the public schools. The appointing of physicians to examine school children is also another step in this same direction. The old time family physician, who was paid so much every year to look after the health of the family, was only a prototype of what will be.

SUTURE OF PERFORATING WOUND OF THE HEART.

It is only within recent years that wounds of the heart have been considered within the range of surgical treatment, but the results have been so remarkable that it is difficult to conjecture what triumphs may be attained by surgery in the future in connection with this vital organ.

An interesting account of an operation in which a perforating wound of the heart was sutured is given in a recent issue of the *Lancet* by Mr. Frederick T. Travers, F.R.C.S., Hon. Surgeon to the West Kent General Hospital. The patient had a fall of about 8 feet, impaling himself on a spike. He managed to lift himself free, but nearly an hour elapsed before medical aid could be obtained. When admitted to the hospital three and a-quarter hours after the accident he was in a collapsed condition. There was a transverse wound about two inches in length over the lower end of the sternum through which a vertical fissure in the bone could be seen. On examination under chloroform, a rent of two and a-half inches in length was exposed through which blood clot was slowly escaping. On the pericardium, which was full of blood clot, being gently sponged and exposed a piece of bone one and a-half inches long was seen and removed, a small spicule of bone imbedded in the heart was also extracted. Further examination divulged a wound in the right ventricle, and on following this along another piece of bone was felt. Its removal was followed by a terrific gush of dark blood. Mr. Travers at once plugged the wound by plunging his fingers in and found that the insertion of three fingers practically stopped the hæmorrhage. Three sutures were inserted, a finger being withdrawn as each was passed, and by them the wound was drawn roughly together. The wound was then eventually quite closed. The pericardium was also partly closed, the fragment of the sternum replaced, and the wound closed except at its upper and lower angles. The wound was irrigated freely with sterilised water and dressed with double cyanide gauze.

The patient's condition improved a little each day for eight days, but he died on the eleventh day after the accident. The cause of death was apparently failure of the heart's action, due to the pressure of the clot slowly forming on its anterior surface, which also blocked the pericardial wound and prevented the escape of the blood oozing from the gap in the wound in the heart, and not directly due to the slight secondary hæmorrhage.

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