Medical Matters.

HEAT IN THE TREATMENT OF SHOCK, ESPECIALLY AFTER SEVERE BURNS.

In an address on "Certain Subjects of Surgical Interest," delivered before the annual meeting of the Sevenoaks Division of the British Medical Association, and reported in the *British Medical Journal*, Dr. Herbert F. Waterhouse, F.R.C.S., Lecturer on Surgery at Charing Cross Hospital, and Senior Surgeon to the Victoria Hospital for Children, said in regard to heat in the treatment of shock, especially after severe burns, "I believe that the method I am about to bring under your notice is quite novel; I am convinced that it is of real value as a means of life saving, and I wish to make it clear that I can lay no claim to the merit of having introduced it. The whole credit is due to my excellent Ward Sister at the Victoria Hospital for Children, Miss Alexandra Gray. I may perhaps best describe the method if I relate the story of its origin. A few months ago, when I was making my ward visit at that hospital, I was shown a child 2 years of age who had sustained a truly awful burn. The child was pulseless and collapsed, and I remarked to the Senior Resident Medical Officer, Mr. A. C. D. Firth, M.B., B.C. Cantab., one of the most able and experienced resident officers I have ever known, 'That child will die before midnight.' Mr. Firth agreed with my opinion. I left the poor child to die as an entirely hopeless case. My Ward Sister, however, felt—and all honour to her—that she would, as I had abandoned hope, endeavour to save the tiny life. She had, she subsequently told me, noticed that children in intense collapse after burns, are invariably cold and restless, and that warmth soothes and quiets them. She therefore dressed the burns with my usual lotion, a 1 per cent. solution of aluminium acetate, and covered the small body with a single blanket. Then she placed a cradle over the child, and inside the cradle inserted a 32 candle power electric lamp, covering the cradle with a blanket. A thermometer inserted inside the covering blanket enabled the temperature to be maintained at an average of 103 deg.; the temperature was never allowed to fall below 100 deg. or to exceed 105 deg. To cut a long story short, the child made an excellent recovery, and in my opinion owes its life to Miss Gray's care and ingenuity. Since this case every burn has been thus treated.

"Mr. Firth kindly wrote me in answer to my inquiry: 'We have had this year seven severe burns. The oldest child was only 4 years of age, and in every case the shock was very marked. All seven children recovered.' I am convinced that Sister Gray's discovery will have far-reaching results, and will prove of life-saving value in the treatment of profound shock. In a case of gastro-enterostomy performed for congenital pyloric stenosis in an infant 9 weeks old, both Mr. Firth and I consider that the infant's recovery from grave shock was largely due to the application of this heat treatment. I purpose in future to make extended use of this treatment, of whose efficacy I am convinced, as it has been frequently employed at the Victoria Hospital with excellent results in the case of children suffering from severe shock due to many causes."

TUMOURS PRODUCED BY SURGICAL DRESSINGS.

The Paris correspondent of the *Lancet* reports that M. Paul Reynier is of opinion that certain kinds of dressings applied to wounds may lead to the formation of inflammatory deposits simulating tumours, and at a meeting of the Academy of Medicine, held on June 21st, he gave clinical details of two cases which supported this view. He said that such mishaps were more common than was generally supposed, evidence to this effect being readily obtainable by those who took the trouble to look for it. As the gauze which was supplied to hospital wards sometimes had a fleecy surface and was overheated in sterilising, when compresses made of it were used for absorbing the fluids present in wounds it was very difficult to prevent them from leaving fragments of vegetable fibre in the tissues. It would be desirable to have all these compresses hemmed. The larger sizes of these fibres remained on the surface of the wound and were harmless, but the very small ones might be taken up by the capillary lymphatics and carried along until they were stopped by an abrupt bend, where they gave rise to defensive processes of phagocytosis and sclerosis, which might be mistaken for a relapse or a metastasis. The diagnosis of this condition was particularly difficult, but could be made when there was a very short interval (less than 20 days) between the operation and the pseudo-relapse, and especially when the size of the growth was out of proportion to its duration. It ought to be remarked that in the cases described by M. Reynier the presumed embolism of fibres from the dressings occurred in patients already suffering from tumours, and that the condition of the tissues in which the pseudo-relapses made their appearance might be of importance. This, however, was a hypothesis which would have to be tested by the subsequent course of events.

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