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**Open Air Treat-** In the course of a paper  
**ment of Pneu-** entitled "Clinical Re-  
**monia.** marks on the Open Air

Treatment of Acute Pneumonia, in the *British Medical Journal* of August 31, G. E. Rennie reminds us that pneumonia is an acute infection rather than a true respiratory disease. The pulmonary signs are to be regarded as a manifestation of the local reaction of the body tissues to the invading organism. We know of no specific remedy, so treatment must be directed to strengthen the defensive mechanisms. The two chief indications in the treatment of acute pneumonia are to sustain the heart in the conflict with the toxins of the pneumococcus, and to assist in the aeration of the blood. Following the suggestion of Northup, the author has been using the open air method, and this best meets these two indications. He has treated twenty cases in this way, of which but one resulted fatally, and that was in the person of an old man, who was practically moribund when he came under treatment. The patient is placed on a veranda or balcony, with a screen so placed as to prevent cold winds from blowing directly on him. Under this treatment the disease runs a comparatively mild course, and little else is needed. Frequently the crisis occurs within two or three days.

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**Pelvic Infec-** W. W. Taylor, in an  
**tions in** article contributed to  
**Women.** the *Memphis Medical Monthly* for February, finds the first essential in the treatment of an acute

infection of the Fallopian tube and ovaries or pelvic peritoneum to be absolute rest in bed. Mild purgatives should be given. Ice should be applied externally more or less constantly; opium to relieve severe pain. By these means most cases will be cured. In the chronic cases we must rely largely on general treatment, it being of more value than local. Cases requiring operation are those in which there are well-defined abscesses, those which get worse in spite of palliative measures, all cases that have repeated attacks of pelvic peritonitis, cases with a persistent tumour in the pelvis, with repeated acute symptoms, more or less continuous pelvic distress, and which affect the general health, cases that have resulted in fixed displacement of the uterus and ovaries.

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**Glycosuria and** In a paper which ap-  
**Surgery.** appeared in the *Journal of the American Medical Association*, September 7, A. E. Halstead discussed the relation between traumatism and certain surgical diseases and sugar in the urine. After noticing the work of Redard, Hadke and Kausch in this line, he reports his own observations. He has examined in this regard 50 cases of fracture, six of them fractures of the vertebræ. In three of the latter sugar was found; in two directly after the injury, one patient dying on the second day and the other on the third day. The third glycosuric patient died on the twelfth day; all the non-glycosuric patients lived over two