

Medical Matters.

THE SERUM DIAGNOSIS OF ENTERIC FEVER.



THE insidious onset of enteric fever, and the consequent difficulty of a correct diagnosis at an early state, is so well-known as to require no comment. Medical men are wisely most guarded in pronouncing definitely that a case is one of enteric fever, even when the disease is prevalent in a particular locality, and there is every reason to believe that the patient has contracted it. It is, therefore, of the greatest interest to learn that a process has been tested, and found to give satisfactory results, in which the positive diagnosis of a suspected case may be made during the early stages of the disease. This treatment, we are told by a contemporary, consists in treating a small quantity of a culture of the typhoid bacillus with a portion of the patient's blood, and noting the result under the microscope. A true culture of typhoid bacilli is made, in bouillon, and to a small quantity a drop or two of the patient's blood is added. If typhoid fever be present, the serum of this blood will, within half an hour, cause the normal movements of the bacilli to cease and effect a sort of agglutination of them. If the result is negative—that is, if the looked-for effect upon the bacilli is not produced, it is customary to make another test every twenty-four hours until the typhoid sign is revealed, or until the clinical developments of the case exclude the possibility of enteric fever.

ACCIDENTAL HÆMORRHAGE IN PREGNANT WOMEN.

THE routine treatment of accidental hæmorrhage, as advanced by text books, is to "rupture the membranes, and bring on labour." The rupture of the membranes is comparatively easy, but how labour is to be brought on is another matter. It is a matter of common knowledge, that premature rupture of the membranes, in an ordinary labour, retards, rather than accelerates, delivery, and there is no reason to suppose that this condition is reversed in a case of accidental hæmorrhage. The course indicated, therefore, would appear to be to plug the vagina right up to the cervix, in order to cause dilatation by irritation of this organ; and

by friction over the uterus to excite it to contract, and thus to bring on labour. Care must of course be taken that the plug does not remain *in situ* for more than a few hours, and that it is packed sufficiently tightly to prevent an accumulation of hæmorrhage behind it; but, if these precautions be observed, the treatment will, we believe, be found to be more rational, and more satisfactory in practice, than the old method of rupturing the membranes.

MILK INSPECTION.

THE question of the purity of the milk supply in hospitals is undoubtedly a subject of the utmost importance. So many patients are fed so entirely upon milk, that it is not too much to say that the condition of the fluid which they consume may be a question almost of life and death. It may be assumed that the milk supplied to our hospitals is unwatered, unadulterated, and that it is not deprived of cream. But this is not sufficient. There is ample opportunity for impurities to be contracted during the journey from the dairy to its final destination, or perhaps in a scrupulously clean dairy, in which the air is drain-laden. Again, the hands and clothes of the dairyman, the milkman, or the vendor, may all convey the dreaded germs to the milk, and so to the patients; or milk may in the course of a journey to town undergo fermentation in a can which has been imperfectly cleansed. It is a matter of considerable moment, therefore, that the condition of the milk supply should be subjected to rigorous tests after it has arrived at its destination, and any milk which cannot stand these tests should be ruthlessly condemned.

CHOREA.

SOME interesting statistics have recently been published with regard to the origin of chorea, and it is stated that the disease occurs in subjects with a neurotic heredity, who have in addition, almost invariably, a recent infection. This infection, in the majority of cases is found to be rheumatism, but other diseases, such as measles, scarlet and enteric fever, and even boils, are found to produce it in those persons who are predisposed to an attack.

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