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NOTES ON TREATMENT BY ANTITOXIN.

By ALFRED T. BAZIN, M.D.,

Resident Physician, Montreal Civic Hospital.

My remarks shall be confined strictly to the clinical phases of the antitoxin treatment of diphtheria and based on the observation of 93 cases from their admission to the hospital to their termination, with record of 10 others, also treated in the hospital but not followed by me, making a total of 103 cases, the first fifty of which have been traced after the lapse of from one to four months and questioned as to the occurrence of any sequelæ.

Naturally the points first calling for consideration are those concerning the administration of the antitoxin, viz:—the choice of the syringe and of the site of injection.

I have used both a bulb syringe and a washer syringe, and am entirely in favour of the former. Of the bulb syringes, that known as the Koch syringe can be taken as the type. It consists of a graduated glass barrel ground at one end to receive the needle, and at the other to fit into an attachment to which is applied the bulb and which is provided with a stop-cock. The advantages of this syringe are:

1st. Absence of all threads and fittings to retain small quantities of serum and therefore absence of all risk of septic infection of the wound if ordinary sterilizing precautions are taken.

2nd. Absolute control of the exit of the serum and control against its loss by the tap which is inserted in the upper fitting.

3rd. An instrument which is unalterable in length and which at the greatest is not more than 9 inches long.

¹ Read before the Montreal Medico-Chirurgical Society, March 6, 1896.