

where the simple diarrhea, which had been obstinate and persistent for several days, and which would later on no doubt have developed into a regular attack of cholera, suddenly disappeared after one or two hot baths followed by abundant perspiration. . . The return to alimentation ought to be made with the greatest prudence, as the smallest error may be fatal. Milk, in small doses, is the preferable form of food when it becomes necessary to recommence alimentation.

The bath was a religious and civil law of the Hebrews. During the epidemic last year in Russia, an investigation was made to ascertain the mortality among the Jews, and it was found to be only forty victims out of a total mortality of nearly a quarter of a million. This fact is a most emphatic comment on the Mosaic laws of cleanliness given that people over two thousand years ago.

A man in England once treated cholera patients by wrapping them up in blankets and placing them before a hot fire, and he claimed to cure every case he undertook. Mr. Urquhart, during an epidemic in Turkey, subjected every member of his household to hot air treatment daily, with the result of complete immunity, while deaths were constantly occurring in his immediate vicinity. During the prevalence of cholera in Cork, Ireland, some years ago, the men employed in cleaning out the brewers vats wherein was heat sufficient to cause profuse sweating, were free from the disease, and the other workmen in the establishment petitioned to be put at that work.

What more fitting than the use of heat for the cremation instead of the burying of the cholera corpse. It has the sanction of the highest authorities, and all sanitarians recommend it. This is complete sterilization of the dead body. Virchow's advice as to the best factor in the prevention of an epidemic and in the destruction of any contagious carrier, is "*Heat or Cremation!*" This has been successful wherever tried.

Over thirty years' experience in the use of heat as a remedial agent, has demonstrated that all diseases of a diarrheal nature are quickly controlled by its proper use, and during the summer of 1865, when cholera was with us to a limited extent, many cases of painless diarrhea were at once corrected by the action of the Turkish bath.

Thus fortified both by theory and experience, we can but conclude that by no other means can one so thoroughly protect himself against the cholera, as well as against all other diseases, as by the frequent use of a hot air bath, otherwise called the Turkish bath.

DIPHTHERIA: ITS SPECIFIC DIAGNOSIS.

A Paper read before the Mississippi Valley Medical Association, at Indianapolis, Ind., Oct. 4, 1893.

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A disease which our National census tells us has a rating as third in the mortality tables of our country is always worthy of profound consideration.

Diphtheria is a disease of peculiar interest, because of its singularity in being more treacherous and insidious in its manifestations than any other disease that is met with by the practitioner of medicine, simulating somewhat the Irishman's flea, or the

thimble rigger's paraphernalia, in which you seemingly see it, and then you don't see it. It is no unusual thing for the most acute diagnosticians to err by mistaking a case of diphtheria for a simple follicular tonsillitis, or a follicular tonsillitis for diphtheria, while papers and discussions without number on the diagnostic differentiation between diphtheria and non-infectious membranous croup have occupied very many hours of precious time at our medical society meetings.

This continuous uncertainty of diagnosis has caused some excellent practitioners to adopt a pernicious habit of diagnosing and treating all cases of sore throat, whether simple or malignant, as if they were true diphtheria. This might seem to be a safe practice, which is not only bad, but reflects very discreditably upon the diagnostic attainments of the physician who pursues this unwarrantable course. Such a method of procedure may seem justifiable as being a safe one to pursue, in that it is sure to afford favorable treatment, even if the case is only tonsillitis. True, a treatment designed for diphtheria may cure a tonsillitis, but inestimable harm may have been done in causing an unnecessary alarm on the part of the patient's family, and the disagreeable inconvenience that accompanies an isolation of the patient and quarantining of the family, to be followed by the mockery of a disinfection of non-infected apartments, and perhaps destruction of clothing and furniture. So great is the evil attending a safe diagnosis of this character. Furthermore, the Health Office is led astray and official reports made to report falsely. On the other hand, a case of diphtheria diagnosed as a simple tonsillitis may be the cause of breaking up a school or produce an epidemic, with an indefinite amount of sickness and many deaths, in illustration of which the following circumstances came under my observation:

In a seminary patronized alike by day and boarding pupils, a day scholar came to the school having a sore throat, seemingly not severe enough to require professional attention or to keep the child from school. A class-mate sitting near her contracted a severe diphtheria from that apparently innocent and simple sore throat, and which was quickly recognized by an attending physician. At once this patient was removed to the near residence of her maiden aunt, who was a lady fifty years of age and not very robust in health. Within three days this lady contracted diphtheria from her niece, and was so overwhelmed with the poison as to die after an illness of only four days, of what I believe to have been a heart paralysis. In each of these two cases, aunt and niece, there was the characteristic exudation plainly visible in the throat, and there was not discoverable any other source or cause of the infection of the niece than the one named.

Here was a progressive march of but two steps from a case so apparently benign in character as to be regarded as only a sore throat from cold, to a display of disease of the most malignant type, followed by death. The length of time from the contagion of the second case to the fatal termination of the third was but one week.

This narrative is not unlike that which might be told by almost any one present as reflecting a more or less similar experience, and is only told to illustrate the necessity for a correct diagnosis in all cases of sore throat, particularly in cases of children.

It is well known that the visible appearance of the throat does not always indicate the presence of diphtheritic membrane or exudation when true diphtheria is present, for this exudate may be found only in the posterior nares, the fauces, or some location entirely out of sight without the skillful use of a laryngoscope, and even this instrument may not reveal its presence. Hence our reference to diphtheria as an exceedingly insidious and treacherous disease. We do not, with the ordinary visual means of diagnosis, always know just how and where to find it.

Not long ago science came to our aid, and the presence of what is now known and designated as the Klebs-Löffler bacillus is regarded and recognized as characteristically pathognomonic of the disease. This discovery is of inestimable value; but, unfortunately, the ability to make a bacteriological culture and microscopical examination is not possible for the general practitioner of medicine, who is actively engaged in business. And, furthermore, it is no disrespect to say that many practitioners are unqualified to make such examinations, as the whole science of bacteriology is a growth of the last ten years. So that it may be truly said that only a few of our young members have had the advantage of such a training in special laboratory courses as to enable them to do this invaluable work when called upon.

To meet the situation and the exacting conditions required in order to utilize the science of bacteriology, the New York City Board of Health has hit upon a most admirable plan for effecting this purpose, in which it has undertaken to provide laboratory facilities for all practitioners of medicine in that great city, and to do it free of charge to the physicians. So that all the doctor has to do when called to a case that is suspicious is to rub off from the throat and fauces some of the visible secretion, by means of a swab of cotton, and transmit it at once on a culture-medium, that is provided by the Board, to certain drug stores, which are recognized as official depositories for this purpose, and having a direct connection with the special laboratory of the Board, where examinations are conducted. This system is so perfect that within less than twenty-four hours the doctor can ascertain (by telephone) the true character of the secretion he has sent for examination. If his diphtheritic suspicions are confirmed, the necessary prophylactic precautions may be continued.

This plan has been so successful in its workings in New York as to call forth the highest encomiums of praise. Within a period of three months there were examined in the New York Board of Health's laboratory 431 cultures, obtained in the manner described, and there was found the true diphtheritic or Klebs-Löffler bacillus in 301 cases, and what is recorded and reported as false or non-infectious diphtheria in 130.

What a world of satisfaction is revealed in a report like this, and what a deal of success in treatment and in the use of prophylactic measures must have followed this admirable plan of procedure! Yet, further, it inferentially tells us in unmistakable language that every city and county town should have connected with it a bacteriological laboratory, having facilities to take all cultures sent to it for examination, and make early and reliable reports to the physician for whose information the examination is made. Such examinations would be invaluable in

all suspicious cases, whether supposed to be diphtheria or some other infectious disease. In fact, the utility of these convenient county and city laboratories could be extended in application to agricultural chemistry. Furthermore, such little laboratories conducted in all our cities and county towns would be of untold value to the world. We should never forget that Jenner and Koch were both country practitioners of medicine at the time they made their scientific observations that have been of such incalculable benefit to our race.

The one purpose of this paper, more than all else, is to direct the attention of the members of the Mississippi Valley Medical Association to the great advantage to accrue to themselves and to the people by the adoption of the suggestions made, and which are believed to be applicable in every city and county town. For it is only by the adoption of some such means as that made use of by the New York Board of Health that the general practitioner can have the benefit of cold science in the making of a diagnosis in cases of suspicious sore throat. Further benefits to be derived from the establishment of small local laboratories might be spoken of as collateral to those mentioned, but the primary purpose, and the one to be most quickly appreciated by the people, will be in its enabling every physician to enjoy the benefits of a sure diagnosis in incipient and doubtful cases of infectious diseases.

BOOK NOTICES.

Transactions of the American Surgical Association. Vol. XI. Edited by DEFOREST WILLARD, M.D. Philadelphia: W. J. Dornan. 1893.

The present volume includes papers by Prof. Senn on direct fixation of the fragments in compound and ununited fractures by the bone ferule, an entirely new method; a paper by Prof. John Collins Warren, on "Hypertrophies and Degenerations of Cicatrices and Cicatricial Tissues;" a paper on the "Surgery of the Gall Bladder," by Maurice H. Richardson, M.D.; a paper on the "Surgical Treatment of Cervical, Thoracic and Abdominal Aneurism," by Prof. Chas. B. Nancrede; a contribution to the "Surgery of the Rectum," by Arpad G. Gerster, M.D.; a "Report of a Case," by Prof. Roswell Park; a paper on the "Surgery of the Prostate," by Prof. J. William White; a paper on the "Bacillus Coli Communis," by Prof. Roswell Park, another case report by the same author, and an article by the same on "Sarcoma of the Tonsil;" a paper on "Retro-Pharyngeal Growths," by J. Ewing Mears, M.D.; a paper on "Operations for Appendicitis without removing the Appendix;" a report of ten cases of "Ankylosis of the Elbow Joint," by Prof. J. S. Wight, and papers by Drs. P. H. Millard, S. J. Mixter, J. McFadden Gaston, H. L. Burrell and A. B. Miles.

These papers have been generally published and are doubtless familiar to the readers of THE JOURNAL. The volume is well printed and carefully edited.

A Treatise on the Science and Practice of Midwifery. By W. S. PLAYFAIR, M.D., F.R.C.P., Professor of Obstetric Medicine in King's College, London; Examiner in Midwifery to the Universities of Cambridge and London, and to the Royal College of Physicians. Sixth American from the eighth English edition. Edited, with additions, by ROBERT P. HARRIS, M.D. In one octavo volume of 697 pages, 217 engravings and 5 plates. Cloth, \$4.00; leather, \$5.00. Philadelphia: Lea Brothers & Co. 1893.

It is like carrying coals to Newcastle to commend a book to American readers that has already passed through five