

Medical Matters.

APPENDICOSTOMY IN DYSENTERY.



Dr. D. C. Barber, Superintendent of the Los Angeles County Hospital, California, read an interesting paper before the California Medical Society last month on "Some of the More Unusual Surgical Cases, with Methods of Treatment" in the Los Angeles County Hospital during the past four years. In reference to appendicostomy in dysentery he said:

The appendix, the surgeon's greatest financial friend, has not escaped our attention. We have met him and usually conquered him, but sometimes he has conquered us.

Following the experience of Weir, we have utilised the appendix in six cases of dysentery; four of them demonstrated to be of anaëbic origin.

The first appendicostomy case entered with a large hepatic abscess, which healed rapidly following incision and drainage, but the dysentery yielded to none of the usual remedies, but gradually grew worse.

The appendix was attached to the skin through the usual incision, one inch from its base, after ligating the meso appendix. Forty-eight hours after, irrigation through the amputated end near the skin was made by means of a glass catheter attached to a fountain syringe.

The remedy quinine muriate solution of the strength of one drachm to the quart of sterile water. Two injections a day were given at first, with almost immediate improvement, as noted by a lessened number of stools and comfort of the patient. The solution passed through the colon in an average time of ten minutes. In about a week the movements were normal, and the patient gained about a pound a day, as noted by the scales. In six weeks he left the hospital strong, able to work at his trade of bridge builder. He had suffered over a year, as had most of the other cases.

Dr. Barber considers that appendicostomy is indicated and most valuable not only in chronic colitis and ulceration, but to relieve gaseous distension. Also as affording a means of artificial feeding by which rest is secured to the stomach in ulcer of the stomach.

When not being irrigated, the patient is not confined to bed, and there is no leaking of faecal matter through the severed appendix, after the diarrhoea has ceased for a reasonable time.

"Colds."

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One of the most troublesome and annoying of the ills to which human flesh is heir is the common, simple "cold in the head." Unpleasant in its onset and uncomfortable when it has got well hold of its victim, it is one of those maladies which people often consider too trivial to treat in earnest. Yet its results may be grave and far reaching.

The majority of the readers of the BRITISH JOURNAL OF NURSING may think that a cold is beneath notice; not worth troubling about when there are such serious and interesting diseases as pneumonia, appendicitis, or enteric fever to look after, all of which depend for a happy result so much upon good and capable nursing. But, as a matter of fact, there are few subjects or maladies in which a nurse may make better use of her knowledge. Some idea of how colds are caught, of why certain people are so much more susceptible than others, and of the serious consequences that the neglect of a cold may entail will enable the nurse, who comes into more intimate contact with her patients than does the doctor, to impart much useful information to others.

The first question which occurs to one is: Why do people catch cold? In order to properly reply to this, some rudimentary knowledge of the anatomy and physiology of the upper air passages, and especially of their chief portal, the nose, is necessary. Popularly the nose is regarded merely as being concerned with the sense of smell. It contains the organ of that sense certainly, but this consists simply of a small patch of specialised epithelium, about the size of a threepenny piece, situated high up in the back part of the nose, close to the openings which communicate with the nasopharynx. This situation explains why we so much more easily taste a delicate savour than smell it, and why, in severe colds, smell is always lost before taste, and recovered last. But the nose has a far more important duty entrusted to it than that of the degenerated sense which smell has become in man, it prepares the inspired air to meet the delicate lung tissue in respiration. This function is a

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