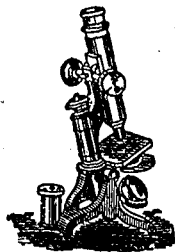


Medical Matters.

DIPHTHERIA.



A "Review of Recent Literature on Diphtheria" is published by Dr. Claude B. Ker, Medical Superintendent of the City Fever Hospital, Edinburgh, in the *Practitioner* for October, 1903.

Although there has been nothing of very great originality on the subject of diphtheria published during the last twelve months, still a considerable number of interesting articles have appeared. The question of diagnosis has led to considerable discussion, especially as to the value of bacteriological diagnosis. It is admitted that a single culture does not give an infallible result. Again, there is the difficulty caused by the pseudo-diphtheria group of bacilli. Various observers hold varying estimates of the value of the method, some going so far as to state that the method is neither quicker nor slower than clinical diagnosis; on the whole, there is consensus of opinion that, while not infallible, yet, if performed with due care and by an expert, it nearly always settles any doubt left after a clinical examination.

On the question of clinical diagnosis Marfan comes to the following conclusions:—A throat which shows any false membrane must be considered as diphtheritic, and treated as such, unless it occurs in the course of convalescence from scarlatina, or follows a herpes or syphilis of the pharynx, or a tonsillotomy, or a cauterisation of the throat. Even in the latter cases it is wise to make a bacteriological examination. Secondly, if the pseudo-membranous condition complicates scarlatina, syphilis, or herpes, if the condition seems follicular or is ulcerative, he concludes that diphtheria is improbable. The presence, on the other hand, of laryngeal or nasal symptoms should lead to a positive diagnosis, even in very unsuspecting throats. In young children white patching of the throat is usually diphtheritic. In all doubtful cases inject antitoxin. Marfan here scarcely lays sufficient stress on the co-existence of the diseases, diphtheria and scarlatina, so frequently seen in our hospitals. Diphtheria may complicate any stage of scarlatina. Hearen (*Public Health*, June, 1903) has an interesting article on "Diphtheria as a Disease of Person." He believes that diphtheria is a personal disease, personally spread; and, to

deal with it effectually, measures should be adopted to check the personal carriage of infection.

Barbier, in studying some of the causes of death in diphtheria, comes to the conclusion that cardiac thrombosis is a frequent cause of death in cases of cardiac failure, which are usually ascribed to toxic myocarditis and paralytic conditions. Doubtless these latter conditions are also present, and predispose to the formation of clots.

Perhaps the most original and useful contribution to the year's literature on diphtheria is the article by Dr. Louis Cairns (*Lancet*, December 21st, 1902) on intravenous injection of antitoxin. The indications given by Cairns for this method of injection are malignancy of the disease, involvement of the lungs, a moribund condition on admission, and, lastly, marked toxic symptoms. The initial doses vary from 20,000 to 30,000 units.

In these almost hopeless cases some encouraging success has been attained. The technique of the operation is not given.

SOME REMARKS ON CORSETS.

Dr. W. E. Frothingill says in the *Medical Press and Circular* that the modern woman wears heavy skirts, the weight of which is supported by bands around her waist—that soft portion of the body which is protected by no body walls. How is it possible to wear around this portion of the body bands which support the weight of numerous and often heavy garments? The answer is, by means of the corset. The garment forms a bridge connecting the firm chest wall with the firm pelvis. The use of the corset is to transmit the pressure of the skirt-bands to the hips and the ribs, and so to protect from their pressure the organs in the region of the waist. The conclusion is that, so long as skirt-bands are fastened round the waist, corsets should be worn. They should be stiffer than usually made, if they are effectively to protect the soft, middle portion of the body from the pressure of the waistband. The front should be quite straight, and the waist measurement should be at least as large as the wearer's waist, measured over a single, soft garment. The abuse of the article consists in employing it as a means of compressing that which it was meant to protect from compressing, namely, the soft, middle portion of the body. Fashion in corsets has of late made a motion in the right direction, in the straight, stiff front.

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