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U. OGDEN, M.D.,

R. ZIMMERMAN, M.D., L.R.C.P., Lond.,

} Consulting Editors.

A. H. WRIGHT, B.A., M.B., M.R.C.S., Eng.,

I. H. CAMERON, M.B.,

} Editors.

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All literary communications and Exchanges should be addressed to Dr. CAMERON, 273 Sherbourne St

All business communications and remittances should be addressed to Dr. WRIGHT, 20 Gerrard Street East.

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## Original Communications.

### DIPHTHERIA.

BY JOHN A. MULLIN, M.D., HAMILTON.

(Read before the Canada Medical Association,  
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In considering the influence of treatment in any disease, it is of primary importance to recognize not only that the special disease is present but also the course which it will probably take if no medication is used. As regards diphtheria it is highly probable that many forms of treatment have obtained popularity because they have been adopted, in some instances, when diphtheria was not present, and also in a large number of cases where the disease was present in a form that would terminate favourably solely through the *vis medicatrix Naturæ*. As with measles, and scarlatina, so also with diphtheria, there are mild forms; in other words it occurs under circumstances, either constitutional or local, favourable to throwing off the disease. I apprehend, too, that many cases have been regarded as diphtheritic where the patient has suffered from an inflammatory affection of the throat, the result of what is called a cold. During the autumn, winter, and spring months we frequently find patients suddenly taken ill with chills, fever from three to four degrees above the normal, soreness of the throat, redness and swelling of the tonsils, and an exudation of a yellowish colour more or less extensive, generally thin, in spots corresponding with the depressions of the follicles and sometimes in small patches. This form of illness may affect two or more

members of a family, and its prevalence at times in different families distant from one another seems to indicate a dependence upon some general influence. The symptoms are severe for, perhaps, twenty-four hours, and then rapidly pass away. It is not accompanied or followed by croup or other diphtheritic complications or sequelæ. It differs from the mild form of diphtheria in the urgency of the symptoms at the outset, the patient's being suddenly ill with a local affection that seems severe, and a high fever which quickly subsides; while the latter is attended with scarcely any elevation of the temperature or acceleration of the pulse, and the local symptoms give but little trouble. So frequently is this the case that we are often called when symptoms of croup have appeared after the patient's complaining of symptoms apparently due to a cold, and an inspection of the throat has shown the presence of diphtheritic disease. In a family, one of whose members had died a few weeks before from diphtheria, another child complained of slight soreness of the throat, and an examination of the fauces daily for three days discovered small spots of diphtheritic deposit. There was scarcely any elevation of temperature until the morning of the fourth day, when croup symptoms supervened of an alarming character, and the child died the next day.

A case of diphtheritic croup came under my care recently where urgent symptoms appeared after an illness of only a few days. G. H., aged 6½ years, had ague at the end of the previous week, for which quinine was given on Saturday. The following Sunday and Monday he appeared quite well; on Tuesday the 1st of August his parents thought he had a slight cold; Wednes-