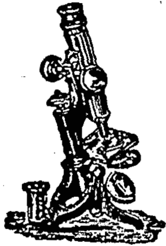
Medical Matters.

A TYPHOID BACILLUS CARRIER.



A very interesting case is summarised in the *British Medical Journal*. Two Austrian physicians have recorded the results of the bacteriological examination of the body of a person who was known to have been a typhoid fever "carrier" during life. The patient had been in a lunatic asylum in Strassburg for over thirteen years, and in 1903 had been attacked with enteric fever, from which she recovered without any serious complications. After she was allowed to mix with the other patients occasional small epidemics of typhoid fever broke out, and in 1905 (October) a careful investigation traced the infection to the patient. Her stools were then examined, and were found to contain the *Bacillus typhosus*. After she was isolated no further cases took place. During the following year she continued to pass motions containing bacilli. Early in October of 1906 she was taken ill. The symptoms were fever and gastric disturbances, and during the second week of illness she was attacked with hypostatic pneumonia, and died on the eleventh day. The *post-mortem* examination revealed a hypostatic pneumonia of the right lower lobe and a very flaccid heart. The spleen was slightly enlarged. There was a gall stone of about the size of two beans. Cultures were made from the spleen, liver, bile, wall of the gall bladder, and from the inside of the aseptically-cut gall stone. Typhoid bacilli were found in each culture. They claim that this is the first definite case of a chronic typhoid-bacillus carrier. The patient had carried the bacilli in her body for several years, and, as she was isolated for a whole year, she must have reinfected herself from the gall bladder or bile ducts. She undoubtedly died of typhoid poisoning.

ON THE TREATMENT OF MENIERE'S DISEASE AND MENIERE'S SYMPTOMS BY SETON.

Dr. T. Wilson Parry gives some practical and interesting details of his methods of treating Menières Disease by seton, in the *British Medical Journal*. He writes:—

"The seton is inserted in the nape of the neck on that side on which the ear trouble is most pronounced. I pinch up a good fold of the skin in this region and pass a sharp knife through it in such a way that the entrance and exit incisions lie about 1½ inches to 2 inches apart after the fold has been freed. These incisions are best made in a slanting direction, so that what discharge may form will tend to gravitate to the lower one. I keep the knife in position (passed from the lower to upper incision) until I have inserted into the upper incision a sterilised bodkin, threaded with a piece of sterilised tape, about ¾ inch broad and about 20 inches long. As the knife is withdrawn through the lower incision the bodkin follows it from the direction of the upper incision, and thus the seton is passed. I use a long piece of tape, as the old practice of pulling the same piece of material from side to side each day does not commend itself to me in that it is both dirty and unsurgical. I pull a fresh piece of tape through each day and cut off the old portion that has lain in the wound during the previous twenty-four hours. The long end I bunch up in a small pocket made of boracic lint about the same size and shape as the chamois leather watch pockets provided by jewellers) with a small flap to it, so as to keep the unused tape sterile. When the long piece is coming to an end I stitch on a fresh long piece, and so on. The lint pocket should be placed above the higher incision, so that it may not become contaminated by discharge. Each day the wounds should receive an antiseptic wash and be covered afresh with a long pad of boric lint. There is then no fear of sepsis, and the patient may wear the seton for six months practically without any pain or discomfort. Nitrous oxide should be administered during the passing of the seton, and in quick hands the little operation only takes a few seconds.

MUCOMEMBRANOUS COLITIS.

In the above-named disease, Dr. J. Liddell considers colon flushing to be the best means of evacuating the bowel, and at the same time lessening its irritation. When this is properly administered it clears the bowel more effectually than aperients do, and instead of having a pernicious effect its action is most beneficial.

It has to be carried out with very great care and under certain restrictions, as it may do harm instead of good. But properly administered, its value is undoubted. The fluid used must be of a bland unirritating nature. It must also be given under a low and equable pressure or painful spasm will occur and irritation of the colon. The temperature and the quantity of the fluid are also matters of importance.

previous page
next page