

## Medical Matters.

### TYPHUS IN SOUTH AFRICA.



TYPHUS, to considerable amount in numbers attacked, developed amongst the Boer prisoners taken by our army in South Africa, notably among those captured at the surrender of Cronje's command at Paardeberg. Writing of these cases, correspondents describe the disease to consist of measles and typhoid cases mixed. The conditions under which this illness arose were those favourable to the development of typhus—overcrowding in dirty, insanitary surroundings, insufficient food, and bodily fatigue. The eruption of typhus has been often mistaken for that of measles, to which it bears some likeness. Miss Kingsley, the well-known writer and authority on African subjects, who succumbed to fever whilst nursing these prisoners at the Cape, stated, in a letter written shortly before her death, that the cases were without doubt, typhus fever. She says there was the characteristic eruption and smell, and the disease was contagious. It is at least highly suggestive that the explosive outbreak of fever amongst our troops in the weeks immediately subsequent to Paardeberg,—of the maltreatment of which so many painful disclosures have recently been made,—was due in part, if not largely, to this highly contagious fever. Typhus, in this country, has so largely disappeared in face of the advance of sanitary science, that it is practically never seen except in Liverpool, and, in consequence, might present difficulties of diagnosis to the officers of the Royal Army Medical Corps. And the comparatively small mortality of the disease, the rapid and complete convalescence and the apparently slight tendency to relapses, are all important facts which would strengthen the opinion that the epidemic in question was rather a mild form of typhus than an outbreak of true typhoid fever.

### FICTITIOUS DISEASE.

In the *Medical Times*, Dr. Eddowes narrates one of the most extraordinary cases of malingering and artificially produced disease which has come under his own personal observation. The patient was a healthy girl, age 17, who gave the following history. Several weeks before I saw her she had 'a bad hand,' which

had been treated at a county hospital and healed, but while healing, the hand had begun to swell. The swelling of the hand was followed by a swelling of the whole arm as far as the axilla. The condition had been diagnosed by her family doctor as erysipelas. He had made five large and deep incisions at various points in the neighbourhood of the elbow. In consultation with another member of the profession, the question of amputation had been discussed. When I was consulted about the case, I was struck by the healthiness of the patient, the enormous œdema of the arm, the absence of local inflammation and general fever, the slackness of the affected skin, permanence of pitting, and the oozing of serum (unstained by pus or blood) from the incisions. At the upper end of the swelling there was a sudden transition from œdematous tissue to the absolutely normal, across a slight transverse depression, detectable by the sense of touch. On raising the arm slight ecchymoses and signs of constriction having been applied were visible. I accused the patient of having caused the swelling herself by means of elastic pressure, and, to my surprise, she admitted it, and gave me the bandage with which she had carried on the deception. There is no doubt that she had discovered what could be done with the elastic bandage while using it as part of the dressing for her hand while attending the hospital.

### THE TREATMENT OF RODENT ULCER BY X-RAYS.

In *Hygeia*, Stockholm, 1900, p. 18, there is the description, by Stenbeck, of a case of rodent ulcer which was treated by Röntgen rays. The growth occurred in a woman, aged sixty-seven, involving the tip of the nose. The rays were applied once daily for ten minutes at each sitting at a distance of ten centimètres. After four sittings there was a reaction, and after the tenth sitting pus appeared. When thirty-five applications had taken place, the ulcer was described as being more healthy, the epidermis commencing to grow in from the edges. After a short interval it was decided to increase the length of the sittings to fifteen minutes, and a second reaction took place, which was followed by improvement. The epidermis grew over the ulcer, the edge gradually flattened down, and in a month its place was taken by a smooth cicatrix, differing but little from the epidermis elsewhere on the face, and surrounded by a border which was slightly raised.

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