

MEDICAL MATTERS.

DRY INHALATIONS OF CHALK SALTS.

At the recent meeting of the International Anti-tubercular Congress, which has been held in Rome during last week, Prof. (Senator) Maragliano thanked the foreign delegates for the way in which they had "studied and spread Italian science."

His own serum—anti-tubercular—has not, however, proved efficacious, and has been virtually set aside in Italian hospitals.

In its stead there are two new treatments under trial, one for surgical and the other for medical lesions.

Doctor Marroni is at present carrying out the surgical one in various hospitals, and has seven or eight patients in our wards, in whom he injects every second or third day about $1\frac{1}{2}$ ounce of his formula, the constituents of which are not yet made public. We only know that mercury enters into it: he gives it with a long needle, deep into the abscess or the diseased tissues, and already we have seen several, apparently, complete cures.

But the treatment which met with most attention at the Congress was that for lung tuberculosis, brought forward by Prof. Anguilli, of Naples. It consists of a new method of dry inhalations of chalk salts (*sali di calce*).

The Professor does not claim any originality in the discovery, as it is a matter of medical history that tubercular patients have been accidentally cured of phthisis by breathing in rooms full of particles of chalk.

But he claims to have invented a special apparatus with which it is possible to inhale anywhere these particles of chalk, a treatment which aims at combating the tubercular lesions by bringing the chalk dust right into the pulmonary alveoli.

Statistics have proved the extreme rarity of tuberculosis amongst the workmen in chalk furnaces. Prof. Renou, for instance, reported that in the Jou province the opening of chalk furnaces invariably brought a rapid and remarkable diminution of the death-rate of tuberculosis. And Prof. Anguilli stated that the spontaneous and natural cure is due to the calcification of pulmonary lesions.

The treatment, as directed by him, lasts from three to four months, and he declared that it caused no suffering, had no danger, and could be carried out in any place, as the machine was extremely simple and transportable.

A. T.

THE TREATMENT OF A CASE OF PERI-TONSILLAR ABSCESS.

BY A HOSPITAL WARD SISTER.

The patient will complain of sore throat, headache, and painful neck. On examination, the tonsil or tonsils will appear swollen, very injected, but without patches as in follicular tonsillitis, and there is usually some adenitis on the affected side. The temperature will be raised, although at the onset this may be slight, under 100 degrees. The patient is put to bed, and until the abscess is ready for incision the following treatment is carried out. An efficient aperient, such as calomel, is usually prescribed, and this is followed in about eight hours' time by a non-effervescent saline aperient, such as mag. sulph. or mist. alba. The saline aperient is repeated every morning for the first week, and later *p.r.n.*

The food must consist of nourishing liquids, as there is often great pain and difficulty in swallowing. The patient must be induced to take as much as possible. Hot drinks will be most easily swallowed, and soothe the throat.

The local treatment consists in syringing the throat with hot alkaline lotion (after which the patient will find swallowing much less painful) and applying fomentations to the neck two-hourly. The most comfortable method of doing this is to use a thick strip of cotton wool. Wring it out in boiling water, cover with jaconet and wool, and a flannel bandage. The cotton wool is much preferable to flannel or lint, as it does not become clammy and wrinkled, but is still soft and warm when ready to be renewed.

The teeth must be thoroughly cleansed and brushed with an antiseptic three times a day.

The temperature will continue to rise until the abscess has been opened. Some drug, such as quinine or sod. salicylate, is usually ordered for this. The temperature will probably be remittent, coming down in the morning about one degree lower than the previous evening. It is usually taken four-hourly until normal. The swelling in the throat will increase. This needs careful watching, as it may swell very rapidly and obstruct the breathing. The physician must be at once informed if there are any symptoms of this occurring.

About the second or third day, sometimes sooner, the abscess will be ready for opening. For this the physician will require a good light, a head mirror, Franket's tongue depressor, pin tonsillar abscess forceps (St. Clair Thomson's

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