

tically impossible. In an adult, however, diphtheria is rare, scarlet fever not common (for the patient has usually suffered from it in childhood), and simple tonsillitis and syphilis are the usual alternatives. Apart from the question of age, the appearance of the throat is of some value; intense redness of the fauces suggests scarlet fever in a child and syphilis in an adult, while pallor, especially of the soft palate, is suspicious of diphtheria. In the latter disease the tonsils are often, though by no means always, covered with a false membrane, and in scarlet fever there is usually some ulceration of the tonsils. Later on, the appearance of the eruption in scarlet fever, and of the heart symptoms or paralysis in diphtheria, give additional evidence, but it is desirable to make a diagnosis before these stages if possible.

We can, however, take a swabbing from the tonsils, and see what organisms can be grown after incubation, and in some cases it is possible to see characteristic organisms in a smear from the swab itself, which may be of very great value in the detection of diphtheria, for instance.

In discussing treatment we need only concern ourselves with the methods of relieving the symptoms connected with the inflammation of the throat, as the appropriate treatment of scarlet fever, diphtheria, and syphilis does not fall within the scope of this article.

The first point is to see whether we can do anything in the way of killing the organisms that are responsible for the tonsillitis. Now, though many of these are situated on the surface of the tonsils and mucous membrane of the mouth, very many more have penetrated into the interior of the tonsil itself; if one examines under the microscope a thin slice of a tonsil which has been removed during the attack of inflammation, one sees that the whole of its substance is studded with microbes. It is obvious, therefore, that we cannot kill the majority of the germs by anything whatever applied to the surface of the tonsils, whether it be painted or sprayed on, or even rubbed in. Moreover, the microbes that are loose on the surface can be removed just as well by simple washing. To talk about killing deeply seated organisms by means of a spray or lozenge is unscientific, and fit only for the dividend-hunting advertisements of a patent medicine company. Mild antiseptics are useful—very useful, in fact—as mouth washes, because they make the patient more comfortable and keep his tongue and mouth clean. The disadvantage of lozenges is that the drugs they contain either

have very little action at all, or, if they are sufficiently antiseptic or soothing to have any effect on the throat, must also be swallowed in the saliva, and reach the stomach, where they are apt to be distinctly harmful and to interfere with the process of digestion. In practice we regard the patient's own leucocytes as the best germicide in tonsillitis.

We want, however, to allay the pain, which is sometimes so extreme as to interfere with the proper taking of food, and it is then often advisable to paint the tonsils with a solution of cocain or menthol, or both, just before the nourishment is administered. Apart from this necessity, the best way of soothing an inflamed tonsil is to steam it by allowing the patient to inhale, either from a proper inhaler or from that very efficient substitute, a jug of hot water surrounded by a folded towel. Personally, for the reason given above, I feel very doubtful whether any local application whatever has any effect on the duration of an attack, but there can be no doubt as to the comfort of a mouth wash and an inhalation. If an abscess forms in or around the tonsil, it is best to evacuate the pus by an incision.

Internally, it is desirable to relieve the general malaise during the acute stage, and it may be sometimes necessary to alleviate the pain of a headache. The temperature itself is seldom sufficiently raised to require interference, but if it should be, cold or tepid sponging of the skin is the best remedy.

For the general malaise, salicylate of soda in small doses is useful, while others prefer quinine. Perspiration may be encouraged by acetate of ammonia or spirit of nitrous ether. Later on, tonics are useful, and a change of air, if only for a week-end, is of great value, especially in the variety of tonsillitis known as hospital throat.

STREPTOCOCCUS VACCINES IN SCARLET FEVER PROPHYLAXIS.

Dr. W. H. Watters reports in the *Journal of the American Medical Association* the results of immunizing a number of nurses in the contagious department of the Massachusetts Homœopathic Hospital by administering hypodermatically a polyvalent streptococcus vaccine. During two years but one case, and that a very light one, occurred among a number of nurses who received vaccines, while among a considerably smaller group under identical conditions and environment five times as many cases occurred and these not particularly light. The idea was suggested by a paper written by a Russian, Gabritschewsky.

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