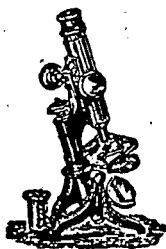


## Medical Matters.

### ALCOHOL AND MOUNTAIN CLIMBING.



A series of 1,200 mountain climbers has, says the *British Medical Journal*, been examined by Dr. Schneider with a view of ascertaining the effect of alcohol on their climbing capacity, and a series of questions has been put to many others. The main points of the inquiry were: Do you habitually consume alcohol? Do you drink any of it on your mountain tours? When and how much do you take? Do you drink it to quench the thirst or to gain strength? What were its effects on strength, body temperature, and psychical conditions? The conclusions arrived at by Dr. Schneider are that it is advisable to consume no alcohol on the eve of and at the beginning of a climbing tour. As long as continuous efforts and difficulties are to be expected no alcohol should be used. Only for a special effort of mind and body (for instance, to overcoming a final obstacle) may a dose of alcohol be advisable. In accidents, when a stimulant is required in mountain disease, shock from a fall, alcohol is useful. In descending, when all difficulties are overcome, and when only automatic movements are necessary, many mountaineers find a small dose of brandy a restorative. The action on the body temperature is to lower it, and on no account should alcohol be used to relieve thirst. The sensation of fatigue after a prolonged tour is best combated by taking a small quantity of good cognac or whisky at the first meal after a short rest. The best beverage during the tour has been pronounced by the majority to be cold coffee and sugar.

### ABDOMINAL SECTION IN PUERPERAL PERITONITIS

Dr. Knyvett Gordon, Medical Superintendent of the Monsall Fever Hospital, Manchester, reports in the *Journal of Obstetrics and Gynaecology of the British Empire* ten consecutive cases of puerperal peritonitis treated by abdominal section in that hospital. Six out of the ten patients recovered, all being in a critical condition when the operation was undertaken. Dr. Gordon considers that in these desperate cases the individual patient should be given a chance, the suggestion that a patient with an abdomen full of pus can recover without operation being hardly worth consideration. He regrets that so often, as in nearly all his ten patients, time is wasted in ineffective palliative and faulty local treatment.

## Lectures on Anatomy and Physiology as Applied to Practical Nursing.\*

BY BEDFORD FENWICK, M.D.,  
Gynaecologist to The Hospital for Women,  
Soho Square.

(Continued from page 123.)

**TREMORS.**—This term is usually employed to denote weakness and trembling, which usually commences in the hands and arms, and, in some cases, gradually extends over the whole body. The control over the muscles is lost so that there are constant, irregular movements, which the patient cannot by any effort of the will completely restrain. In some cases, the symptom is due to poisoning by mercury; and formerly it was very common amongst those who worked in quicksilver mines, or were exposed to the fumes of the metallic vapour, so that it was common amongst those engaged in water gilding and in various other manufacturing processes. This disease is still met with, even at the present day, though comparatively rarely, since legislation has compelled greater care being taken of the workers engaged in dangerous trades. Other signs of mercury poisoning, therefore, are in such cases very marked. The teeth become very brittle, and break easily. The patient suffers from sleeplessness, and, in bad cases, from delirium. There is almost constant nausea, and more or less complete loss of appetite. Most of these cases are rapidly cured by preventing the cause of the poisoning, and the simple precaution of causing those who handle oxide of mercury to use rubber gloves rapidly prevents further infection.

The form of Tremors with which nurses will generally meet at the present day is in the course of the disease known as Paralysis Agitans. It is much more common among old people than young, although it does occur amongst the latter as a result of rheumatic or syphilitic disease of the nerves. In these cases the disease generally progresses to a fatal issue, because the degeneration of the nerve tissue which produces the muscular movements completely destroys the nerve cells. The nursing, therefore, of these cases, as a rule, consists of assisting the patient to move about, and to make regulated movements of the affected muscles so as to control as far as possible the muscular spasms. The feeding of the patient is a matter which often involves, in the last stages, the greatest diffi-

\* These Lectures commenced on October 6th, 1906. Back copies of the Journal (post free 3d. each) can be obtained from the Offices.

[previous page](#)

[next page](#)