

1: Full text of "A treatise on diphtheria"

The cases of diphtheria in every physician's practice are so numerous that, with very few exceptions, I shall abstain from detailing histories. What I hope to present in this little book is a condensed but tolerably extensive report on the present state of what is known about diphtheria.

Diphtheria cases reported to the World Health Organization between and Better standards of living, mass immunization, improved diagnosis, prompt treatment, and more effective health care have led to the decrease in cases worldwide. However, although outbreaks are rare, they still occur worldwide, especially in developed nations such as Germany among unvaccinated children, and Canada. In , 2, cases of diphtheria occurred in the USSR. Between and as many as , cases in the Commonwealth of Independent States were reported, with 5, deaths. In England, it was known as Boulogne sore throat, as it spread from France. The club shape of this bacterium helped Edwin to differentiate it from other bacteria. Over the period of time, it was called *Microsporon diphtheriticum*, *Bacillus diphtheriae*, and *Mycobacterium diphtheriae*. Current nomenclature is *Corynebacterium diphtheriae*. Friedrich Loeffler was the first person to cultivate C. He also showed that the bacillus produces an exotoxin. It soon replaced tracheostomy as the emergency diphtheric intubation method. Behring used this antitoxin now known to consist of antibodies that neutralize the toxin produced by C. Successful treatment of human patients with horse-derived antitoxin began in , after production and quantification of antitoxin had been optimized. Mulford Company of Philadelphia started production and testing of diphtheria antitoxin in the United States. This was the first ever standardization of a biological product, and played an important role in future developmental work on sera and vaccines. Louis children died from contaminated diphtheria antitoxin. The horse from which the antitoxin was derived died of tetanus. This incident, coupled with a tetanus outbreak in Camden, New Jersey, [41] played an important part in initiating federal regulation of biologic products. Ruth was the eldest daughter of former President Grover Cleveland and the former first lady Frances Folsom. Only those who were not exposed to diphtheria were preferably vaccinated. A massive, five-year campaign was coordinated by Dr. As a part of the campaign, 85 million pieces of literature were distributed by the Metropolitan Life Insurance Company with an appeal to parents to "Save your child from diphtheria. Mulford Company of Philadelphia manufacturers paid damages in every case. The 1 million cases in Europe resulted in 50, deaths. By contrast, in , only 1, cases were reported. The year-old male patient died while workers searched for antitoxin. The 6-year-old child who died of the illness had not been previously vaccinated due to parental opposition to vaccination.

2: Diphtheria - croup, membranous, disease, larynx, child, membrane and pharynx

A Treatise on Apoplexy With an Appendix on Softening of the Brain, and Paralysis, Based on Th, J. RÄ¼ckert's Clinical Experience in Homoeopathy by John C. Peters The Hydriatic Treatment of Typhoid Fever According to Brand, Tripiier and Bouveret, and Vogl by Chr; Sihler.

The disease induces great anaemia and prostration, and is characterized anatomically by inflammation of various mucous surfaces and the formation on them of a more or less tough and leathery false membrane. The inflammation often spreads to some distance from its point of origin, but at first is usually confined to a comparatively limited area. The seat varies in different cases ; and the symptoms are therefore subject to great variety according to the part in which the chief local expression of the disease occurs. When the inflammatory process attacks the larynx the malady is called membranous croup, and this was long held to be a distinct affection. That membranous croup arises in many cases from this cause is undeniable. Instances have been met with in which diphtheria has attacked the pharynx in some members of a family and the larynx in others. Woodman found membranous laryngitis in two infants, aged respectively eighteen months and two months, while others of the family suffered from false membrane in the mouth and pharynx. Wilks has seen in different inmates of the same house the disease remain confined to the throat, or spread thence to the larynx, or begin in the larynx ; and Trousseau refers to a case reported by Dr. Guerard in which a little girl died of laryngeal croup, and other members of the family suffered immediately afterwards from pseudo-membranous pharyngitis. Moreover, it is admitted by the best authorities that the laryngeal false membrane has exactly the same anatomical characters, whether it be due to the spread of a pharyngeal diphtheria or arise primarily as a case of membranous croup. Advocates of the essential difference between the two forms of illness maintain that the character of the two diseases is not the same. Croup, they say, is a sthenic disease, while diphtheria is asthenic. But some cases of croup are accompanied by severe constitutional depression and all the signs of profound general disease ; while diphtheria is not invariably accompanied by symptoms of prostration. Indeed, one of the peculiarities of this affection is the occurrence sometimes of marked paralysis after an attack of sore throat so mild as to be almost overlooked. Secondly, it is pointed out that in diphtheria the glands at the angles of the jaw are invariably enlarged, while in membranous croup they are little if at all affected. But the larynx has little connection with the superficial cervical glands. Morell Mackenzie has pointed out, in cancer of the larynx the cervical glands are not enlarged, while if the malignant disease affect the pharynx these glands are always involved. Thirdly, the contagiousness of diphtheria is insisted upon, while membranous croup is said not to be communicable by one child to another. But the risk of infection is in direct proportion to the amount of exudation, and the readiness with which the membrane can be detached and dispersed. In the glottis the membrane is very firmly adherent ; in the pharynx its connections are much looser, and it is much more easily separable from the mucous surfaces. Moreover, as Sir Jenner has observed, the conditions in which the patient is placed vary greatly in the two cases. A child with diphtheria in its early stage is up and about, kisses his brothers and sisters, and has every opportunity of conveying the disease to them. A patient with membranous croup is kept in bed apart from the other children and carefully tended. Still, there is strong evidence that, in spite of these hindrances to its ready communication, membranous croup may be conveyed from one child to another. Trendelenburg states that he has seen the latter. Wilks believes that he has seen diphtheria begin in the house as a case of supposed membranous croup, and afterwards attack others of the inmates in the form of diphtheritic pharyngitis.

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