

## Medical Matters.

### THE ADMINISTRATIVE CONTROL OF PULMONARY PHTHISIS.



The Local Government Board for Scotland has issued a circular on the "Administrative Control of Pulmonary Phthisis," with a view to assisting local authorities to develop and complete their administrative machinery. Pulmonary phthisis is an infectious disease within the meaning of the Public Health Act of 1897 in Scotland, and its control is therefore obligatory on the local authority. Under this Act any person who lets for hire an infected house is liable to a penalty of £20. This applies to innkeepers letting for hire part of a house to any person admitted as a guest into such inn or hotel, and to persons ceasing to occupy houses without disinfection or notice to the owner. Further, as the *British Medical Journal* points out, it is provided that when persons suffering from phthisis are treated in their own homes the local authority should see that disinfection is carried out at frequent intervals. Not only the homes, but also the workshops and other places where consumptives have been employed, should be carefully and thoroughly disinfected by officers skilled in the work. It has been clearly shown that new cases of pulmonary phthisis have originated from rooms previously occupied by phthisical patients. This is now held to be one of the commonest sources of infection. The local authority should endeavour to see that disinfection is carried out in all places of public resort. They should arrange with the persons in charge of schools, churches, halls, theatres, markets, railway stations, &c., to have these periodically disinfected by the officers of the local authority. The disinfection of public conveyances, such as railway carriages, tram-cars, omnibuses, hackney carriages, &c., should also receive attention. No person suffering from, or living in a house infected with, pulmonary phthisis should milk any animal, pick fruit, or engage in any occupation connected with food.

The provisions of the Public Health Act as to the removal of cases of infectious disease to hospital, are applicable to pulmonary phthisis. Hospitals for this disease are classified as:—

(a) Curative hospitals (sanatoriums) for early cases; (b) All-day hospitals; (c) All-night hospitals; (d) Convalescent colonies and homes; work colonies; (e) Hospital wards for educative treatment and control; (f) Hospital wards for

isolation of advanced cases; (g) Dispensaries for pulmonary phthisis. Various important details are given under these headings.

### TREATMENT OF MENINGITIS BY DRAINAGE.

In a recent issue of the *Boston Medical and Surgical Journal* Dr. E. A. Crockett has published a case of meningitis successfully treated by a method not generally recognised—drainage of the subdural space. A woman was taken to hospital in a semi-comatose state. The history was that she had suffered from otorrhœa since childhood. Nine weeks before admission she had an attack of severe pain in the right ear. Two days before admission headache, which she had had more or less constantly for two months, became very severe and she lost consciousness for about twenty minutes. There were occasional attacks of nausea and vomiting with chills and transient attacks of delirium. On admission she had a "grey" septic appearance and complained of severe occipital, frontal, and right parietal headache. The temperature was 102 deg. Fahr. and there was double optic neuritis. Foul gaseous pus was flowing from the right ear which was filled with a large polypus that projected beyond the concha. Under ether the polypus was removed with a large curette. Much bare bone was felt in the tympanum, and a bent probe could be passed into the middle cerebral cavity. A curved incision was made over the auricle with a chisel and rongeur, and an opening was made in the skull about two centimetres in diameter. The dura mater bulged and did not pulsate; it was opened and a considerable quantity of cerebro-spinal fluid escaped. Yellow lines of pus were seen running parallel to the vessels on the surface of the brain. The brain was probed downwards, forwards, and backwards to a depth of three centimetres and nothing was found. A gauze drain was placed inside the dura mater and pushed down towards the petrous portion of the temporal bone. The other end was brought out through the flap of skin which was sutured. Rapid recovery ensued. Dr. Crockett believes that many patients suffering from acute suppurative leptomeningitis would recover if they were operated on at once and a drain was placed in the subdural space. The discharge along the drain relieves the increased intracranial pressure which kills most of the patients at once. The mastoid was not opened because the infection seemed plainly to have occurred by the roof of the tympanum and the patient was in such a bad condition that it was not thought justifiable to increase the shock by a second operation.

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