

## Original Communications.

*Three Cases of Diphtheria.* By FRANCIS WAYLAND CAMPBELL, M.D., L.R.C.P., London; Professor of Physiology, University of Bishop's College.

Read before the Medico-Chirurgical Society of Montreal, January 29th.

MR. PRESIDENT AND GENTLEMEN,

Fortunately for us, diphtheria is a disease of which we have seen but little in the City of Montreal. There never, to my knowledge, has been an epidemic of it in our midst, and the terrible experience of it which at various times has fallen upon St. John, N.B.; Prince Edward Island; London, Ont.; Brooklyn, N. Y., and Boston, has, fortunately, thus far been spared us. The occurrence, however, very recently, of some seven or eight cases, with six deaths, in a fashionable terrace, (Dufferin Place, St. Catherine Street, west,) situated on the very outskirts of the city, and apparently surrounded by all that contributes to salubrity—has startled the city. The almost complete obliteration of one family, and the heavy losses in another, has drawn forth popular sympathy in a marked degree. It has been my sad duty to be in attendance upon three of these cases, and their details I propose to bring before you this evening.

On the evening of Tuesday, the 5th of January, I was sent for to see Herbert B., son of T. B. Warren, Esq., aged four years and a half. (This little patient, I may observe, had only been one week from under my care, having for the previous six weeks been confined to the sofa, for extensive and severe scalds of both feet.) I found him slightly feverish; temperature of 100½; tongue coated with a thin white fur; eyes heavy; pulse 104. As diphtheria had, about six weeks previously, carried off three children in the second house from them—same terrace—I examined the throat; there was no swelling externally, and I was unable to detect anything from an internal examination. I prescribed a mixture of liquor ammonia acetatis, with Fleming's tincture of aconite.

January 6th, 12 noon. Patient still feverish, although he passed a fair night; temperature has risen to 102½; pulse 120; tongue very much like what it is in scarlet-fever; papilla enlarged, and covered with a thick creamy fur; throat is sore; glands much swollen; an internal examination reveals both tonsils congested and swollen; but no

evidence whatever of diphtheritic deposit. An examination of his body revealed a scarlet rash, on the inside of both thighs. I confessed my inability to make a positive diagnosis, but leaned rather to the idea of scarlatina. I directed the mixture ordered the previous evening to be continued; goose oil to be applied hot over the swollen glands, and then covered with flannel, and, if possible, every hour or two to get him to inhale steam. I desired him to be placed in bed, but as his mother said he would not remain in it, a bed was made for him on the sofa in the sitting room. A large dancing party having been arranged for this evening, I directed every precaution should be taken against his being exposed to any draught of cold air, and if any change should occur that I should at once be notified.

January 7th.—Received a message at ten o'clock, to make an early visit, which I did. On reaching the house, was informed that he continued in much the same state as described above, all yesterday afternoon and evening, and that he slept quietly during all the noise of music and dancing. At four, a.m., as his parents were retiring, the last guest having gone, he awoke and spoke in a hoarse whisper;—he continued restless all the rest of the morning, and towards eight o'clock the breathing became involved. I found his condition as follows:—patient greatly altered in appearance; skin of a dark, dusky hue; eyes sunken; Parotid glands greatly swollen; loud croupy cough, with the loud stridulous breathing of a well marked case of croup. On examination of the throat, I found both tonsils covered with large white patches—evidently of very recent formation, for they were milky, and opaline in appearance.

Although I had never previously seen a case, I believed I had to deal with a true case of diphtheritic croup. I informed the parents of the gravity of the case, and asked for assistance in its management. In the meantime, however, I placed him on a mixture of acetate of ammonia, vinum ipecac., and syrup of squills, with cold cloths around the neck, covered with oil silk and changed every hour. To have plenty of steam in the room, which was accomplished by means of large open tin dishes, containing boiling water—frequently renewed. At one p.m., patient seems slightly easier, but the patches on the tonsils are increasing in size; but little air entering the lungs. At 5.30 p.m., Dr. R. P. Howard saw the child in consultation, and by this time the symptoms were all very considerably aggravated. My diagnosis was confirmed, and the following treatment decided upon. Ten drops of the tincture of the muriate of iron, in glycerine, every three hours. The