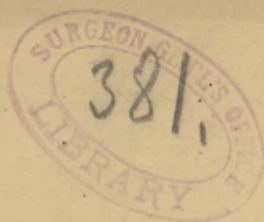


Prentiss, (D. Webster)

Death from diphtheritic
paralysis



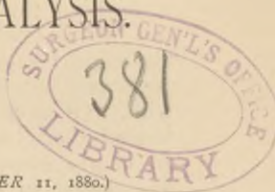


DEATH FROM DIPHTHERITIC PARALYSIS.

BY D. WEBSTER PRENTISS, A.M., M.D.,

WASHINGTON, D.C.

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THE following case presents some points of interest which, I think, are worthy of being made a matter of record:

F. S., a female child, aged 4 years, of consumptive family (mother's side); delicate constitution.

June 17, 1880, attacked with tonsillitis. June 20, on examination of throat, found right tonsil covered with thick whitish-gray membrane; same commencing on left tonsil. High fever, quick pulse, and great depression. Prescribed—

	Grams.	Decimal.
R Acidi carbolici	1	00
Glycerinæ	100	00

M.—S. Apply to throat with camel's-hair pencil.

	Grams.	Decimal.
R Potassii chloratis	4	00
Tinct. ferri chloridi	8	00
Syr. aur. flor.	15	00
Aquæ	ad 60	00

M.—S. Teaspoonful every four hours.

	Grams.	Decimal.
R Spt. æth. nitrosi	15	00
Syr. limonis	15	00
Liq. ammon. acet.	ad 100	00

M.—S. Dessertspoonful every four hours.

These two medicines to be taken two hours apart.

The false membrane ceased to spread from first application of carbolic acid solution, the patient improved, and by June 24 no membrane was visible, and the attendance ceased, with instructions to continue the iron mixture a few days longer and look out for symptoms of paralysis.

July 21, the parents first noticed failure of power in the legs, uncertainty in the gait, staggering, frequent falls, and dragging of the legs. This was followed by affection of the speech,—words indistinct, jumbled together, and with a sound as of "talking through the nose."

July 25 I was consulted at my office for the leg-paralysis, and ordered emulsion of cod-liver oil and tonic doses of strychnia dissolved in elixir of calisaya.

July 27, difficulty in swallowing added to

other paralytic symptoms; food passes into larynx, causing strangling, and is regurgitated through the nose. Muscles of the neck are implicated; in certain positions the aid of the hands is required in moving the head. This is especially the case when the child is on her hands and knees, the mother being called to raise and support the head. The mother noticed a strange appearance of the eyes,—just what, she could not describe; but from her statements there was at times alternate dilatation and contraction of the pupils.

July 28, was again consulted at my office, on account of dysphagia. Medicine prescribed on 25th had not been given. Insisted on the prescriptions, and directed if they could not be given by mouth to give by rectum.

About this time the strangling-spells became attended by attacks of dyspnoea. There was accumulation of secretion in the bronchial tubes, without the ability to expel it by coughing.

July 31 I was sent for at 1 A.M., on account of two violent attacks of dyspnoea, which threatened suffocation. Found her quiet, but greatly exhausted. No medicine had been taken, in consequence of the dysphagia and the great resistance made to its administration. Had taken but little food for five days, although complaining of hunger. Coarse bronchial râles abundant over whole of both lungs. Bowels constipated. Ordered castor oil enema, to be followed by nutrient enemata of milk, beef-juice, and whisky.

July 31, 11 A.M.—Bowels moved from castor oil. Has retained nutrient enemata, and seems easier. Breathing spasmodic in inspiration. Bronchial râles unchanged. Treatment continued. Milk-punch by mouth if possible.

July 31, 8 P.M.—Semi-comatose. Breathing labored, with jerky inspiration. Surface cyanotic; eyes sunken; râles more abundant. Ordered—

	Grams.	Decimal.
R Ammon. carb.	3	00
Tinct. bellad.	3	00
Mucilaginis	16	00
Aquæ	ad 128	00

M.—S. Tablespoonful every two hours by enema.

She rallied after these injections, and became conscious, but grew weaker and weaker, and died at 3 A.M. of August 1. No autopsy.

Remarks on Case.—The treatment prescribed for the diphtheria is given in detail in this case because it is the plan of treatment I have followed for a number of years and have every reason to be satisfied with. Of twenty-five or thirty cases thus treated there has not been a single death. In nearly every instance the membrane has ceased to spread upon commencing the use of the carbolic acid. In children sufficiently old to use the steam atomizer, and in adults, I make use of the following:

℞ Acidi carbolici, } equal parts.
Glycerinæ, }

Fifteen drops in an ounce of water every two hours by inhalation.

In younger children the treatment used in the case here reported has been followed. In one instance only did the membrane extend to the nasal passages, and in one only also did it extend to the larynx. This latter case was an infant of sixteen months, who recovered after twice expelling the false membrane in a complete cast of the trachea under the action of turpeth mineral given in 0.12 (gr. ij) doses.

The application of carbolic acid solution, whether by brush or atomizer, is soothing

to the throat and grateful to the patient. It has the advantage, besides, of being a powerful antiseptic, correcting the fetor and destroying the contagion of the disease. That diphtheria is principally contagious through the medium of the throat discharges there can be little doubt. Since using this treatment systematically I have not seen an instance in which the disease was propagated from a case so treated. As to the mortality, that may be a coincidence, for the cases were all sporadic ones. But a sufficient number of deaths from diphtheria appear in the mortuary reports of the District of Columbia during the same period to make the success at least worthy of remark.

The paralysis in this case developed four weeks after the diphtheria. It was undoubtedly the cause of death. The mode of death was by asphyxia,—the asphyxia due to paralysis of respiration, inability to expectorate, accumulation of secretion in the bronchial tubes, and, finally, œdema of the lungs. Upon the hypothesis that the paralysis was affecting the respiratory centre at the base of the brain, the carbonate of ammonia and tincture of belladonna were ordered by enema. The temporary effect of this treatment was marked, but the little patient gradually sank from exhaustion.



