

## DIPHTHERIA.

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**Kohts.** *On Diphtheria.* "Mittheilungen an der Strassburger Rudaklinik Zeitschrift für Klin. Medicin." Bd. 17. Communications from the Children's Hospital in Strasburg.

DURING nine years the author has treated 938 cases of diphtheria in his clinic at Strasburg. Of the patients, 439 died, equal 46 per cent. Tracheotomy was performed on 439, equal 46 per cent., of whom 271, equal 61 per cent., died. According to the author the septic cases always end fatally, and only the cases of non-septic character (local diphtheria) can sometimes be cured; in severe cases, as in fever, all specific medicaments were without any effect. The treatment can only be symptomatic. The results of tracheotomy differ very much in the several epidemics, varying between 97 and 37 per cent. In nearly all cases of diphtheria the disease was complicated by nephritis; in all cases acute, and, if cured, not leading to relapses. Of special interest is a form of disease of the kidney, consisting in obstruction of the canaliculi by red blood globules, observed in cases of diphtheria treated by chlorate of potash. Two histories of cases of this affection illustrate it. The author no longer uses the medicament internally. Paralysis of deglutition is often observed following diphtheria. These cases must be treated by nourishing diet and injections of strychnine. Paralysis of other muscles must be treated in the same manner, but if there is paralysis of the respiratory muscles no treatment is effectual and death is certain. Sometimes sudden death is observed during convalescence. *Michael.*

**Wurtz and Bourges.** *Bacteriological Researches on the Pseudo-Diphtheritic Scarletinal Sore Throat.* "Archives de Pathologie Experimentale," March 9, 1890.

THE studies of the authors related to children suffering from scarlatina, in whom the gravity of the throat symptoms was so great as to necessitate their removal to the diphtheria ward. The bacteriological examination of the false membranes in every case revealed the presence of the streptococcus pyogenes, either alone or mixed with the other microbes occurring in suppuration. In none of these cases did the authors find the specific bacillus of diphtheria, the bacillus of Klebs-Löffler. On the contrary, in two cases of pseudo-membranous sore throat, occurring late in scarlatina, this bacillus existed in the false membranes. One of the children suffering from the sore throat, and in whose case the streptococcus was found, caught croup in the diphtheria ward, and died. Wurtz and Bourges arrive thus at the following conclusion: The sore throat occurring early in the course of scarlatina, whatever may be the apparent gravity of the symptoms, is not, in the great majority of cases, of diphtheritic nature. It is important, therefore, not to transfer children, who are affected with the malady, to the diphtheria ward, where they would be liable to contract the formidable malady from which they were previously free. *Joul.*

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**Leonhardi** (Dresden). *Croup and Diphtheria*. "Corresbl. der Aertzlicher Vereins in Sachsen," 1889, No. 5.

THE author records his experience of forty years, and recommends a symptomatic treatment without application of specific medicaments.

*Michael.*

**Kingsbury, Edward** (Blackpool).—*Diphtheria and Measles*. Jan. 11, 1890.

SHORT notes of the case of a boy, aged three and a half years, in whom an attack of measles supervened on diphtheria. *Hunter Mackenzie.*

**Heubner** (Leipzig). *Remarks concerning Diphtheria Scarlatinos*. "Jahresb. für Kinderheilk.," Bd. 31, Heft 1, 2.

POLEMICAL article.

*Michael.*

**Brühl and Fahr** (Berlin).—*Diphtheria and Croup in the Kingdom of Prussia in the Years 1875-82*. Hirschwald, Berlin, 1889.

VOLUMINOUS statistical review. The authors believe that the disposition to the disease is increased by the alternations of dry and moist air.

*Michael.*

**Gerasimovitch, Petr J.** (Poltava).—*On Faucial Diphtheria*. Poltava Gübernsky Zensky Hospital's Reports for 1888, 1890, p. 22.

THE author analyses a series of 79 consecutive cases of faucial diphtheria admitted to the said hospital in 1888, and referring to patients, aged from 1 to 30 (44 male, aged from 1 to 15, and 35 female, aged from 1 to 30), 74 of them being under 10 years of age, 46 under 5. Of the total, 40 (51·9 per cent.) died, 13 on the day of their admission, the remainder on an average in 3·27 days. The fatal cases referred to patients under 10, of them 24 being under 5 years of age. The following table shows mortality with regard to the variety of the disease :—

Variety.	Number of cases.	Died.	Percentage of deaths.
Diphtheritis fibrinosa faucium .....	50 ...	16 ...	22
Ditto et nasi (laryngis, palati, mollis, linguæ)... ..	9 ...	6 ...	66·6
Diphtheritis gangrenosa faucium .....	15 ...	13 ...	86·6
Ditto et nasi (resp. laryngis) .....	5 ...	5 ...	100·0

Of complications, in 17 cases lymphadenitis colli was present ; 1, angina Ludovici ; 3, paralysis palati mollis ; 1, dysenteria acuta ; 3, intermittent fever ; 2, bronchitis ; 1, acute nephritis ; 1, tubercular meningitis.

The treatment consisted in (a) painting, irrigating with, or inhalation of, solutions of chloride of zinc, perchloride of iron, lactic acid, corrosive sublimate ; and (b) internal administration of benzoate of sodium, turpentine-oil, chlorate of potassium, and liquor ferri perchloridi. In many cases tracheotomy was proposed by the author, but invariably declined by the patients' relatives. *Valerius Idelson.*

**Küznetzoff, J. V.** (Bakhmüt).—*On the Treatment of Faucial Diphtheria*. "Rüsskaia Meditzina," No. 17, 1890, p. 261.

THE writer recommends the following means :—(a) A brisk purgative to commence with. (b) Menthol and naphthalin, locally, after the formula : Rp. Mentholi, 3·75 gram. ; spiritus vini, q. s. ad solutionem. Deinde

adde naphthalini, 3.75 gram. in olei terebinthinæ 7.5 gram. soluti; et glycerini, 7.5. M. D. S. To paint the fauces every two or three hours. To shake well before using. (c) Lime-water, as a gargle; to be used frequently. (d) Antipyrin and benzoate of sodium in peppermint water, internally.

The plan was tried in nine cases of severe diphtheria, affecting patients from one and three-quarters to fifteen years of age. Of these, two (aged twenty months and two years respectively) died, but the remaining seven recovered after treatment of from three to five days' duration.

Dr. Küznetzoff adds that a local treatment of diphtheria by resorcin, tannin, sulphate of copper, chromic acid, and nitrate of silver proved quite useless in his hands. He also found that Soulez's mixture (one part of carbolic acid, three of camphor, and four of olive oil), recently eulogised by Dr. Barteneff, was by far inferior to perchloride of iron with borax and glycerine (which, in their turn, were much inferior to menthol with naphthalin); in addition, the mixture causes prolonged burning pain.

*Valerius Idelson.*

**Duchamp.**—*Intubation of the Larynx in Croup.* "Loire Médicale," April 19, 1890.

THE author has performed this operation four times, twice with and twice without success. He allows that intubation is as effective as tracheotomy, and recommends it for young children in whose case tracheotomy seldom succeeds, and considers it the preferable operation when it is necessary to act quickly, to avoid all wounds susceptible of infection, and to operate without help, or with but feeble light. It is a rational and practical operation.

*Joal.*

**Massei.**—*My Fifth Intubation in Laryngeal Croup.* "Arch. Ital. di Lar.," May 2, 1890.

ALTHOUGH the case ended fatally (a child 4 years old) Massei is convinced that tracheotomy could not have succeeded better. Intubation has then perfectly overcome the occlusion of the larynx, but not prevented the consequence of general poisoning of the system. Feeding was perfectly possible. The author is of opinion that a comparison between intubation and tracheotomy in croup is not reasonable. Intubation may be first performed, and if not successful in relieving the obstruction, tracheotomy may be had recourse to. In general we should obtain from the parents permission for the performance of tracheotomy later on before we proceed to intubation.

*Massei.*