

A REPORT

ON

TWENTY-TWO CASES OF DIPHTHERIA.

By EDWARD B. BOGGE, Esq., M.R.C.S.E., &c.,
Newthorpe.

As it cannot be deemed otherwise than desirable to increase as far as possible our acquaintance with the recent formidable epidemic of diphtheria, I hasten to bring my quota to the general stock by giving a few particulars of twenty-two cases which have fallen under my own notice.

The village of Kimberley, Notts, where most of the following cases have occurred, is chiefly composed of miners' cottages, closely packed, badly arranged, and worse ventilated. It is situated on a ferruginous, sandy soil, and is partly built on an elevation, and partly on what is emphatically called "the Flat;" and it is worthy of remark, that while diphtheria was rife in the latter locality, and carrying off large numbers of children, only four cases came under my notice on the hill, and they all recovered. Moreover, in the cases that occurred in other villages, I invariably remarked the presence of coal-pit reservoirs, open drains, or stagnant pools in the immediate neighbourhood of the houses where my patients resided.

All my patients were children, from four to nine years of age. Their parents were chiefly miners, whose good wages lead them not to feel any *res angustæ domi* as far as abundant food and warm clothing go, so that I cannot affirm that the children were badly nourished.

There was a wide-spread epidemic of measles coincident with that of diphtheria, and the two diseases often attacked the children simultaneously or in succession. Where this was the case, I found that the child was generally first taken ill with the measles, and that on the fourth or fifth day of the fever (the eruption being profuse and fully out) the parents were first led to notice the presence of sore-throat in the child by the sudden and alarming swelling and tenderness of the parotid and submaxillary glands, together with the manifest distress and often total inability to swallow solid food.

My treatment was the same in all my cases, so that its results may afford some estimate of its value. I had the patient removed to an airy room, and the ventilation made as free as circumstances admitted. I ordered the following mixture:—Chlorate of potass, half a drachm; tincture of sesquichloride of iron, forty minims; chloric ether, one drachm; water, to two ounces: two drachms four times a day (for a child five years old). I applied a solution of nitrate of silver (half a drachm to one ounce) to the fauces daily. I also took a hint from a paragraph in THE LANCET headed "Domestic Tubage of the Larynx," and directed the introduction of a dry feather into the fauces every two hours, which plan, I found, greatly relieved the child, by ridding it of a large quantity of the obnoxious deposit, and was, I am convinced, a most useful adjunct to other remedial measures. I was obliged to discontinue the use of hydrochloric acid internally, as I found it tended to increase the viscosity of the saliva, and so to add greatly to the discomfort of the patient. For diet, I ordered port wine every hour, warm milk, yolk of eggs beaten up in wine, strong coffee, beef-tea, veal-broth, white-wine whey, and decoction blanche, with a liberal allowance of chloride of sodium in every kind of food. I am so convinced of the efficacy of this treatment, that were I ever to suffer from diphtheria, I should wish no other plan to be adopted in my own case.

A letter appeared in THE LANCET some time ago, in which the writer expressed his belief that diphtheria was a sort of internal erysipelas. In reference to this point, I may remark that in Cases 21 and 22 of the table I ordered sinapisms, and a hot bath with mustard in it, and that in each case the use of these applications brought out an abundant crop of measles on the fourth day of illness, after which event the patients quickly recovered. I allude to this because I think the writer of the letter I mention may have been misled by a similar circumstance into the belief that diphtheria is *not* a specific disease. In the following table the column headed Duration includes the time between my first notice of the exudation and its disappearance:—

Tabular view of Cases.

No.	Sex.	Type of Disease.	Duration.	Idiopathic.	Coincident with Measles.	Termination.
1	F.	Malignant	5 days	1	...	Death
2	M.	Croupal	15 "	...	1	Recovery
3	F.	Malignant	12 "	1	...	Death
4	M.	Croupal	8 "	...	1	Recovery
5	M.	Ditto	5 "	1	...	Death
6	M.	Ditto	5 "	...	1	Recovery
7	F.	Simple	5 "	...	1	Ditto
8	M.	Malignant	5 "	1	...	Death
9	F.	Simple	10 "	...	1	Recovery
10	F.	Malignant	7 "	1	...	Death
11	F.	Ditto	12 "	1	...	Recovery
12	F.	Croupal	5 "	1	...	Ditto
13	F.	Malignant	6 "	1	...	Death
14	F.	Ditto	5 "	...	1	Ditto
15	M.	Simple	4 "	...	1	Recovery
16	M.	Croupal	6 "	...	1	Ditto
17	M.	Simple	5 "	...	1	Ditto
18	M.	Croupal	5 "	...	1	Ditto
19	F.	Malignant	9 "	...	1	Ditto
20	F.	Ditto	9 "	1	...	Ditto
21	F.	Croupal	5 "	...	1	Ditto
22	M.	Malignant	5 "	...	1	Ditto

From this table it will be seen that—

1. The proportion of the sexes attacked was 12 females to 10 males.
2. The relative frequency of the different types of disease was as follows:—Simple, 4; croupal, 8; malignant, 10.
3. The average duration of the disease was 7 days, 15 days being the longest period, and 4 the shortest.
4. The average duration of the fatal cases was 6½ days, the longest period being 12, and the shortest 5 days.
5. The number of idiopathic cases was 9, or 41 per cent.; and the number of recoveries was 3 out of the 9, or 33 per cent.
6. The number of cases occurring in connexion with measles was 13, or 59 per cent.; in which 1 died, or 7½ per cent.
7. In the 10 malignant cases, 6 died, or 60 per cent.
8. In the 8 croupal cases, 1 died, or 12 per cent.
9. The total number of deaths was 7 out of 22, or 32 per cent.
10. Of the idiopathic cases, 7 were malignant, and 2 croupal; so that it is evident that in idiopathic diphtheria the chances that it will be malignant are as 7 to 2, and the chances of death are as 2 to 1.

July, 1859.

ON THE TREATMENT OF SCARLATINA BY

MEANS OF IODINE.

By W. REEVES, Esq., M.R.C.S., Carlisle.

I HAVE often had to complain that many of the preparations of iodine as directed for use in our Pharmacopœia are too potent. Use the compound iodine ointment of the Pharmacopœia, and you will produce vesication, which will prevent a second or a third application. The same with the simple tincture—it cannot be applied very well without dilution. It will be well for the concoctors of any new Pharmacopœia to consider this subject before recommending these preparations for ordinary use. I find the compound iodine ointment most useful with only about one grain and a half or two grains to the ounce; and of the simple tincture, twenty or thirty grains to the ounce is strong enough for any purpose. I have used these preparations so frequently in the sore-throat of scarlatina, and in ordinary cynanche, that I speak from ample experience, and without fear of correct contradiction.

I do not see these preparations recommended for these affections as I use them, and therefore I will lay a brief account before you.

In my time, we have had severe epidemic attacks of scarla