

TYPHUS IN SERBIA.

Mr. B. Whitchurch Howell, F.R.C.S., of the Hôpital Temporaire D'Arc-en-Barrois (Haute Marne), France, writes in the *British Medical Journal*:—

As a sequel to Dr. Maitland's notes on the epidemic in Uskub, reported in the *British Medical Journal* of August 21st, the following observations, gleaned from a much more limited experience of the disease at Vrnjatchka Banja, may be of interest.

ADMISSION OF PATIENTS.

It was found essential that the hair of the head and pubic region should be cut short (and in some cases shaved), and then treated with paraffin oil or unguentum hydrargyri. Even then fresh broods of lice made their appearance. The patients were washed in bed, being in various stages of collapse. At the time I was in Vrnjatchka Banja the typhus barracks had no bathroom accommodation.

THE DISEASE.

The majority of patients were Austrians, and, as Professor Morrison pointed out recently, the mortality amongst them was noticeably greater than among the Serbs, owing probably to their being prisoners, of poor physique, and not accustomed, like the Serbians, to live on "pork and beans."

I thought on the whole that the more intense the rash, the graver the prognosis—generally the malignant type of case. I noticed also that the rash appeared fairly commonly on the palms of the hands—a fact not often alluded to in the textbooks—generally in the form of faint discrete macules. It seemed to bear no relation to the gravity of the disease.

As a rule, the fever fell by lysis, as Dr. Maitland remarked, with, occasionally, "kicks" on the temperature chart; this is contrary to the usual teaching. Some of us thought that the pulse was slowed out of proportion to the temperature. Although I noticed this from time to time, it did not seem to be a general rule.

The initial symptoms may be like influenza, as in the case of two of our nurses who contracted the disease; they had aches and pains all over, frontal headache, and pain behind the eyes. The drunken look about the eyes is very characteristic; hence the diagnosis could often be fairly safely made before the appearance of the rash.

When we first took over the fever *Baraques* pulmonary complications were common, several of the cases dying of a rapid form of broncho-

pneumonia. Later, as the difficulties in nursing were surmounted, the infections of the lung and parotid gland became less and less frequent. It seemed to me at one time as if the typhus-pneumonia were contagious, as I had side by side, not in the same stage of the fever, three cases in whom the lungs were simultaneously affected.

Deafness was frequently present, and one nurse suffered from it for a long time after she returned to work.

I had only one case of melanuria, in a nurse well over 40; this occurred about the twelfth day, and caused some anxiety, especially as the liver was much enlarged. She rallied, however, and about the sixteenth day it had completely disappeared, and the temperature and pulse were normal.

I saw one case of hemiplegia in the sister of a Serbian general; it came on suddenly during the disease, and lasted some days. The patient recovered from the typhus and from the hemiplegia.

TREATMENT.

This varied in detail only; in general it was, of course, stimulating. As Dr. Maitland states, the Serbians were not in favour of alcohol; we, on the other hand, used it a good deal in $\frac{1}{2}$ oz. doses, increasing it steadily as the pulse got weaker, especially about the eighth to twelfth day. The most critical period was during and after the lysis.

Digitalis was given by the mouth and hypodermically—we had no digitalin—by the mouth in 20 to 40 minim doses every four hours; subcutaneously in 10 to 20 minim doses. Strychnine also was given hypodermically. I sometimes prescribed ether in 10 to 20 minim doses subcutaneously in very severe cases, generally alternating with strychnine. The ether injection sometimes gave rise to local necrosis of the skin, but this was of small moment, as I am sure the patient occasionally rallied as the result when all else had failed.

TYPHUS FEVER AND LICE.

Dr. James W. Allan, in a letter in the professional press, on typhus fever and lice, writes that he is decidedly of opinion that it would not be wise for anyone to regard lice as the only source of danger, and that "if a person, unprotected by a previous attack of typhus, exposes himself by remaining for some time near a typhus patient in a close, stuffy, unventilated room, I believe that he runs a risk of contracting the disease although there are no lice present."

He notes that Major Davy and Captain Brown, in their very interesting paper in the

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