

EYE STRAIN A CAUSE OF NOCTURNAL ENURESIS.

Dr. G. M. Gould gives the details of five cases, in which the enuresis was cured after glasses were fitted and the eye strain removed. Besides these cases he had others in which he was moderately certain that the eyes were the ultimate or a contributing cause of the affection under discussion, but in which the cure was either more slow or the etiology more suspicious, and he did not include them in this report.—GEORGE M. GOULD, in *Phil. Med. News*.

BACTERIOLOGICAL EXAMINATIONS OF DIPHTHERIA IN THE UNITED STATES.

This paper is a report of the results of the bacteriological study of diphtheria in the United States up to May, 1894. Some of the more important conclusions may be summarized as follows:

1. The Health Department of New York has undertaken the bacteriological examination of all cases of suspected diphtheria in that city, unless objection is made by the attending physician, or unless it is not deemed advisable to disturb the patient by such examination. The methods employed are described in detail. During the year ending May 4, 1894, cultures were made from 5,611 cases of suspected diphtheria. The results have proven satisfactory, and are utilized not only for diagnosis, but also to control the supervision and isolation of the cases.

2. Of 6,156 cases of suspected diphtheria in New York and Boston, 58½ per cent. were proven bacteriologically to be true diphtheria—or, if we include only those cases in which the bacteriological examination was considered to be entirely satisfactory—of 5,340 cases, 67½ per cent. were true diphtheria. These were pseudo-membranous inflammations of the throat and air-passages uncomplicated for the most part with scarlet fever.

3. At least 80 per cent. of the cases of membranous croup in New York were diphtheria, and only 14 per cent. were shown not to be diphtheria.

4. Fifteen cases of fibrinous rhinitis and 4 cases of primary and exclusively nasal diphtheria were all due to the diphtheria bacillus.

5. Various forms of a typical diphtheria, many without membrane, and with the characters of simple catarrhal angina and follicular tonsillitis, are described.

6. Instances of unusual localizations of the diphtheria bacillus, as in the middle ear, in wounds, ulcers, abscesses, conjunctivæ, lungs, heart-valves, and the distribution of the bacilli in autopsies of human beings and of guinea-pigs dead of diphtheria, are described.

7. The various bacteria found associated

with the diphtheria bacillus, the most important pathogenic forms being streptococci, staphylococci, and the diplococcus lanceolatus, are considered.

8. In general the great majority of cases of pseudo membranous anginas in scarlet fever are due to streptococci; but where diphtheria is prevalent and opportunities are favorable for exposure to diphtheria, a large proportion may be due to the diphtheria bacillus. The statistics in Baltimore and in Boston present interesting contrasts in illustration of this point. Four cases of diphtheria complicating typhoid fever are described.

9. The name pseudo diphtheria is applied to pseudo-membranous inflammations of the throat and air-passages not caused by the diphtheria bacillus. The most important and common micro organism in pseudo-diphtheria is the streptococcus pyogenes, but other bacteria may be the cause. The mortality in these affections is low in private practice, being 1.7 per cent. in 408 consecutive cases in New York. In hospitals it may be as high as 25 per cent. Death is generally due to some complication, the most important complications being scarlet fever, membranous laryngitis, and bronchopneumonia. The disease seems to be only slightly, if at all, contagious. For this reason, and on account of the low mortality in uncomplicated cases, those cases which are proved bacteriologically not to be true diphtheria are not kept under supervision by the Health Department in New York. Until such proof, suspicious cases are treated as diphtheria.

10. Of 752 cases of diphtheria in New York, the diphtheria bacilli in 325 disappeared within three days after the complete disappearance of the exudate. In 427 cases the bacilli persisted for a longer time, viz.: in 201, for from five to seven days; in 84, for twelve days; in 69, for fifteen days; in 57, for three weeks; in 11, for four weeks; and in 5, for five weeks. In one case, virulent bacilli were found seven weeks after disappearance of the exudate. The cases are kept under supervision until the bacilli have disappeared. Sometimes they disappear first from the nose; at other times, first from the throat.

11. In fourteen families, with forty-eight children, where little or no isolation of a case of diphtheria in each family was undertaken, virulent diphtheria bacilli were found in 50 per cent. of the children, of whom 40 per cent. later developed diphtheria. The bacilli were found in less than 10 per cent. of the children, in families where the case of diphtheria was well isolated.

Antiseptic irrigation and cleansing treatment of the throat lessens the liability of those thus exposed to develop diphtheria.

All members of an infected household should be regarded as under suspicion, and where