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THE NATURE AND TREATMENT OF DIPHTHERIA.

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(Read before the Huron Medical Society.)

MR. PRESIDENT:—In the remarks I have to submit on this occasion I do not intend to enter upon the etiology or pathology of the disease, but merely to make a few suggestions which have occurred to me in observing this troublesome and in some cases unmanageable affection.

Since our last discussion on this subject, some 18 months since, I have taken notes of my cases 47 in number, and have observed each case as closely as possible. It appears to me that diphtheria is a local disease, primarily, and by absorption through the veins, and the glands of the neck, and through them poisoning the circulation, produces not the symptoms of septicæmia, but a fever, running an uncertain course, and not limited like the exanthemata to any particular period. I have frequently seen all the symptoms of acute fever with membranous exudation on the fauces, subside in 24 to 48 hours, and the patient enter on convalescence, while we frequently find similar cases in which, at the end of 14 days, the exudation is still reproduced, and the debility and prostration of the most alarming character. In addition to the ordinary reasons adduced in favor of the local origin of the disease, I would mention the fact that of the 47 cases, the first in a house have always been the worst, having been neglected, while subsequent cases being promptly treated, by astringents, &c., usually recover. For instance, my 4 fatal cases were all in families of children, one was followed by 2 others, one by 3, one by 4, and one by 6, of which all recovered, many of them without any febrile symptoms.

view of the local origin of the affection, and his illustrations are very striking and conclusive. Ziemssen leans to the same view, and his theory as to the mode in which the micrococci developed in the fungus, enter the circulation between the interstices of the epithelial cells is highly ingenious. Roberts, while holding to the view that the disease is constitutional, and the exudation merely a symptom, like the emption of scarlatina, urges upon us the advantage of limiting the spread of the exudation by caustics, &c. Qury. If it be only a symptom, wherein consists the philosophy of trying to limit it any more than the pursuance of a similar course in measles and smallpox?

As to prognosis the larger the extent of the exaddition the more serious the symptoms. In 5 cases in which the fauces, veil of palate and pharynx were covered as far as could be seen, 4 proved fatal. Trousseau's remark that a tawny appearance of the membrane indicates a severe case, seems to be well founded, and I have also found that the more adhesive the membrane the worse to deal with. There are some cases which adhere like wax, in which it is almost impossible to remove it without more violence than we would like to employ, I don't like these cases. largement of the glands of the neck indicates malignancy. If the cellular tissue covering the glands become involved within 36 hours of the appearance of the fungus in the throat, the case is serious. It indicates that the virus is particularly active, or that the system is in a peculiarly favorable condition for its multiplication. There does not seem to be any real danger so long as the glandular engorgement is of a moderate character, excepting the disease should affect the larynx, when serious croupal symptoms might supervene.

I lost one case, No. 6, for want of attending to a precaution, which, as I have not seen mentioned by any author, I will mention here. J. O., female, æt. 13, severe case, had-fever, glandular engorgement, both sides, and pharynx coated with deposit when first seen, but under the influence of remedies improvement took place, and in four days the throat was clear and the patient convalescent. In five days more the patient was up and seemed perfectly well, with one peculiarity, that in the recumbent position the pulse was 90, while when crect it was 120. Three days after, when engaged in some domestic labour, she fainted and