

ABSTRACTS.

DIPHTHERIA, &C.

Clubbe, C. P. B., and Litchfield, W. F.—*A Short Account of the First One Hundred Cases of Diphtheria treated at the Diphtheria Branch of the Sydney Children's Hospital with Antitoxin, in comparison with the One Hundred Preceding Cases treated without.* "Australasian Med. Gaz.," Feb. 20, 1896.

THE two series of cases were treated in the same place, in the same way, and under exactly similar conditions, the only difference being the injection of antitoxin in the last hundred cases. In all of the cases the Klebs-Loeffler bacillus was found. The results were as follows:—

First Hundred.		Cured.	Died.	Death Rate.
Tracheotomies .....	59	19	40	67·7
Simple diphtheria.....	41	30	11	26·8
Total.....	100	49	51	
Second Hundred.		Cured.	Died.	Death Rate.
Tracheotomies .....	48	29	19	39·5
Simple diphtheria.....	52	48	4	7·6
Total.....	100	77	23	

A further consideration of the results shows that the injection of antitoxin tends to obviate the necessity for opening the trachea; and when tracheotomy is required the tube can be removed earlier than in those cases which have not been treated with antitoxin.

The day of disease at which antitoxin is injected is very important and influences the death rate. While recognizing the advantage of injection at the earliest possible date, the authors do not agree with those who assert that it does no good after the fourth day; in the seventy-seven cases of the second series that recovered, the fifth was the average day of disease at which antitoxin was employed.

The average duration of the membrane in the throat was, in the first series, ten days; in the second series four days.

Urticaria appeared in thirty-two cases and was proportionate to the amount of antitoxin used. The average time of its appearance was nine days after the injection.

The occurrence of albuminuria and paralysis was about the same in the two series. But the authors think that, if the cases were treated with antitoxin early enough, these conditions would be greatly diminished in frequency and severity.

The authors have not found that the bacilli disappear from the throat any sooner when antitoxin is used than when it is not. Their clinical and bacteriological observations do not lead them to assign any great importance to the other organisms present in diphtheria.

At the end of the paper Dr. S. Jamieson gives an abstract report of the *post-mortem* examination of eight children who died of diphtheria after antitoxin was used.

A. B. Kelly.

**Hektorn, Ludvig.** — *Diphtheria as a Mixed Infection in Typhoid Fever. Report of Two Fatal Cases.* "Medicine," April, 1896.

THROAT complications in typhoid fever are quite frequent, and a number of cases of diphtheria occurring during typhoid have been reported. In the autopsy made of the two fatal cases, one showed a membrane of the larynx and œsophagus from which Loeffler's bacillus could be cultivated. No cultures could be made in either case from the blood or organs of the body, or from the air passages.

Oscar Dodd.

**Kanthack, A. A., and Stephens, J. W.** — *A New and Easy Method of Preparing Serum Agar-Agar. An Aid to the Diagnosis of Diphtheria.* "Lancet," March 28, 1896.

A METHOD of using such albuminous exudations as ascitic, pleuritic, and hydrocele fluids, which are always to be obtained in any large hospital, and can be used with advantage instead of serum. Several advantages are claimed for it as a nutrient medium for diphtheria bacilli.

StClair Thomson.

**Kelly, J. E.** — *Septicæmia following Diphtheria; Treatment by Streptococcus Antitoxin; Recovery.* "New York Med. Journ.," Feb. 22, 1896.

THE patient was attacked with septic infection of a severe type, with cervical adenitis—the temperature never rising over 100° Fahr., however. He was given twelve injections of Gibier's streptococcus antitoxin in seventeen days, and after five the temperature fell; after six the pulse; and after seven the respiration. The reaction after the first injection was most marked.

R. Lake.

**Kortwright, J. L.** — *Practical Experience with Antitoxin.* "Brooklyn Med. Journ.," Feb., 1896.

THE value of this drug, according to the author, needs no further demonstration, the mortality in New York having fallen from twenty-eight to eighteen per cent., and in Brooklyn from thirty-five to twenty-four per cent. With regard to practical details, he finds, by experiments on rabbits, that injection of a few air-bubbles into veins gives rise to no symptoms. Serum injected into veins may cause liberation of hæmoglobin, with adhesion of corpuscles in masses sufficient to produce capillary blocking, as well as extensive coagulation. The antitoxin is coagulated by antiseptics remaining in the syringe; and embolism may thus occur if injection is made into veins. Eruptions—scarlatinaform, mortilliform, erythematous (urticarial or hæmorrhagic)—all occur in as many as sixteen per cent. Urticaria usually appears after eight days. Inflammation of joints occurs, and more particularly in those cases in which Klebs-Loeffler bacillus is *not* found.

**Kortwright, J. L.** — *A Case of Septicæmia is Reported occurring in a Child Injected for Immunity.* "Brooklyn Med. Journ.," Feb., 1896.

THREE anomalous fatal cases are described. In a healthy girl of sixteen, injection, quite early in the disease, was followed within five minutes by convulsions, cyanosis, and cessation of breathing. During artificial respiration the heart's action ceased. *Post mortem*: no embolism was to be found, though the needle was proved to have transfixed a small vein. Death may have been due to embolism in the respiratory centre, or to the presence of some poison in the serum, none of which remained for subsequent examination. The author recommends that the possibility of the presence of a poison should be excluded by trial on a cat before treatment is commenced. Two other cases of rapid fatal sequel to injection are quoted.

**Murdock, E. P.** (Chicago).—*The Recent Epidemic of Diphtheria in Chicago. Results of the Serum Antitoxin Treatment.* "Med. News," Feb. 22, 1896.

THE author first refers to the precautions taken against the spread of the disease, and points out that the results obtained by the antitoxin treatment compare most favourably with any hitherto noted. He classes them as follows :

RESULTS OF ANTITOXIN TREATMENT IN 805 CASES OF TRUE DIPHTHERIA  
(BACTERIALLY VERIFIED).

Treated.	Total.	Recovered.	Died.	Death Rate.
First day of disease .....	61 .....	61 .....	0 .....	0'00 per cent.
Second ,, ,, .....	187 .....	184 .....	3 .....	1'60 ,,
Third ,, ,, .....	372 .....	362 .....	10 .....	2'68 ,,
Fourth ,, ,, .....	109 .....	92 .....	17 .....	15'60 ,,
Later than fourth day .....	76 .....	54 .....	22 .....	28'94 ,,
	805	753	52	

Total number of children and others exposed to the disease and treated with the protective dose of antitoxin ..... 810  
Total number of these who subsequently contracted diphtheria ..... 4  
*St George Reid.*

**Nolan, H. R.** (Toowoomba, Q.).—*Diphtheria in a Child treated by Injections of Antitoxin.* "Australasian Med. Gaz.," Feb. 20, 1896.

REPORT of a severe case successfully treated by antitoxin. *A. B. Kelly.*

**Ricci.**—*Upon the Good Results Obtained by Intubation in Conjunction with Serum Injections in Croup.* "Riforma Med.," 1896, No. 22.

DISCOURAGED by the frequent fatal complications following intubation, the author, as early as 1893, had merely resorted to it as a preparatory measure to subsequent tracheotomy. However, after the introduction of the serum treatment the cases requiring operation became rare, and in these intubation fully answered the purpose. In ten cases thus treated nine recovered; the fatal case occurring in an infant of ten months, and was complicated with measles. *Jefferson Bettman.*

**Shurly, B. R.** (Detroit).—*Antidiphtheritic Serum and Loeffler's Solution; with a Report of Twenty-six Cases.* "Therap. Gazette," Feb. 15, 1896.

DETAILS of all the cases are given, and the following points are noted in conclusion. The diagnosis was verified in every case; cases were not selected; no case died treated within two days of invasion; no deleterious effects were observed; tracheotomy was demanded four times, and all recovered. There were only two deaths, one case being moribund on admission. *Middlemass Hunt.*

**Thomas.**—*Diphtheritic Hemiplegia.* "American Journ. of Med. Sciences," April, 1896.

THE author quotes details of twenty-nine cases of diphtheritic hemiplegia which occurred in the practice of various observers, and two cases which he himself observed. Both his cases were due to vascular disturbance of the internal capsule—one of the right and the other of the left hemisphere. Permanent paresis and muscular spasm existed, so that nerve structure must have been destroyed and secondary degeneration have ensued.

In one case aphasia, lasting nearly two months, occurred with *left* hemiplegia, and this loss of speech was thought to be due not merely to palatal paresis, but

to real motor aphasia, because regurgitation of fluids came on previously without loss of speech.

Of all the cases cited, hæmorrhage probably occurred in seven and embolism in ten. In all the others diagnosis was doubtful. *Barclay J. Baron.*

**Thomas.**—*Streptococcis—General Infection. Infectious Suppurative Median Otitis—Death.* “*Rev. de Laryng.*,” Oct. 1, 1895.

A CASE is recorded in detail, of which the author regards the following points as interesting. The *début* was marked by general infection, manifested in painful enlargement of the right and left submaxillary glands; acute suppurative middle otitis on the third day, confirming the fourteenth conclusion of Blaxhall's communication read at the Congress of Lyons, 1894—namely, that in young infants (especially when there is otitic suppuration) moans and cries on movement, on raising it, laying down or rocking, or whenever the head is not upright, ought to make us think of painful stiffness of the muscular masses which move the head, and cause us to examine the ears. When otorrhœa is already recognized these crises point to an extension of the disease, and announce meningeal complications, even before epileptiform convulsions, delirium, and coma. If there is dysphagia, we must think of the possibility of a retropharyngeal abscess, consecutive to the aural region. The aural pus was found to contain streptococci and staphylococci, the former being most abundant. The illness began with slight left tonsillitis, purulent discharge from the left ear, enlargement of submaxillary and cervical glands, polymorphous scarlatinal erythema, diphtheritic stools, stomatitis and abscesses of the gums, submental phlegmon, and retropharyngeal abscess. The infant (only eighteen months of age) showed a remarkable resistance in resisting for forty-one days such an extensive infection. *R. Norris Wolfenden.*

**Wood, G. E. C.**—*Method for Rapidly Producing Diphtheria Antitoxins.* “*Lancet*,” April 11, 1896.

DESCRIPTION of a method by which powerful antitoxins can be produced without risk in a much shorter period of time than has been previously possible. Hence the amount necessary to be injected into a patient can be greatly reduced, and the greater strength of the serum will permit of a patient receiving at the beginning of treatment a sufficient quantity of the serum at one injection, when, as is universally recognized both by animal experiments and clinical experience, its curative action is exerted most markedly. *StClair Thomson.*

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## MOUTH AND PHARYNX.

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**Arslan** (Padua).—*Tumours of the Tonsils.* “*Bollet. delle Mal. dell' Orecchi, etc.*,” April, 1896.

THE author, prior to describing four cases of his own, surveys the entire literature on this subject, and collects, in all, one hundred and ten cases of tumours of the tonsils. In these, syphilomata, and, secondly, sarcoma, preponderate in number. The sex is specified in but fifty-five of the recorded cases, and of these thirty-five are males. The abuse of tobacco and alcohol seems to predispose to the development of malignant tumours of the tonsils. Age seems to assert a certain influence, the majority of the cases occurring between the fortieth and sixtieth year: