FRENCH METHODS OF TREATMENT.

The Treatment of Enteric.

Miss M. Bow, of the Registered Nurses' Society, writes from Deauville :—

I wonder if anyone has remarked on the various treatments ordered by the French medical men for the enteric patient.

The latest treatment in Deauville consists of cold compresses on abdomen, three enemata per day of cold water with a little glycerine, and a dose of sulphate of magnesia every morning.

This indeed seemed strange at first, even risky, but now that we are accustomed to it we have ceased to consider it drastic, and certainly the cold enemata have a somewhat soothing effect if not continued too long.

The first batch of typhoid patients were given cold baths and cold sponging, a dose of "acide lactique" every hour, and a cachet of quinine each evening, with *our* ordinary treatment for complications. They recovered splendidly.

The next set were treated without sponging, but with cold compresses on abdomen, and on chest, back and front. They had quinquina as a tonic twice a day, and two or three hypodermic injections of "huile camphrée." This batch also recovered well, though not quite so rapidly.

The men who were most feeble and collapsed had one or two injections of saline in the abdomen.

The Use of "Huile Camphrée."

The use of "huile camphrée" is interesting. It is, like Tincture of Iodine, useful for many things. Just as Tincture d'Iode is ordered for wounds, for painting on chests, for bronchitis, &c., and actually a few drops to be taken in milk to relieve sore throat and cold, so "huile camphrée" is used for hypodermic injections, in chest trouble, for friction, for application to swollen joints, rheumatism, and for frozen feet to aid the detachment of dead skin and flesh (very slow, but effective).

In this hospital there have now been cases of enteric, measles, erysipelas, and mumps. Somehow, one does not expect to find mumps amongst the maladies in a military hospital, but it shows that one must not be surprised at anything in such a war as this.

Miss Bow adds :—Lately the work has not been so heavy, but nevertheless we have been well occupied, and during the last fortnight have had time to prepare for the next rush, and thus partially avoid the pressure that always follows the arrival of a fresh batch of wounded.

CEREBRO-SPINAL FEVER.

The Local Government Board has issued a Memorandum on the incidence of cerebro-spinal fever, and the administrative action which should be taken against its spread, prepared by Dr. Arthur Newsholme, Medical Officer to the Board. The disease was made notifiable for the entire country on September 1st, 1912.

The following extracts from the Memorandum are of interest :—

Clinical Features of the Disease.

The late Mr. Netten Radcliffe described cerebro-spinal fever as "an acute, epidemic disease, characterised by profound disturbance of the central nervous system, indicated at the onset chiefly by shivering, intense headache or vertigo, or both, and persistent vomiting; subsequently by delirium, often violent, alternating with somnolence or a state of apathy or stupor, an acutely painful condition with spasm—sometimes tetanoid—of certain groups of muscles, especially the posterior muscles of the neck, occasioning retraction of the head and an increased sensitiveness of the surface of the body. Throughout the disease there is marked depression of the vital powers, not unfrequently collapse, and in its course an eruption of vesicles, petechial or purpuric spots, or mottling of the skin is apt to occur.* If the disease tend to recovery, the symptoms gradually subside without any critical phenomena, and convalescence is protracted; if to a fatal termination, death is almost invariably preceded by coma. After death the enveloping membranes of the brain and spinal cord are found in a morbid state, of which the most notable signs are engorgement of the blood-vessels, usually excessive, and an effusion of sero-purulent matter into the meshes of the pia mater and beneath the arachnoid." † Local prevalence of illness distinguished by the foregoing features would, no doubt, attract attention, and would, it may be presumed, lead to early recognition of its true nature. But while these features are characteristic of typically severe cerebro-spinal fever, experience shows us that it may and does appear in milder or in anomalous forms which render identification difficult, and which lead to its being mistaken for other ailments of more common occurrence

* In a very considerable number of instances, however, no eruption of any kind is present.

† To the clinical manifestations of the disease indicated in the above description may be added the presence of Kernig's sign and of tache cérébrale.

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