

Medical Matters.

TYPHOID AMBULANS.



A WELL-MARKED example of this form of the fever has recently been published, illustrating the particular cases to which this name was formerly given; and which arose from the fact that some patients suffering from typhoid fever are able to walk about, and appear to suffer comparatively little from the disease. In the particular instance to which reference is made, the patient was a boy of six years old, who had been ill for two days when his two brothers, aged respectively ten and four, were attacked with typical symptoms of typhoid fever. The boy, however, went on walking about for a fortnight after his illness commenced, suffering somewhat from vomiting and diarrhoea. He was then admitted into a Hospital, and it was found that he was extremely wasted, was very drowsy, and had diarrhoea; the extremities were blue and cold, and his temperature was only 99° F. Under proper treatment, he quickly improved and was discharged, but subsequently had a typical relapse of typhoid fever. The case shows the practical importance of great carefulness and care in the diagnosis and treatment of persons suffering from any of the symptoms of typhoid fever at a time when the disease is epidemic, even though they seem able to move about in their ordinary manner, and show no marked signs of fever. Cases are on record in which such symptoms were neglected or overlooked until perforation of the intestine occurred, followed by the usual attack of acute peritonitis, collapse and death.

EPILEPSY FROM INJURY.

MODERN surgery has removed one of the worst of cerebral disorders from the incurable class, by the operations which are now performed to alleviate or cure attacks of epilepsy due to injuries of the brain. It was only common sense to suggest that when fits were caused by the irritation of the brain substance, either by the pressure of a broken fragment of the skull, or by inflammatory thickening of the membranes of the organ, or perhaps, even by the formation of an abscess, or of some new growth in the cerebral substance, that the patient might be cured by the removal of the

source of irritation. The cardinal difficulty, however, arose in former days, that not only were such operations difficult of performance, but that they were accompanied by a great mortality. With the advent of the antiseptic system, however, many operations, which had previously been looked upon as difficult or impossible, were attempted with new hope, and, in many instances, successfully. During the past ten years, it is well known that brain surgery has made as considerable progress as that achieved in abdominal operations, and that now the skull is opened and portions of its contents removed, with the greatest benefit to the patient. Two typical cases of this kind have recently been recorded in a Vienna journal. The first was a patient aged ten, who had had a severe blow on the head when eighteen months old, and had recently developed attacks of typical epilepsy. An operation was decided upon, the skull was opened, and part of it and of the surrounding *dura mater*, with a mass of cicatricial tissue, was taken away. The boy was completely cured—the fits ceasing at once. The second case was of a similar character, and was that of a man aged twenty-eight who had a blow on his head when ten years old, followed by a fit a few weeks afterwards and increasing brain symptoms, until, at the age of seventeen, he became subject to marked epilepsy, and for the last two years of his life had had three or four fits every day. On the left side of the skull, a depression was found, and the bone around this was removed, a cyst being found in the brain substance just below it. This was opened, plugged, and gradually healed up. The fits ceased at once, and although they recurred afterwards, they were much less frequent and less severe than they had previously been.

SCALP WOUNDS.

A READER who is nursing in an out-of-the-way Russian town, and finds herself called upon to afford much first aid in accidents, raises a question which is frequently one of difficulty, how to treat lacerations of the scalp. The two great rules are to completely cleanse the wound, and then to draw the edges together, and apply pressure so as to check bleeding. Warm water will accomplish the first, and, failing a needle and silk suture, strips of strapping and a pad of lint and a bandage will effect the second, requirement, in the great majority of cases.

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