

1860 (in the *Allgemeine Krankenhaus*): 455 gonorrhœal forms, 375 primary forms, 488 secondary forms, and 83 pseudo-syphilides.

This method of classification has been followed by me in the separation and treatment of the various forms, both in clinical representations, and the yearly review of the syphilitic department, and in dividing the primary—*contagious*—from the secondary—*contagious and infectious*—forms, the affection of the lymph-glands has been adhered to, as the only real ground of distinction between the two. The diagnosis of a succession of cases accordingly is not made at the entrance of the patients into the institution, and only after they have been some time under observation, for the present state of our knowledge does not yet allow any other reliable process. For the purpose of diagnosis, as well as for the treatment founded thereon, the question of variety and number of the contagious principles seems to me a subordinate one, because, as already explained, the first forms of disease do not often afford signs so sharply defined that we can immediately and safely distinguish between the contagious and infectious forms; and accordingly we are *not at all* able to form a reliable conclusion in regard to the original form or that which is to follow. Whether one is a believer in the “unitarismus,” the “dualismus,” or even the “trinitarismus,” it is only continued observation which, in any great number of given cases, can determine in reference to their diagnosis and classification. On the other hand, the theory of dualism affords so simple a standpoint for the *explanation of these processes*, that a juster estimation of the same should not be cast aside by a stubborn preference for the already accepted, although hypothetical theory of unitarism, especially as the doctrines of dualism are of high importance in more than one relation to therapeutics and hygiene.

[To be concluded in our next ]

## DIPHTHERIA.

[Communicated for the Boston Medical and Surgical Journal.]

[THE following account of Diphtheria, as it occurred in the town of Wellfleet, in this State, in the year 1857, has been kindly furnished us by Dr. H. I. Bowditch, to whom it was sent in a letter by Dr. T. N. Stone, of that place, dated Nov. 2d, 1858.—EDS.]

Preceding the appearance of diphtheritis, and in the locality where it began, typhoid fever and diarrhœa, with stomatitis, prevailed. One striking peculiarity of disease, during the summer and autumn of 1857, in this town, was its strong tendency to a particular locality. Diphtheria began on a street on the eastern side of a long hill skirting our harbor, and kept the direction of that street in its march through the town, covering a width of one fourth of a mile. This was the infected district for two or three months, and I know of no case that happened outside of these

limits, unless the patient had come (within a few days previous to the attack) from the diseased neighborhood. But commencing at the shore, and passing up the street mentioned, the first house had four cases of typhoid fever and two of diphtheritis; the next, one of diphtheria, followed by fever; passing one house, the second had two of fever, and one of diphtheria; the second from that, two of diphtheria; two houses opposite, three cases of diarrhœa, with aphthous ulceration of the mouth; passing another house, we come to two cases of diphtheria; then one, then two, then five; afterwards, in the same line, in nearly the same ratio, through the village.

When this peculiar disease (call it diphtheria, diphtheritis, or the vulgar throat-ail, as you please) first visited us, it had the appearance of membranous croup, and such I pronounced the first case to be; but soon it began to put on distinctive features. For the first month, those that died seemed to die of asphyxia. The patients were children, from five to ten years of age. With three exceptions in the whole disease, they were of that age—no infant dying with it, and no adult, though many had the disease.

The first cases presented the following symptoms on the first visit. The skin had a peculiar sickly heat, or a damp coolness; the face was pallid; the whole appearance being languid. The breath had a foetid smell. The patient was unable to breathe through the nose, the nostrils being lined with a false membrane of a yellowish white, upon a red base. This membrane extended through the nostrils, lined the pharynx, was reflected over the uvula, and reached the roof of the mouth. When torn from the uvula or tonsils, it formed a perfect cast of the parts from which it was torn. Sometimes the patients coughed up large patches; and one, a cast of the upper part of one of the bronchia.

The voice was hoarse, and there was often a slight cough. Great restlessness during the night, and prostration during the day, marked the whole course of the disease. The cough became more frequent and brazen, fits of great oppression of the chest, and cold extremities, occurred more often, and in the course of a week the little patient sunk, exhausted, or lingered with a low typhoid fever for two or three weeks, and then began slowly to convalesce.

After the first month, the disease took a new phase. Instead of passing down the larynx and simulating croup, it passed down the œsophagus; the patient then began to complain of nausea and faintness at the stomach; the extremities became cold as death, vomiting ensued, so that a teaspoonful of cold water provoked violent retching. In one case, hæmatemesis continued every hour, two days before death; the pulse fell to 50. A slow pulse marked every stage of the disease. In one case it fell to 45, a week previous to death, in a boy of ten years, and no stimulus affected it in the least. These patients died of exhaustion, suddenly fainting

and never recovering from it. Engorgement of the lungs and internal organs prevailed in these cases. After death, a beautiful waxy hue, flesh soft and pliable, and limbs flexible, were noted.

A singular calmness and fearlessness of death marked the fatal cases. The patients seemed firmly persuaded that they should die, even after they seemed to be convalescent. They distributed their little stores of toys and books, made arrangements for their funeral, and seemed to long to die. I have seen many a christian pilgrim "lay scrip and staff aside," but seldom such a beautiful serenity as shone in the countenances of these early called to the spirit land.

*Convalescence.*—This was always tardy and prolonged, seldom commencing till the close of the first month. The least exposure provoked a return of illness. The system seemed laboring under some potent poison. Patients, for three or four months, stalked about like lank and languid ghosts—the voice hoarse, the appetite capricious, the face pale, and the whole exterior anæmic.

*Sequelæ.*—1st, Dropsical effusions. 2d, Strabismus, double vision, partial blindness, continuing for a month or more. 3d, Chorea, great nervous irritability, in one case partial insanity.

*Treatment.*—In the early cases, emetic of ipecac, tart. ant., lobelia, sanguinaria, zinc, nauseating doses of antimony. Continued emetics, I think, are injurious, adding to exhaustion and distress, without relieving the patient. In later stages, tonics, quinine, &c., with stimulants. Chlorate potass. in the slighter cases did well, if pushed freely.

*Local Applications.*—Externally—sinapisms, cold water, &c. Internally—cauterizing with solid nit. arg. Steam was tried; chlorate potass. wash, cayenne, salt and vinegar. During convalescence, tonic and iron. I have now a case under treatment, and am trying gum guaiac., and chlorate potass.

I know of no better treatment than an emetic at the outset, an early exhibition of tonics, chlorate of potass., and cauterizing with nit. arg.

Concerning the disease itself, I can only say that I consider it a peculiar atmospheric poison, affecting the blood, wasting it of its clot, and having a peculiar depressing effect upon the nervous system.

With regard to the question of connection with scarlatina, I have to say, that a mild form of scarlatina prevailed on one side of our harbor, without cynanche, while diphtheria prevailed on the other shore. In three cases it followed mild scarlatina.

I have had three or four cases this autumn—one fatal, and the only *post-mortem* examination I ever could obtain. It showed appearances as mentioned in the last Medical Journal; specks of exudation on the larynx, trachea much infected, redness and inflammation increasing as we proceeded towards the bronchia.

Such is a hasty sketch of diphtheria, as it showed itself in this

town, and in no other on the Cape, with the exception of two or three cases that went from this town. In a practice of fifteen years, I have met with no disease in which medicine availed so little—none whose return I should fear so much. Right glad should I be, if your superior knowledge, or that of your associates, could point the way to success in its treatment. I earnestly hope that the experience of my brethren will be less painful than my own, if diphtheria must prevail in this country. Out of some seventy-five cases, twenty were fatal; three of the ages of 17, the rest children from 5 to 10, and one whose merry laugh, bright eye and sunny hair is still sadly missed in the home of

Your friend,

Wellfleet, Nov. 2, 1858.

T. N. STONE.

## Army Medical Intelligence.

[From our Special Correspondent.]

WASHINGTON, D. C., DEC. 21, 1861.

MESSRS. EDITORS,—The following interesting case I submit to you and your readers as the next in my series—the first patient, I believe, whose history I have given you, thus far, who belonged to the Old Bay State; as such, it may to some be more interesting.

Private W. H., 1st Mass. Vols., Co. E, aged 25. Patient admitted Sept. 25th, 1861. On Sept. 17th, eight days prior to admittance, he was standing with both hands crossed over the muzzle of a gun, and with one foot carelessly resting on the guard. His foot slipped and the piece was discharged, the ball passing through the left hand near the wrist, and through the right just below the base of the forefinger, between the metacarpal bones. The tompon of the gun was also discharged, splintering and lodging itself in the left hand. This occurred at Port Tobacco. He was carried up to his camp, at Bladensburg, a distance of 42 miles, cold-water dressings only being applied to the wounded parts. He was here examined by the Brigade Surgeon, also, I think, from Massachusetts, and he expressed his opinion that the hand could be saved, and dressed it. The night previous to his admittance, secondary hæmorrhage commenced, and the patient again lost much blood, and passed the night in wild delirium. When he was brought in he was extremely pale and almost pulseless, and his feet were icy cold. Artificial warmth was applied to the feet, &c., and stimulus, in the form of milk punch, given. The left arm was excessively swollen, even up to the axilla, and erysipelas had set in to no inconsiderable extent. He was placed under the influence of ether, and the wound of the left hand was first examined. The bones of the carpus were broken. The wrist-joint was open, and filled with blood and pus, and amputation was by all deemed a matter of necessity, and was accordingly done at the wrist-joint. The muscles were divided across, and the flaps were made from the skin. Three ligatures only were applied, and the edges were then brought together with sutures and adhesive strips, and a lotion of lead, opium and water