MEDICINE AND PATHOLOGY.
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Concerning the Origination of Human Diphtheria from a Similar Disease in Birds.—At the time when Nicati published some statements tending to demonstrate the identity of the contagious element of diphtheria in children and chickens, Magnin, as the result of numerous observations and microscopical investigations, also published statements denying such identity. This was in 1878. Since that time, thanks to the development of bacteriology, Loeffler, and Cornil, and Babes have shown the almost complete identity of the bacilli found in the false membranes of children and birds. More recently this statement has been confirmed by the investigations of Menzies, Delthil, Pamard, Bouchard, and Leissier. Menzies has endeavoured to show that diphtheria was caused by the dejections of birds, through the medium of water which has percolated through the deposits of dove houses or poultry yards into wells. In the epidemic, which was reported by the author, the atmosphere seems to have been the medium of propagation. He believed that the disease was carried to the island in which the epidemic occurred, and in which nothing of the kind had previously been known, by diseased turkeys. In the course of five months 125 of a population of 4,000 were attacked with diphtheria, and 36 of them died. This island was in the northern part of the Greek Archipelago, Skiatoes by name, and the epidemic continued during five months of the year 1884. The diseased turkeys showed false membranes of a gray colour upon the velum of the palate and upon the pharynx. In one of them the process extended to the larynx; the membranes were not very closely adherent, and could be readily removed. The underlying mucous membrane bled but little, and the glands of the neck were not very much swollen. In one of those which recovered there was paralysis of the feet, and the animal was unable to walk. The conclusions which were drawn from this epidemic were:—

1. There is in turkeys a kind of diphtheria which resembles that which occurs in human beings in its symptoms, its evolutions, and its gravity.

2. Its virus may be transmitted by the atmosphere to man, communicating the disease to him, and then developing into an epidemic.—Paulinis.

The Modifying Influence of Malaria upon Enteric Fever.—The question of the existence of an antagonism between malaria and enteric fever has been much discussed and various opinions have been given (v. Hirsch's Geographical and Historical Pathology, New Syd. Soc., 1883, vol. i, p. 684). Dr. E. S. Whittier, in a paper read before the Boston Society for Medical Improvement, 13th February, 1888, recalls attention to the fact that they may be combined, a co-existing typhoid element rendering the periodicity of a malarial fever much less marked and diminishing the influence of anti-periodic remedies, or a malarial element modifying considerably the course of a case of enteric fever. "In 1876, Dr. Woodward read before the International Medical Congress at Philadelphia, his paper, now classical, on what he termed typho-malarial fever, and he cited of uncomplicated typhoid fever, occurring during the war, 80,272 cases, with a mortality among white troops of 35·89 per cent, among coloured troops of 55·68 per cent; while of the compound disease 57,400 cases are cited, with a mortality among white troops of 8·13 per cent, among coloured troops of 17·37 per cent." Dr. Whittier traces the influence of a distinct malarious invasion of Boston and its vicinity, where malaria is not endemic upon the enteric cases occurring there within recent years, and gives clinical histories and temperature charts of cases. Dr. John A. Jeffries also gives some cases in the Boston Med. and Surg. Jour. for 26th April, 1888.

Dr. Whittier says—"I have traced with extreme care the malarial movements eastwards, until I am satisfied that it has effected an important change in the symptomatology of typhoid fever in Boston and vicinity, and that an etiological factor of much significance has recently been added to modify the course of our chief continued fever. . . .
"I think there is warrant for the opinion that the typhoid process is so modified by the malarial influence as to be stripped of some of its most dangerous features. . . .

"It is an endemic infectious fever, whose pathology finds constant expression in lesions of the intestinal mucous membrane, of Peyer's patches, enlargement of the spleen, and secondary changes in the mesenteric gland; a fever whose natural course varies from that of typhoid fever because it is modified by the earth-born poison, the miasm of malaria with which it initial cause blends.

"The strong diagnostic points are that typhoid fever of considerable duration is modified in its history and has added to it chills of varying periodicity, generally tertian in type, however, not followed by evidences of inflammation either thoracic or abdominal, but accompanied by temperature changes of wide range, with distinct intermission, and requiring active measures to prevent collapse, because of a tendency in that direction, in degree proportionate to the existing exhaustion, induced by the pre-existing antidating typhoid fever process."—(Boston Med. and Surg. Journal, 8th March, 1888.)—D. M'P.

The Treatment of Whooping-Cough. Sonnenberger (Centr. f. Kinderh., October, 1887.)—The writer, after reviewing the various methods of treating whooping-cough hitherto followed, concludes that local treatment has never shown any very brilliant results on account of the difficulties attending its application, and therefore gives his adherence to internal medication. His favourite remedy is antipyrin, which has been used by him in about seventy cases. The dose ranged from 01 gramme in children to 1 gramme in adults, administered thrice daily. The best results were got when the drug was begun early in the disease and combined with favourable surroundings. In those cases in which it was given from the beginning of the disease, the course was a very mild one, running from three to five weeks, the number of paroxysms being six or seven daily. In the later stages it seemed to diminish the violence of the paroxysms very quickly, and their frequency after a few days. It is to be noted that the hygienic surroundings of the patient were made the best possible that circumstances would allow.

Kephir, and its Use as an Infant Food.—In the Archives of Pediatrics for May, 1888, Dr. Taylor gives his experience of the use of the above food in the Home for Foundlings, Cincinnati. The writer of the paper is of opinion that when predigested foods are introduced into the alimentary canal of infants, there is a risk in some cases of introducing ptomaines along with them, which the child cannot eliminate. In Kephir, Dr. Taylor thinks we have a natural predigested food in which the albumen changes rapidly into peptones and the sugar into lactic acid, alcohol, &c. In Kephir, also, the curd is reduced to a very fine state of sub-division. The food was principally used in the case of children suffering from atrophy, and due to chronic dyspepsia, with the most gratifying results. The food is continued till the patient shows signs of "filling up," when it should be replaced by ordinary milk and barley water, or one of the farinaceous foods which will then be found to be well digested.

Dr. Taylor advises the Kephir to be given at a temperature of about 75° F., but iced if vomiting is present, and advises it should not be more than a week old. He sums up his paper with the following directions:—

1. If the infant is less than a month old give it diluted with one-third of water. This proportion may be gradually lessened till at from four to six weeks of age it is given undiluted.

2. It should be fed slowly from a simple, easily cleansed feeding bottle.

3. When used it should constitute the only food, except in children over a year old, when toast, biscuits, &c., may be given with it, and one meal a day may with advantage consist of oatmeal porridge or other farinaceous food.

4. For young infants it is best adapted when given in its "young" or less fermented state.

Its greatest usefulness is in cases of infantile atrophy and of chronic diarrhea.
Incontinence of Urine in Children. (Archives of Pediatrics, December, 1887.)—The following are the causes enumerated by Dr. Charles W. Townsend, of Boston:—I. Reflex. 1. Increased quantity of urine; (a) diabetes mellitus. 2. Irritant quality of urine; (a) increased acidity; (b) uric acid crystals; (c) oxalate of lime; (d) phosphates. 3. Vesical calculus. 4. Hypersensitive state of external genitals; (a) stricture of urethra; (b) phimosis; (c) balanitis or vulvitis. 5. Anal irritation from—(a) worms; (b) eczema; (c) fissure. 6. Psychical. 7. Increased Irritability of bladder. II. Atomy of sphincter vesice. 1. General debility. 2. Spinal disease. 3. Acute febrile disease. III. Malformation of bladder or urethra.

Antiseptic Treatment in Enteric Fever.—Intestinal antisepsis in typhoid fever seems to be in a good way of becoming of the highest importance, says the Paris correspondent of the Philadelphia Medical Times (16th July, 1888). In the treatment of such patients Professor Bonchard first introduced naphthol, and Dr. Legroux is at present applying it in his service at the children's hospital with great success. As soon as a child is brought in suffering with symptoms of typhoid, the intestines are at once cleared out with calomel, given in doses of 3 to 6 cgr., depending on the child's age. The next day the intestinal antiseptic treatment is commenced as follows:—

R. — Naphthol beta, .......... \( \sim \) 2.5 grammes.
Bismuth salicylate, .......... \( \sim \)

M. — Divide into ten powders, and give one every hour in a wafer, or mixed with a little milk or brandy.

If the diarrhoea is not important, the bismuth may be left out and only the naphthol given, and if, on the contrary, there is constipation, then the following is used:—

R. — Naphthol beta, .......... 2.5 grammes.
Magnesia salicylate, .......... 2.5 to 5 ,

M. — Divide, and use as above, till bowels are free, and then continue with naphthol alone.

It will be found that there will be diminution or entire suppression of intestinal meteorism, and that the stools are disinfected, no longer giving the foetid smell of typhoid, and also the mouth and tongue will clear up, the general state will improve, the disease will proceed quietly, and the convalescence will be shortened under this treatment. Naphthalin was tried, but it was found so disagreeable to the patient that it had to be stopped. It also presents some danger of absorption.—(Boston Medical and Surgical Journal, 16th August, 1888.)—D. M·P.

Cascara Sagrada in Rheumatism. Dr. H. T. Goodwin, U.S.A. (New York Medical Journal, 9th June, 1888), discovered accidentally that severe rheumatic pains from which he himself suffered were very quickly relieved while he was using cascara as a laxative. He immediately began to test this action of the drug in hospital, and found the effect constant. He says—"I have since used the cascara in fully thirty cases, some ten of which were in out-patients, and, with the exception of three or four in which there was a syphilitic taint, I have obtained the most satisfactory results. I commenced with 1 cc., t.i.d., and have never had to increase it beyond 1·5 cc., and even to this extent in but two cases. I have seldom had to wait beyond twenty-four hours for beneficial effects. In two cases I had to stop it temporarily, owing to its opening the bowels too freely. In such cases I would suggest that one of the preparations of iron be given (separately) at the same time. I usually combine it with syrup or glycerine in equal parts, and instruct the patient to take from thirty to forty drops in water. In one case, in which neither it nor the salicylate of sodium appeared to give much benefit, I combined the two with good effect."—(Boston Medical and Surgical Journal, 5th July, 1888.)—D. M·P.