

## DIPHThERIA.

---

**Delthil.**—*Avian Origin of Diphtheria.* Congrès de Limoges. August, 1890.

M. DELTHIL writes on the ornithological origin of diphtheria. He remarks that the pathogenic agent of diphtheria in animals belongs, as in human diphtheria, to the group of bacilli forming crosses and disks. He maintains that the exciting cause of the disease is the same in man and animals, and that its manifestations are similar. Further, the identity is rendered more probable, inasmuch as the human bacillus, when inoculated upon an animal, preserves, in passing from one species to another, its peculiar character; so that it appears probable that re-inoculation of a human being after its passage through several animals would reproduce diphtheria. *Joal.*

**Saint-Yves-Ménard.**—*On the Non-Identity of Diphtheria affecting Man with that affecting Birds.* "Revue d'Hygiene," March, 1890.

HUMAN diphtheria and that of birds are two distinct diseases, produced by two absolutely different microbes, as demonstrated by the researches of MM. Löffler, Cornil, and Méguin—researches which are well known, and which stand in no need of verification. But this fundamental distinction being once established, it may still be asked if, in spite of the non-identity of these two diseases, the diphtheria of birds may not be transmitted to man? According to Dr. Saint-Yves-Ménard, who for seventeen years has been director-general of the Jardin d'Acclimatation, the reply to this question must be in the negative. Indeed, the diphtheria of birds, extremely contagious amongst birds, has occurred most disastrously in certain years in the Jardin d'Acclimatation without a single case of transmission of the disease to man having been noticed, and this although many of the attendants having the care of the birds have been children.

A certain number of men carry on at the Central Markets the trade of "gavene" of pigeons, and this mode of feeding is conducted from mouth to mouth. The pigeons thus treated, especially those brought from Italy, often suffer from a disease known under the name of "chancré," which is nothing else than diphtheria. But it has never been observed that the "gavenes" have been attacked by the disease, and further, in spite of the reports which have been circulated on this subject, that any child has contracted diphtheria at the Jardin d'Acclimatation from the birds suffering from the disease. *Joal.*

**McWeeny.**—*Diphtheritic Micro-organisms.* Roy. Acad. of Med. in Ireland. "Med. Journ.," Aug. 23, 1890.

THE author showed a section of the epiglottis of a child who had died in the Mater Misericordiæ Hospital from post-scarlative diphtheria. The patient had been admitted in the desquamation stage of scarlatina, suffering from a bad throat and albuminuria. After death the mucous

membrane of the upper part of the larynx was found coated with a thin layer of greenish-grey exudation.

The sections exhibited showed numerous micro-organisms in irregular masses, and also scattered through the almost structureless membranous exudation. Some of these were cocci, others bacilli; the cocci were scattered or in pairs, the bacilli were smaller in size than the Klebs-Löffler diphtheria bacillus, and were certainly not the same species, as, in addition to the difference in size, they also differed in the fact that the bacillus found by Dr. McWeeny stained readily by Gram's method, whereas the Klebs-Löffler organism was at once decolorized by iodide of potassium. Cornil and Babes also described organisms found in cases of pseudo-diphtheritic laryngitis after scarlatina, but they seemed to have found chiefly cocci.

He also showed a cover-glass preparation of a pure culture of the Klebs-Löffler diphtheria-bacillus showing the so-called "involution forms," and referred to the recent researches of Spronck into the subject, which had quite established its pathogenicity. A sterile filtrate of a pure culture would cause paralysis closely resembling the meta-diphtheritic in the human subject, and also albuminuria in rabbits.

*R. Norris Wolfenden.*

**Wolf** (Freiburg, Bav.).—*Treatment of Diphtheria.* "Therap. Monats.," heft 1890, No. 9.

THE author applies a powder consisting of 1 part of menthol and 20 parts of sugar.  
*Michael.*

**Cheatham** (Louisville).—*The Local Treatment of Diphtheria and Scarlet Fever Throat.* "New York Med. Journ.," August 23, 1890.

THE author recommends peroxide of hydrogen, "15 volumes strength, alone or combined with bichloride of mercury 1 gr. to ʒj" as a thorough antiseptic, besides acting mechanically in getting rid of the membrane. It is of "wonderful effect" when used for the nose in 10 volume strength, and with bichloride, if used of ½ gr. to ʒj strength, or in very young children still weaker. The hydrogen peroxide loses strength rapidly unless kept on ice and free from agitation. It causes no pain. It should never be used in a cavity unless there is free vent, a dangerous volume of gas being liberated. In the adult, a gargle of pure hydrogen peroxide, or half-and-half with listerine, "is the best application in scarlet fever and follicular amygdalitis" that the author knows.  
*R. Norris Wolfenden.*

**Babchinski.**—*Diphtheria and Facial Erysipelas.* "Med. Record," Oct. 11, 1890.

THE Paris letter of September 26 quotes from the *Journal de la Santé* that Dr. Babchinski, a Russian physician, having had his son affected with grave diphtheria, erysipelas of the face suddenly supervened, which was followed by a remarkable change in the state of the patient—the fever fell, the false membranes disappeared, and the patient was cured in a short time.

Dr. Babchinski has observed in several other patients a similar improvement taking place after the disappearance of an attack of erysipelas

and in one of them the erysipelas had invaded the leg. These facts suggested to this physician the idea of inoculating a diphtheritic patient with blood taken from a patient affected with erysipelas.

Erysipelas declared itself, things passed as in the preceding case, and the child which was inoculated was cured. Subsequently he practised inoculations on other diphtheritic patients with cultures of microbes of erysipelas, cultivated on agar-agar, and constantly the manifestations of diphtheria disappeared. It may be added that, besides the inoculations, the patients had not been submitted to any other special medication whatever, and that in no case did erysipelas present any grave symptom.

Dr. Babchinski concludes his note with the following remarks: "If my observations and my experiments are confirmed, this treatment of diphtheria will be easy and certain, and this malady will no longer be dreaded."

*R. Norris Wolfenden.*

**D'Heilly.**—*Intubation of the Larynx in Croup.* "Archiv. of Paediatrics," Oct., 1890; "Archiv. für Kinderheilkunde."

THIS author reports thirteen cases of intubation for croup, the symptoms being such as usually require tracheotomy, namely, persistent dyspnœa, recession of the epigastrium, and commencing asphyxia. The youngest child was nineteen months old, the oldest four years. Two of the children were too near death to be benefited by any treatment; of the remaining eleven, only two were saved. In spite of this high mortality the author formed a favourable opinion as to the value of the procedure. It involves no loss of blood and no wound, it can be carried out easily, and serious and unexpected accidents are not likely to occur. An unsuccessful intubation can be repeated, and, if continually unsuccessful, tracheotomy can be performed. Neither shock nor rise of temperature attends the operation, and the air is not cold when it reaches the lung as it is when inspired through a tracheotomy tube.

On the other hand, the tube is frequently obstructed by false membrane, when it must be quickly removed, and as quickly reintroduced. American authors recommend that the patient be allowed to cough the tube out, but this was never observed in d'Heilly's cases. Another objection to intubation is the difficulty of swallowing that it produces, which of necessity interferes with nutrition. Especially is this difficulty experienced in the administration of liquid food, which may be inspired and cause pulmonary disease. Feeding through the nose by means of a catheter may obviate this difficulty, but is attended with others.

The author thus summarizes the conditions in which the method may be used:—

1. In very young children, in whom tracheotomy offers only slight chances of recovery, and in whom even a slight loss of blood would be harmful.
2. In mild cases of croup, which seem likely to continue as such, and for which tracheotomy is a severe remedy.
3. In very severe cases of toxic diphtheria in which the patient is already much weakened.

4. In cases of croup following measles, in which tracheotomy is never successful. Intubation in such cases offers a slight chance of success.

5. In all cases in which tracheotomy is impossible or dangerous.

*R. Norris Wolfenden.*

**Lester, F. W.**—*Intubation of the Larynx in Diphtheritic Croup.* "Med. Record," Aug. 30, 1890. Statistics from the Willard Parker Hospital, New York.

IN the first six months of 1889, twenty-three operations were performed, with nine recoveries = thirty-nine per cent. Average age three years five months ; average age of those that died, two years eleven months : of those that recovered, four years two months. In fatal cases the average duration of life after intubation was four days. In recovery the average time during which the tube was in the larynx was six days.

In the second six months of 1889, seventeen operations were performed, with eight (= forty-seven per cent.) recoveries. Average age, three years eleven and a half months ; average age of those that died, two years nine months ; of those that recovered, five years four months. In fatal cases the average duration of life after intubation was three days sixteen hours. In the recoveries the average time the tube was in the larynx was five days twenty-one hours.

In the first six months of 1890, eighteen operations were performed, with seven (= thirty-nine per cent.) recoveries. Average age, two years seven months. Average age of those dying, two years ; of those recovering, three years five months. In fatal cases the average duration of life after intubation was two days thirteen hours. In those recovering, the average time the tube remained in the larynx was six days ten hours.

Jacobi's treatment, viz., iron and potash every half-hour, with bichloride of mercury (one-fortieth—one-sixtieth) every hour, was adhered to. General symptoms were treated *secundem artem*. Stimulants were used freely—there is greater danger of giving too little than too much.

*R. Norris Wolfenden.*

---

## MOUTH, TONGUE, PHARYNX, &c.

---

**Porai-Koshitz, Vladimir I.** (Khar'kov).—*Syphilitic Chancres of Lip, Cheek, and Fauces.* "Meditzina," Nos. 53, 55, and 56, 1890, p. 433.

THE writer records the following group of cases which came under his observation in the course of 1889:—

1. *Chancere of the Upper Lip.*—A founder, aged twenty-eight, had first noticed a "crack" on his upper lip about Christmas, 1888. When examined on February 21, 1889, the part was found enormously swollen, greatly overlapping the lower lip, and hanging down in a curtain-like fashion. On its outer surface, nearer to the corresponding nostril, there was situated a circular, deep, crater-shaped ulcer, of the size of a shilling piece, its floor being of a tallow-like appearance, the edges claret-

Q Q