

"That is the explanation of the formation of the giant cells which played so important a part in the diagnosis of tubercular lesions before the discovery of the bacillus. This, also, is the explanation of the fact which formerly appeared paradoxical, namely, that the giant cells are not peculiar to tuberculosis, but are found also in other cases when the organism has to react against the introduction of foreign bodies. When the fight of the giant cells is approaching victory, the tubercle bacilli, which are in their interior, undergo a series of modifications, and end by dying."

Professor Metchnikoff emphasised the importance of establishing everywhere, following the example of the Brompton Hospital, special hospitals for those active cases of tuberculosis in which the bacilli spread from the patient with great facility. "The isolation of the principal source of tuberculous contagion, namely, the tuberculous man, would necessarily lead to a notable diminution of the great pest."

The lecturer further drew attention to the immunity attained by natural processes of which man is unconscious, which must be discovered and encouraged, and suggested the possibility that it is the bacilli of the bovines which vaccinate men against the human bacillus. He also pointed out that "there exist in man, besides virulent bacilli, attenuated bacilli of the human type possessing several degrees of attenuation of virulence. It is amongst these bacilli that we must seek, and that we are seeking, for the natural vaccine of tuberculosis. Another source of natural immunisation is possibly to be found in the bacilli coming from pulmonary tuberculosis, enfeebled by a sojourn outside the animal body under the influence of air and light." He endorsed the opinion of Roemer that the considerable diminution in the mortality from tuberculosis is due to a great extent to the progressive natural vaccination of the population, and concluded on an encouraging note. "To arrive at the definite solution of the problem much remains to be done, both in the laboratory and in medical practice. The progress accomplished up to the present justifies the hope that in the not far distant future the great animal *Homo sapiens* will triumph over the microscopic plant *Bacillus tuberculosis*."

THE SPEZIA HOSPITAL.

We are sorry to learn that the opening of the new hospital at Spezia, to which Miss Violetta Thurstan was recently appointed Matron, has been delayed for several months, owing to the building having not yet been completed.

OUR PRIZE COMPETITION.

WHAT COMPLICATION IS MOST TO BE FEARED IN DIPHTHERIA? HOW WOULD YOU GUARD AGAINST IT?

We have pleasure in awarding the prize this week to Miss Elizabeth Martin, Royal Infirmary, Halifax.

PRIZE PAPER.

Diphtheria is a specific form of laryngitis, due to infection by the Klebs Loeffler bacillus.

Symptoms.—The illness begins with shivering and sore throat, and in children sometimes with vomiting. Greyish white patches appear on the tonsils, which may spread over the uvula and soft palate. In nasal diphtheria, when the membrane extends into the nostrils, the disease is considered severe and dangerous.

The temperature in diphtheria runs a very irregular course; its height is no indication of the severity of the attack.

In moderate cases the general symptoms are usually well marked, accompanied by prostration and weakness.

In severe diphtheria death may occur in a few days from great depression and prostration of strength.

Complications.—A common complication of diphtheria is paralysis. Often the first signs noticed are the regurgitation of fluids through the nose, or a nasal character in the voice, or weakness in the muscles of the legs and back, or perhaps squinting.

Paralysis may be slight or limited, or it may invade many of the muscles of the body.

Warmth, massage, and attention to the general health of the body will greatly aid recovery. The most scrupulous watchfulness is necessary during the whole nursing of the disease. Diphtheria patients must never be left alone, and during convalescence when they are walking—or, in the case of children, when they are running—about, close watch should be kept for the dragging of a foot, which may be the first symptom of fatal paralysis. Death may occur in the first few days from the intense virulence of the poison, or from exhaustion, in cases where the heart muscle is paralysed; or from failure of the heart muscle when that organ is seriously affected by the toxins of the disease.

The complication most to be feared in diphtheria is cardiac failure. To guard against this, keep the patient absolutely at rest—avoid all exertion of every possible description; the patient *must not* be allowed to raise himself in bed, or even to feed himself (even in a very mild attack) for at least three weeks or until the doctor gives permission.

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