is again calm and easy. At any rate, however, it would be recommendable to try also in such cases a diluted oily solution of adrenalin inhalant.

STREPTOCOCCAL ("SEPTIC") THROATS.[1]

ANNOTATION.

DR. J. O. HOLLICK, medical officer to the Midland Counties' Idiot Asylum, gives an interesting account of an outbreak which occurred in that institution in 1908 of a pharyngitis and tonsillitis of an infectious nature, at first thought to be due to the Klebs-Loeffler bacillus. Subsequent examination showed, however, an absence of diphtheria bacilli but plentiful streptococci and staphylococci.

The general symptoms were as follows: Feeling of malaise, pains in the back and in the neck up to the occiput, and headache. The evening temperature often rose to 104° F. and the morning temperature to 100° F. Slight soreness on one or both sides and difficulty of swallowing; the submaxillary and glands adjacent to the angle of the jaw and in the triangles of the neck were slightly enlarged and tender. Tonsils showed creamy-white secretion with angry-looking areola of inflammation extending to the anterior pillar of the fauces, the uvula swollen and intensely œdematous. No follicular exudation on the tonsils. The urine was febrile, and in some showed slight trace of albumen. In from two to four days the symptoms and local signs decreased, the glandular swelling and tenderness remaining for some days after the clearing up of the throat symptoms. In connection with this epidemic two cases of cutaneous erysipelas of the foot and leg occurred. Several of the patients with the throat symptoms and glandular enlargements showed a tendency to relapse if allowed to get up within too short a period of subsidence of temperature.

With regard to treatment, all were isolated at once on rise of temperature, or on complaint of soreness of throat, and owing to this precaution in a colony of 160 people only 15 were affected with the malady. Formamint lozenges were sucked (three a day) by all not affected, and by those affected a lozenge every three hours, while frequent swabbing of the tonsils and pharynx with "izal" solution (suitably diluted) was resorted to. All cups, spoons, etc., used by the affected inmates were sterilised in formalin solution after use. In addition to the swabbing, spray-

[1] *Lancet*, December 19, 1908.

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ing of the pharynx and nares with the formalin spray was also carried out.

A similar, but more severe, epidemic occurred at a private preparatory school. There was a history, before the commencement of the epidemic, of one boy returning to school who had had sore throat which had imperfectly cleared up. In from two to three weeks later a boy was seized with convulsions. His temperature was 103° F.; he complained of no sore throat, but his cervical glands were enlarged and tender. He was isolated at once. Next day he had a creamy secretion over both tonsils but not extending on to the palate or faucial pillars. There was much angry congestion over the latter.

Four other boys on this day were put to bed with rise of temperature, tenderness over the cervical glands, headache, malaise, and some pain on swallowing on one or both sides. One of these showed a more suspicious look about his fauces and tonsils than the rest, and he had signs of much nasal obstruction. A swab from his throat showed Klebs-Loeffler bacilli. He was treated with 4000 units of antitoxin, but succumbed fourteen days after onset of symptoms to cardiac failure.

Swabs from other throats showed Hofmann's diplococci and streptococci but no diphtheria bacilli. One boy, and only one, had middle-ear trouble ending in suppuration, with no mastoid complication. A feature of this epidemic, and one that was so very striking that the veriest tyro on throat affections could not have failed to notice it, was the comparative slightness of the internal (tonsillar and pharyngeal) signs in the older boys of from twelve to fourteen years of age, with, in some cases, no secretion or exudation, and the mildness of their constitutional symptoms; while the younger boys of from ten to twelve years of age had sharp febrile disturbance, with much pain in the throat and glands and took much longer time to convalesce, whilst the subsequent anæmia was often very marked. Some showed signs of heart dilatation. Others, again, had albuminuria, mostly of a very transient nature, only lasting from three to four days. There was no doubt about the izal swabbings and sucking of formamint doing good in checking the amount of secretion and local pain on swallowing. In several the pharyngeal tonsil and adjacent lymphoid tissue showed signs of congestion for from two to three weeks after disappearance of throat discomfort, and the nares were in a few cases slow to resume their normal appearances.

Hæmatogen and maltine with iron ("bynophosphates") seemed

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to do most good as an after-tonic. A noticeable feature of the epidemic was a slight pharyngitis experienced by the adult people (masters and servants) of the school with no serious constitutional disturbance.

A streptococcal throat infection is not to be treated lightly, owing to the persistent and clinging properties of the micro-organism resulting in much adenitis and subsequent constitutional disturbance and anæmia.

SOCIETIES' PROCEEDINGS.

PROCEEDINGS OF THE ROYAL SOCIETY OF MEDICINE—LARYNGOLOGICAL SECTION.

Friday, January 8, 1909.

DR. DUNDAS GRANT, *President, in the Chair.*

Abstract of Proceedings by DR. DAN MCKENZIE.

DISCUSSION ON THE MODERN TREATMENT OF SYPHILIS, ESPECIALLY IN REGARD TO THE UPPER RESPIRATORY PASSAGES.

INTRODUCED BY DR. LIEVEN (AIX-LA-CHAPELLE).

Dr. LIEVEN,[1] in the course of his remarks, said that considerable progress had been made in the diagnosis of syphilis owing to the discovery of the "*Spirochæta pallida*" and of the anti-bodies peculiar to the serum of syphilitic persons (Wassermann, Bruck, Neisser). Little change had, however, been made in the treatment. Mercury and iodides were still the most important and reliable remedies, no therapeutic serum having as yet been elaborated and arsenic not having as yet established a claim to reliability.

Mercury had been proved by Neisser to kill the microbe and to assist the organism to defend itself against it. It rendered the blood of an infected animal non-infectious and it rendered a cured animal susceptible to re-infection. Similar results were obtained by means of atoxyl, but the large doses required were dangerous to the optic nerve.

[1] Dr. Lieven's paper will be published *in extenso* in our next issue.

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