Ontario Medical Journal.

SENT FREE TO EVERY MEMBER OF THE PROFESSION IN ONTARIO AND BRITISH COLUMBIA.

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VOL. I.] TORONTO, JULY, 1893. [No. 12.

Original Communications.

TREATMENT OF DIPHTHERIA.

BY W. J. WILSON, RICHMOND HILL.

Mr. President and Gentlemen,—Our ideas of the treatment of diphtheria must necessarily depend on our views of its pathology—whether it is of bacterial origin, with its early manifestations in the upper air passages, or whether it is a constitutional disease from the first, with secondary throat manifestations.

As it is not within the scope of this paper to go into this matter, I will at once declare myself a believer in the local origin of the disease in the throat, with secondary constitutional symptoms following from absorption of poisonous matters in the local lesion.

This view of the pathology will materially affect our treatment—especially the local and prophylactic treatment.

The prophylaxis is gradually forcing itself on us, and is so important an element in the treatment that we cannot afford to neglect any part of it in any given case of diphtheria.

Cases have been recorded where there was no membrane found in the throat, only a redness; but the Klebs Lœffler bacilli were found on the surface and secondary symptoms followed, going to prove it a case of genuine diphtheria without membrane. And again, in attending a family with diphtheria it is the usual thing to notice a redness in the throats of the new cases the day before the membrane forms.

The hyperæmia is the first thing noticeable in any case, and any condition producing hyperæmia strongly predisposes to an attack.

I have noticed it set in and membrane form within a few hours after a crying fit, or a slight cold in the head.

These observations lead us fairly to the central idea of prophylaxis, viz.: keep the nose and throat free from all sources of irritation; keep the membrane healthy and clean, and the general condition of the child up to the highest point possible.

More attention should be paid to the mouth and teeth of children, as well as to the nose and throat. A foul condition of these parts makes an excellent culture-ground for germ growth and strongly predisposes to diphtheria.

Children frequently have decayed teeth, and, so far as my observations go, it is only among the better classes in the community that the least attention is paid to them or they are ever cleaned.

Diseased tonsils should be attended to, and, where chronically enlarged, ablated, not only to lessen the dangers of an attack to the child himself, but to prevent the enlarged and unhealthy tonsillar crypts from holding the disease for long periods after the child himself is apparently free, and thus carrying the disease to others.

All conditions favouring post-nasal catarrh should be looked after, and post-nasal growths or advanced vegetations removed.

The diphtheritic membrane seems to have a special tendency to spread over these vegetations, and although I have seen them diminish in size as a result of diphtheria, yet it has always seemed to me that cases of this kind have been more severe