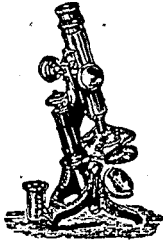


Medical Matters.

DR OSLER ON CEREBRO-SPINAL MENINGITIS



In his book, "The Principles and Practice of Medicine," Dr. William Osler, Regius Professor of Medicine at Oxford, gives the following description of cerebro-spinal fever, which is of considerable interest just at the present time:

"Cerebro-spinal fever is an infectious disease, occurring sporadically and in epidemics, caused by the diplococcus intracellularis, characterised by inflammation of the cerebro-spinal meninges and a clinical course of great irregularity. The affection is also known under the names of malignant purpuric fever, petechial fever, and spotted fever. As to the history of the disease, Dr. Osler records that a small outbreak was described by Vieusseux in Genoa in 1805, whilst in 1806 an account was given of "a singular and very mortal disease which made its appearance in Medford, Massachusetts." Going on to trace the course of the disease during the past century, it is stated that: Hirsch divides the outbreaks into four periods—(1) from 1805-30, in which the disease was most prevalent throughout the United States; (2) from 1837-50, in which the disease prevailed extensively in France, and there were a few outbreaks in the United States; (3) from 1854-74, when there were outbreaks in Europe, and several extensive epidemics in America; during the Civil War there were comparatively few cases of this disease. It prevailed extensively in the Ottawa Valley early in the Seventies. (4) From 1874 to the present time the disease has broken out in a great many regions. During the past decade there have been localised outbreaks in many lands. . . . It is a rare disease in Great Britain. In Ireland there have been a few outbreaks, a mild one last year.

Etiology: Cerebro-spinal fever occurs in epidemic and in sporadic forms. The epidemics are localised, occurring in certain regions, and are rarely very wide-spread. As a rule country districts have been more affected than cities. The outbreaks have occurred most frequently in the winter and spring. The concentration of individuals, as of troops in large barracks, seems to be a special factor, and epidemics on the Continent show how liable recruits and young soldiers are to the disease. In civil life children and young adults are most susceptible. Over-exertion, long marches in the heat, depressing mental and bodily surroundings, and the misery and squalor of the

large tenement houses in cities are predisposing causes. The disease seems not to be directly contagious, and is probably not transmitted by clothing. It is very rare to have more than one or two cases in a house, and in a city epidemic the distribution of the cases is very irregular. Councilman has found five instances in which the same individual is reported to have had the disease twice.

Sporadic cerebro-spinal fever occurs in all the larger cities and in the country districts in the Continent of America. The disease lingers in a city indefinitely after an outbreak, and in Boston, Philadelphia, and Baltimore a moderate number of cases occur every year.

It is very desirable that these sporadic forms of meningitis, both in adults and in children, should be carefully studied by the newer methods to determine the relative incidence of the forms due to the pneumococcus and to the diplococcus intracellularis. The clinical features, too, of the sporadic forms present interesting variations which are worthy of additional study."

As to the treatment of spotted fever, Dr. Osler remarks: "The high rate of mortality which has existed in most epidemics indicates the futility of the various therapeutical agents which have been recommended. When we consider the nature of the local disease, and the fact that, so far as we know, simple and tuberculous cerebro-spinal meningitis are invariably fatal, we may wonder rather that the recovery follows in any well developed cases."

OPERATIVE TREATMENT OF TRAUMATIC PSYCHOSIS.

An interesting case, in which mental derangement, due to injury, was cured by operation is reported by Dr. Bernard Hollander in the *Lancet*. Dr. Hollander says he has traced, in a large number of cases of mental derangement that the cause is a local injury, sometimes so slight as to have been neglected at the time. He is of opinion that in all cases where the symptoms can be localised, and an injury traced to the same region, although apparently not severe, an exploratory trephining operation should be made, as likely to reveal pathological changes.

In the case recorded by Dr. Hollander, the patient was a medical man, who received a kick from a horse on the right side of the chin in 1898, followed by severe frontal headache, and neuralgic pains. A year later he had a heavy fall from his cycle on the right side of his head, leaving no visible signs of injury, but followed by hemicrania of great severity, preventing any intellectual work, and by definite character changes. He became emotional, anxious, very depressed, developed suicidal

[previous page](#)

[next page](#)