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TREATMENT OF DIPHTHERIA BY COLD WATER.*

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Mr. President and Gentlemen,—The treatment of diphtheria is a subject on which there is much difference of opinion in the profession, and I may say at the outset that in many respects I have departed from the course usually pursued. The fatality of this disease is so great that any reasonable suggestion as to treatment ought not to be rejected without due consideration. Among over twenty authors whose treatment I have carefully read, no one of them (Prof. Jacobi excepted) mentions the application of cold to any part of the surface. My reason for using cold water (and ice if necessary) in the treatment of diphtheria, is that I have for 27 years used it successfully in the treatment of all forms of scarlatina, and saw no reason why it would not be equally useful in controlling the temperature in diphtheria, and I have not been disappointed. In the following cases I adopted the cold water treatment in addition to other means.

CASE 1.—I was called, on the 7th November, 1881, in great haste, to see J. M. W.—, aged upwards of three years, his father saying that he was dying with croup, and exhibited great distress. I may mention here that only two weeks before they had lost a fine boy of six years with what was supposed to be croup.

Previous history.—Has been quite healthy till within the last four or five days. Some white spots were then noticed on his tonsils, and a cold, wet cloth was applied to the throat, after which he seemed better. At noon on the day previous to my visit he was noticed to cough, and also in the

afternoon. They gave him a vapor bath, and applied cloths wrung out of hot water to his throat and chest, and repeated them till noon the next day, and gave him a decoction of bloodroot in vinegar.

Present condition.—Is very dull and takes very little notice of anything; his cough is hoarse but not croupy, and he appears exhausted. 2 p.m.—Pulse 130, temp. 102½ F., resp. 36. The soft palate and tonsils and as far down as could be seen, were covered with diphtheritic deposit, but there was not yet sufficient invasion of the larynx to interfere seriously with respiration. The breathing was that of exhaustion, but there was no dyspnoea. Prescribed ⅛ drop doses of ext. of aconite every half hour for four hours, without benefit; then changed to quinia sulph. gr. j. every two hours, and to have brandy and milk freely. Pulse came down to 116, temp. 101 F., resp. 36 and greatly laboured. The improvement was only temporary, and he died at 8 a.m. the next morning, 20 hours from the time I first saw him and 46 hours after the attack was first noticed to be serious.

The termination of this case was rapid, but I think there can be no reasonable doubt that the zymotic action of the poison was materially increased by the hot applications. Had his temperature been taken in the first of the attack, and the throat examined, and the proper treatment given by a physician, there is little doubt but he would have been saved.

CASE 2.—On the following morning, 7 a.m., while case 1 was dying, my attention was called to his brother, T. R. W., aged 10 years. Examination of the throat revealed a small diphtheritic deposit on the left tonsil. The whole arch and pharynx were much inflamed, and he was giddy on attempting to walk. Pulse 120, temp. 103 F., resp. 28. Prescribed ¼ m. fl. ext. aconite every hour, and throat to be washed with acid carbol. 1 to 60 every two hours. 2.15 p.m.—Pulse 126, temp. 104½, resp. 32. Changed the treatment to the following prescription:—

R Pot. chlor.....3 ij.
Syrup limonis3 j.
Aqua.....3 iij. M.

A dessert-spoonful to be given every two hours; and quinia sulph. gr. i. in same time. Abundant nourishment to be given. Tepid sponging was

*Read before the Ontario Medical Association, June, 1882.