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Selections: Medicine.

PROGNOSIS AND TREATMENT OF DIPHTHERIA.

BY J. LEWIS SMITH, M.D.

Death in diphtheria may result from—

1st. Diphtheritic blood-poisoning.

2nd. Probably, also, from septic blood-poisoning produced by absorption from the under surface of the decomposing pseudo-membrane. But it is difficult to distinguish the constitutional effect of sepsis, from those produced by the diphtheritic poison. Septic poisoning is obviously most apt to occur in those cases in which the pseudo-membrane is extensive, and deeply imbedded, and its decomposition attended by an offensive effluvium. Cervical cellulitis, and adenitis, which when severe cause very considerable swelling of the neck, appear to be often, if not usually, due to septic absorption from the faucial surface, the inflammation extending from the absorbents to the glands and connective tissue. Considerable tumefaction of the neck therefore seldom occurs in diphtheria or scarlet fever, without manifest symptoms of toxæmia, and is to be regarded as a sign of its presence.

3rd. Obstructive laryngitis.

4th. Uræmia.

5th. Sudden failure of the heart's action, either from the anæmia, and general feebleness, from granulo-fatty degeneration of the muscular fibres of the heart, which is liable to occur in all infectious diseases of a malignant type, or from ante-mortem heart clots.

6th. Suddenly developed passive congestion and œdema of the lungs, probably due to feebleness of the heart's action, or to paralysis of the respiratory muscles.

That physician obviously is least apt to err in prognosis, who recognizes the fact that patients are liable to perish in any of these different ways, and carefully examines in reference to all the conditions which involve danger. Many physicians, as I have had the opportunity to observe, are remiss in not examining more frequently the urine of diphtheritic patients, for there is often a large amount of albumen in the urine in diphtheria, indicating a poisonous quantity of urea in the blood, and yet the appearance of the urine to the naked eye is probably normal.

Among the symptoms which render the prognosis unfavourable are, repugnance to food, vomiting, pallor of countenance, with progressive weakness and emaciation from the blood-poisoning; a large amount of albumen with casts in the urine, showing uræmia, to which the vomiting is sometimes, but not always, attributable; a free discharge from the nostrils, or occlusion of them by inflammatory thickening, and exudation, showing that a considerable portion of the Schneiderian membrane is involved, hæmorrhage from the nostrils or fauces, and obstructed respiration. One, at least, of these symptoms has been present in most of the fatal cases which have fallen under my observation.

Whatever the theory, experience gradually establishes the fact, in the minds of all observing physicians, that constitutional treatment is of paramount importance in diphtheria, as it is in that other malady, which, in my opinion, is most nearly akin to it, namely, scarlet fever, except when the danger is located in the larynx.