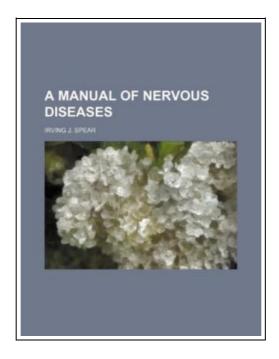
A Manual of Nervous Diseases



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(Prof. Jean Dare)

A MANUAL OF NERVOUS DISEASES



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Rarebooksclub.com, United States, 2012. Paperback. Book Condition: New. 246 x 189 mm. Language: English . Brand New Book ***** Print on Demand ******This historic book may have numerous typos and missing text. Purchasers can download a free scanned copy of the original book (without typos) from the publisher. Not indexed. Not illustrated. 1916 Excerpt: .there is usually an obstruction in the communications between the ventricles and the general subarachnoid space. Prognosis.--Since the discovery of Flexner s serum the prognosis is fairly good, provided the diagnosis is made early. The I prognosis is also governed by the severity of the case. In spite of proper treatment some cases succumb rapidly to the disease. In others recovery is incomplete, certain symptoms, such as deafness, paralysis, blindness, headache, etc., becoming more or less permanent. Diagnosis.--The condition is to be differentiated from other forms of meningitis, typhoid fever, uremia, etc. The presence of herpes, the history of the case, and the fact that spinal puncture yields a fluid containing an intracellular diplococcus will readily enable one to make a correst diagnosis. Treatment.--The patient should be kept in a cool, quiet, darkened room, and ice-bags should be applied to the head and spine. The bowels must be kept freely open. If the temperature rises above 102.50 F., the body should be sponged with cool or cold water every two or three hours. In those cases in which there are convulsions, restlessness, etc., the bromids or opium in proper doses frequently repeated are of use. The patient s strength is to be supported by light, nourishing food. Water should be given freely. As soon as the diagnosis has been confirmed by withdrawing from 15 to 30 c.c. of cerebrospinal fluid, from 15 to 30 c.c. of Flexner's antimeningococcic serum is to be injected intraspinally, the...



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