

Medical Matters.

THE ADMISSION OF CASES OF TYPHOID FEVER INTO GENERAL HOSPITALS.



From time to time, says the *Lancet*, the question of the admission of cases of typhoid fever into the wards of general hospitals comes up for discussion. The tendency has been to treat cases of specific infectious disease in isolation hospitals and many cases of typhoid fever have been transferred to such institutions for treatment. In most, if not all, of the large general hospitals in London, however, cases of that disease are admitted, sometimes into special wards, but more frequently into the general wards. Since the infective agent causing the disease is known and the modes of infection are now generally recognised, there can be little doubt that given satisfactory sanitary arrangements and skilled nursing there is no danger of the spread of the disease by such admissions and from many points of view it would be a matter for regret if cases of typhoid fever were excluded from general hospitals. It is eminently desirable that both medical practitioners and nurses should be familiar with the disease, its treatment, and the prophylactic measures necessary to prevent its spread, and for this purpose a closer association with actual cases is necessary than is likely to be obtained by the ordinary course of instruction at special hospitals.

THE STUDY OF DISEASE.

In his presidential address to the British Association at York, Professor Ray Lankester said that our knowledge of disease has been enormously advanced by the researches of Koch and Metschnikoff, of Pasteur on hydrophobia, of Behring and Roux on diphtheria, of Ehrlich and others. The remarkable development of the Metschnikoff doctrine of phagocytosis was one of the characteristic features of the activity of biological science. For a long time the ideal of hygienists had been to preserve man from all contact with the germs of infection, to destroy them, and destroy the animals conveying them, such as rats, mosquitoes, and other flies. But it had now been borne in upon us that, useful as such attempts were, and great as was the improvement in human conditions which could thus be effected, yet we could not hope for any really complete or satisfactory realisation of the ideal of escape from contact with infective germs. The task

was beyond human powers. The conviction had now been arrived at that, whilst we must take every precaution to diminish infection, yet our ultimate safety must come from within—namely, from the active, the trained, stimulated and carefully-guarded activity, of those wonderful colourless, amoeba-like corpuscles whose use was so long unrecognised, but had now been made clear by the patiently-continued experiments and arguments of Metschnikoff, who had named them “phagocytes.”

OUTBREAKS OF DIPHTHERIA.

At the Sanitary Congress held at Bristol last month, Dr. F. T. Bond (Gloucester) advanced some points of interest in the treatment of outbreaks of diphtheria.

Dr. Bond stated that diphtheria was essentially a school disease, adding that the idea that it was in any degree a drain disease might be considered to be entirely exploded. As to bacteriological examinations to prevent defective schools acting as centres of infection, the duty of providing for this special work was incumbent on the education authority, which must be held responsible for the maintenance of the health of the school in this as well as in other respects. Where the education and sanitary authorities were the same body this difficulty did not, in theory at any rate, exist, but in rural and small urban districts it was a serious one.

During the discussion which followed Dr. Smith, of York, voiced a warning concerning motor-car dust. It was, he said, an established fact that dust was crowded with organisms, and the amount of dust raised as the result of motor-car traffic increased the liability to diphtheria outbreaks.

“MOTOR-COUGH.”

Complaint is being made of an ailment which has been christened “motor-cough.”

It appears in suburban districts where motor-cars and motor-omnibuses abound, and is said to be caused by the minute particles of dust raised by motor-cars which lodge themselves in the laryngeal passage.

FORMALDEHYDE DISINFECTION.

The Illinois State Board of Health, as a result of a series of experiments in formaldehyde disinfection, recommends formaldehyde for use in disinfecting after contagious diseases, if employed with potassium permanganate. It believes that in properly sealed rooms positive and reliable disinfection can be secured by the use of three and one-half ounces of potassium permanganate and one pint of formaldehyde solution to each 1,000 cubic feet of air space,

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