

THERAPEUTICS AND DIPHTHERIA.

Hays.—*Improved Spray Producers.* "Med. Record," Mar. 22, 1890.

A MODIFICATION of Sass's apparatus.

B. J. Baron.

Rethi (Wien).—*Trichloracetic Acid and its Application as a Caustic.* "Wiener Med. Presse," 1890, Nos. 43, 44.

THE author has applied the newly-recommended medicament in many cases, but has found that it can in no manner compete with chromic acid, because it is not so easily applied in distinct places, and it causes stronger reaction.

Michael.

Manasse.—*Hydrate of Terpene and its application in Whooping Cough.* "Therap. Monats.," 1890, No. 3.

IN forty-one cases the author has applied terpene in doses of 0·5—1·0, and *pro die* 3·0. The cases all improved in a short time, and the attacks were mitigated. The author believes that the favourable influence of terpene upon the concomitant bronchial catarrh is due to improvements in the nature of the secretion, which becomes more and more fluid.

Michael.

Loewenthal (Berlin).—*On the effect of Bromoform in Whooping Cough.*

IN the polyclinic of Prof. Senator the author has applied bromoform (as first recommended by Stepp) in one hundred cases. It mitigates the attacks and shortens the duration of the disease. In one case intoxication was observed.

Michael.

Haushalter.—*Three Cases of Infection by the Staphylococcus Aureus, occurring in the course of Whooping Cough.* "Archives de Medicine Experimentale," September, 1890.

THE three cases of the author are instructive examples of this infection secondarily occurring in the course of specific diseases. They refer to an epidemic of whooping cough occurring in a family of mountebanks, a few days after they had commenced business at the fair at Nancy. Of eight children, seven contracted the disease; the only one who was not attacked was a child of seven, treated in hospital for a curvature of the spine. Some weeks later four children presented severe symptoms—high fever, diarrhœa, dyspnœa—and three of them, aged respectively two, three, and four years, were admitted under Professor Spillmann, where the author (chef de clinique) had the opportunity of seeing them.

These three children were affected with secondary broncho-pneumonia, the clinical features of which developed in the ordinary way during several weeks; then the broncho-pneumonia was recovered from, and the whooping cough resumed its ordinary evolution. Wishing to find the infectious germ which had caused the broncho-pneumonia, but compelled to give up the search for it in the expectoration on account of the mixture

of the latter with vomited matters, the author made, on nutritive gelatine, ten days after the commencement of the secondary affection, cultivations with the blood of the three young patients, obtained from the finger after the usual method and with the usual precautions.

The next day, in all the tubes, there was obvious growth of colonies of a microbe, which, both from its appearance and from the results of its inoculation on animals, was demonstrated to be the staphylococcus aureus. The three patients thus presented a general infection of the organism by this microbe, and, doubtless, their broncho-pneumonia was likewise caused by the staphylococcus. *Joal.*

Roux.—*What are the Preventive Measures which should be taken with regard to Diphtheria?*

THE author says that, in order to avert the spread of diphtheria, it is of the first importance to recognise the disease as early as possible; the employment of bacteriological methods allows an early and certain diagnosis to be made, and has a real importance with regard to everything that concerns measures of prevention. These measures can be formulated as follows:—1. The active diphtheritic virus being able to survive for a long time in the mouth after the patient is cured, the patients should not return to their usual mode of life until it is certain that they do not convey the bacillus. 2. The diphtheritic virus in a dry state remains active for a long time, especially under cover from light; it is necessary to pass through boiling water and to soak in this everything which has been in contact with diphtheritic patients. Linen, bed coverings, etc., must be disinfected before being taken to the laundress. The rooms in which the patients have been treated, and the carriages in which they have been conveyed, ought to be disinfected. Parents visiting their children suffering from diphtheria and admitted to hospital frequently bring back the germs of the disease to their family. These visits should be as few as possible. Before allowing persons not connected with the administration of the hospital to visit the wards, they should be compelled to assume a special dress which will envelope their clothes, and leave it off on going out. They should further be compelled to disinfect both body and hands. School children should be frequently examined with reference to the condition of the throat, especially when a case of diphtheria has occurred amongst them. 3. In throat affections, especially in the case of children, and above all in the sore throat accompanying rubeola and scarlet fever, from the beginning of the disease frequent washing of the mouth and pharynx with antiseptic solutions should be practised. *Joal.*

Oertel (München).—*On the Diphtheritic Poison and its Effects.* "Deutsche Med. Woch," 1890, No. 43.

WITH special reference to the results of the observations of the last few years concerning the diphtheritic poison, the author believes that the poison is produced by microbes in the primary membranes, and that this poison without the microbes themselves is absorbed by the organism. The membranes must therefore be destroyed or disinfected. The author has found that the best way to obtain this result is by using inhalations of carbolic acid in five per cent. solution. *Michael.*

Schemm.—*Degeneration of the Muscles of the Pharynx in Diphtheria.* "Virchow's Archiv.," Bd. 121, Heft 2.

IN the *post-mortem* examination of patients who died of diphtheria the author has found fatty and granular degeneration of the fibres of the muscles, enlargement of the nuclei, hyaline degeneration and atrophy. This degeneration is often so great that it explains the weakness of the heart so often observed. *Michael.*

Kalischer.—*Diphtheria and Croup in Prussia.* "Deutsche Medicinalzeitung," 1890, Nos. 80, 81, 82, 83.

EXTENSIVE statistical report extracted from the tables of the Royal Statistical Bureau. The details must be consulted in the original. Of the author's conclusions it is interesting to note that the mortality of diphtheria is much greater in the country than in cities. Ninety-eight and a half per cent. of all cases affected were individuals under fifteen years of age. *Michael.*

Bilhaut.—*Communication of Diphtheria of the Pigeon to Man and Child consecutively attacked by the same Disease.* Société de Médecine Pratique, June, 1890.

THE author attended a man, aged forty, attacked with diphtheria, and learnt that the patient, a pigeon fancier, had several birds ill, and had fed one of them from his own mouth. The child was afterwards examined. It was ascertained that it died from diphtheria. The disease was communicated to the son of the patient, aged nine. The child was attacked nine days after his father. *Joal.*

Corneille Saint Marc.—*Treatment of Diphtheritic Sore Throat by Atomized Bi-chloride of Mercury.* "Poitou Medicale," June, 1890.

THIS mode of treatment gives rapidly efficacious results when employed from the outset of the affection. The swelling of glands, the fever, the pain, and the dysphagia disappear in twelve or twenty-four hours, and cure is complete in some days. The mode of procedure advocated by M. Corneille Saint Marc is as follows :—The formula for the maximum solution is—

Bi-chloride of mercury	...	...	...	0·10 centigram.
Alcohol	...	...	...	100' gram.
Water	...	...	...	900' "

This solution to be placed in an ordinary atomizer, and the steam directed towards the fauces of the patient at first every half-hour, afterwards every hour, and later every two hours. The patient in a few moments feels a sensation of pricking, which makes him cough, and causes the expectoration of false membrane. In spite of the deadly nature of the medicaments, and the considerable quantity used, there has never been the least suspicion of poisoning from the treatment. *Joal.*

Gayton.—*A Case of very slight Diphtheria succeeded by severe Paralysis.* "Brit. Med. Journ.," July 19, 1890.

THE patient was a woman, aged forty-one, who had been a nurse in the diphtheria wards of the North-Western Fever Hospital for eighteen

months. The first symptom was paroxysmal convergent strabismus, some loss of power over the hands, slight anaesthesia of the palate, and great albuminuria. About six weeks before she had had a simple sore throat with two minute patches, one on each tonsil, with headache, shivering, and vomiting, but had continued at work. Hyperaesthesia of the forearms followed, then numbness and loss of power in the arms and legs, contraction of the pupils, loss of power of accommodation, knee reflexes disappeared, several attacks of syncope followed, and the motor paralysis became extreme.

The treatment consisted in free stimulation on account of the threatened cardiac failure and the administration of iron and strychnine. The diet throughout was as liberal a one as the patient was able to take. Galvanism was rapidly followed by signal improvement of the motor power.

The four points of interest that apparently present themselves are :

1. The local manifestation of the disease was so slight as to be out of comparison with the great systemic disturbance that ensued.

2. That susceptibility to attack varies in different individuals in a remarkable way is admitted, but in this case exposure to the specific virus was long-continued and constant. Evidence of disordered state of health was wanting.

3. Whether the poison was inhaled, swallowed, or gained access by means of a wound, no distinct evidence existed, but circumstances pointed to the second as the most probable mode of infection.

4. The unusually rapid manner in which the grave paralytic symptoms passed away, leaving the patient in a fairly robust state of health.

R. Norris Wolfenden.

Kohts (Strasburg).—*On Diphtheria.* “*Zeitschrift für Klin. Medicin,*” Bd. 17, Supplementheft.

Of 938 patients treated for diphtheria 439 died (46 per cent.) ; 439 were tracheotomized, with 62 per cent. deaths ; of 499 not tracheotomized 33½ per cent. died. The author relates his experiences of these cases. There is no drug which can be regarded as specific for this disease. Nephritis is often combined with diphtheria or follows it. Sometimes also chronic nephritis, lasting many years, is observed as a consequence of diphtheria. Chlorate of potash in the usual doses only causes intoxication if nephritis or other cause exists preventing its excretion by the body. Paralysis are to be treated by a stimulating medication. He relates some histories of patients, and concludes with a table of his own cases.

Michael.

Wins.—*Cough and Tracheotomy.* “*Revue Générale Clinique et Thérapeutique,*” October 1, 1890.

THE author warmly recommends the employment of chloroform. Of eleven cases of tracheotomy he has had four cures.

Joal.

Delthil.—*Results Secondary to the Operation of Tracheotomy* “*Congrès de Limoges,*” August, 1890.

M. DELTHIL remarks that after tracheotomy the greater number of patients died in the thirty hours following operation, and this even if the

result at first appeared favourable. The author does not attribute the unsatisfactory issue to a broncho-pneumonia consecutive to the operation. He observes that generally there is not sufficient time for its development before death supervenes. He thinks that such distressing accidents depend upon the absorption of poison by the tracheal wound, an absorption favoured in this very vascular region by the operative injury. *Joal.*

Szontagh (Buda-Pesth).—*The Value of Tracheotomy in Croup.* "Pesther Med. Chir. Presse," 1890, No. 28.

THE author recommends the performance of the low tracheotomy, and employment of an anæsthetic. He believes the operation is not free from danger, and therefore it should only be resorted to in extreme cases. In young children the prognosis is bad. The results of intubation are not better than those of tracheotomy. *Michael.*

MOUTH, TONGUE, PHARYNX, &c.

Gémy.—*Herpetiform Syphilitic Chancre of the Lower Lip—Error of Diagnosis.* Société de Dermatologie, July 10, 1890.

A PATIENT, aged twenty-six, contracted in October, 1887, a simple chancre of the balano-preputial furrow. At the end of March, 1890, this patient came for fresh consultation with regard to a small erosion of the lower lip, of greyish surface and irregular border, presenting neither induration, nor enlargement of glands, nor pain. The diagnosis was that of herpes labialis, and a few days later cure was complete. Twenty days later the patient presented a sub-maxillary adenopathy. The lesion was thus described: "Herpes labialis completely cicatrized, its existence only evidenced by a slight pigmentation of the mucous membrane, *with no trace of induration.*" The diathesis of the patient, distinctly strumous, made it probable that the glandular enlargement was scrofulous, and iodide of potash was prescribed. At the end of twenty-five days the patient presented an eruption of incontestably syphilitic roseola, inasmuch as the ulterior development appeared as eroded patches of the tonsils and of the soft palate. The course of events thus established the fact that the pseudo-herpetic eruption of the lip was the incontestable starting-point of syphilis. The error of diagnosis was due to the complete absence of induration, and in the experience of the author extra-genital chancres always present induration, and are of considerable size. *Joal.*

Unna (Hamburg).—*Diseases of the Mucous Membranes of the Mouth.* "Monats. fir Prakt. Dermatologie," 1890, No. 7.

IN two cases the author has observed a chronic affection of the lip. The mucous membranes were thickened and affected by a suppurative process with resulting formation of cicatrices. The process lasted some