

Medical Matters.**ENTERIC FEVER.**

THE occurrence of anomalous eruptions in enteric fever has engaged the attention of many observers. For example, we find simulations of the eruptions of scarlet fever, measles, and typhus. In the scarlatiniform eruption, the absence of throat symptoms is important, the rash occurrence does not necessarily affect the febrile phenomena of the case, and the characteristic lenticular rose spots of typhoid may usually be found. It may appear either early or late in the disease, and is usually fugitive in duration. Rarer than this eruption, and much more misleading, is an eruption like measles. The similarity of these cases of typhus is very great, and when nervous symptoms are pronounced, and enteric symptoms absent, the differential diagnosis is very difficult, unless the case has been under observation from the beginning. Occasionally true measles occurs in enteric fever, but there are striking differences between the two sets of cases. The eruption in true measles is coarser, more markedly papular, and has the well-known crescentic arrangement, which is not seen in typhoid fever. Coryza and desquamation are not observed in the typhoid cases. But the temperature record is of greatest value. The rising temperature with the advent of eruption in intercurrent measles is not met with in the measly eruption of typhoid.

CREOSOTE FOR MALARIAL FEVERS.

Malarial fevers have been treated successfully in the following manner: Pure birchwood creosote, 15 to 20 minims, for a child of one year, or 30 to 60 minims for an adult, was mixed with an equal quantity, or more, of olive oil, and rubbed from five to ten minutes over the chest, abdomen, axillæ, and sides. The cases have been recently described as: 1. In which the usual remedies had been tried and were combined afterwards, so the creosote may be looked on as merely an adjunct. 2. In which cases were treated with creosote as soon as they came into hospital, and nothing else was given. 3. In which the results were so striking in cutting short the disease and preventing recurrences, that the cases may be regarded as typical examples of some in which the treatment will be found most useful.

Major Fitzgerald, who has largely employed this method in India, speaks very highly of the remedy and says: "It appears to me to be an ideal treatment for malarial fevers in children, as it combines everything that is necessary, even in very severe cases; it is easily applied; it acts rapidly and continuously, and, as far as my experience goes, with certainty; and I have never seen any bad effects, even after the excessive use of the drug."

MEAT DIET IN THE TROPICS.

Dr. P. R. Egan, Assistant Surgeon, U. S. Army, has come to the conclusion that, in order to withstand the lowering effects of Cuba, meat is an essential factor in the diet. Dr. Egan finds that anæmia and phthisis prevail amongst the country people, who live largely upon rice, beans, maize, dried cod-fish and fruits, whereas the town dwellers, who eat two hearty meals a day, are markedly less affected. He is of opinion that it is necessary to eat more meat in Cuba than in the United States if anæmia is to be avoided.

EPIDEMICS IN BOMBAY.

No less than eight diseases prevail to so marked an extent in Bombay, that they are regarded as existing in an epidemic form. Remittent fever, plague, small-pox, measles, diarrhoea, dysentery, respiratory diseases, and even so-called phthisis, constitute the group associated with a high mortality. In all probability, the "phthisis" and "respiratory affection," are pneumonic forms of plague.

RÖNTGEN RAYS IN THE TREATMENT OF TUBERCULOSIS.

IN experiments, with the object of showing whether the Röntgen Rays possess the same bactericidal action when applied in the infectious diseases of animals and man as they have on plate cultures, tuberculosis was chosen as the type of a chronic infective disease. In lupus the results were, on the whole, satisfactory, though the treatment lasted a long time, and relapses occurred. In chronic phthisis, no good effect was produced. The difference between the action of the X-rays on bacteria in plate cultures and on the diseases caused by them is explained by the impossibility, in the latter case, of applying the rays in the strength and for the length of time necessary to kill the organisms without producing dermatitis or otherwise injuring the tissues.

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