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THE PREVENTION OF DIPHTHERIA.

IN dealing with diphtheria more than any disorder would the wisdom of the old adage, "prevention is better than cure," be exemplified. Indeed, we have no "cure," no specific remedy, no definite lines of treatment of the disease itself, but only of its symptoms as they arise. Nearly every constituent of the pharmacopœia, every chemical element has been in turn hurled against diphtheria, and a vast amount of printers' ink has been wasted in the promulgation of treatments and cures by one or the other drug. The amount of literature devoted to the treatment of diphtheria each year is enormous, and all bears evidence to the fact that we are still groping in the dark as to the therapeutics of this disorder. It is also a certain evidence of the fact that we have been for long groping about with "the wrong end of the stick," in the absence of a proper knowledge of the etiology of the disorder. But thanks to the labours of Klebs, Loeffler, Roux, and Yersin, and many others, we have now no excuse of this kind, and the etiology of diphtheria is well enough known to enable us to deal with the disorder properly, viz., upon an etiological basis. Without such knowledge, we are confronted with many difficulties of diagnosis—for the accurate diagnosis of many of the obscure forms of diphtheria is a matter of the greatest difficulty, and there is no doubt that while a great many cases of "sore throat" which are reported to be diphtheria are not diphtheria at all, there are very many cases occurring daily in the experience of practitioners in which diagnosis fails in the other direction. Every opportunity is thus afforded for the spread of the disorder, which by more accurate methods of diagnosis and means of prevention might be limited; for diphtheria is a disorder

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which is ever with us, and the increase of which has agitated medical minds greatly of late.

The matter formed the subject of a discussion at the British Laryngological Association meeting of July 13th last, at which a paper was read by Dr. Norris Wolfenden upon the diagnosis and nature of inflammatory disorders of the tonsils and their relation to infectious diseases—especially diphtheria—and in which the reader of the paper strongly insisted upon diagnosis founded upon bacteriology as essential and necessary in all these forms of obscure sore throat, and in such apparently simple forms as so-called follicular tonsillitis, which is very often proved to be diphtheria. The outcome of this discussion was the formation of a committee, consisting of Dr. Macintyre, Dr. Wolfenden, and Mr. Lennox Browne, who were deputed to draw up, on behalf of the Association, a petition, to be presented to the Local Government Board, urging the importance of appointing stations throughout the country where bacteriological examination of all suspected cases could be rapidly conducted, so that means might be taken at once for the proper isolation and treatment of this scourge. We may draw an example from the City of New York, where has been already recognized the necessity of this, and with characteristic American promptness the Sanitary Board has devised a system which has been found to work excellently well, the success of the experiment being stated by Dr. Hermann Biggs, the chief bacteriologist, to have exceeded all anticipations. This system consists briefly in—

A Bacteriological Inspector;

Depôts where culture tubes can be obtained, and which are collected each day;

The circularizing of every practitioner in the city, apprising him of these arrangements, &c.

The loyal support of local practitioners has been given to the scheme in New York, and there should be little difficulty in this country of obtaining a similar loyal co-operation. It is high time that some such scheme should be adopted in England. There are no inherent difficulties in it. It does not need to be compulsory—indeed, if it be instituted as a voluntary experiment first of all, it would, we are convinced, work most advantageously. All that need be asked of the practitioner is to make an inoculation of a culture tube from his patient—tubes as to which he should be informed beforehand where he can obtain them free of cost. These would then be collected, examined and reported upon, so that the practitioner would be in possession of an accurate diagnosis of his case within twelve hours of his making the culture experiment, as in New York. In that city, also, a second cultivation experiment is made, so that no patient is pronounced convalescent until proved bacteriologically to be free from contagion. Under a properly devised system, as in New York, there is thus no time lost in making an accurate diagnosis, with all the coincident benefits of isolation, disinfection and prevention of contagion, as well as prompt recognition of the patient's condition.

The inoculation of the tubes by the practitioner is such a very simple matter of procedure, that in New York every ordinary physician has been proved to be competent to carry out the simple directions which are

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issued with the culture tubes. Of course, some of them get spoiled by careless handling, but we cannot suppose that the practitioners of this country are one whit behind our American colleagues in intelligence, or less competent to execute these simple manœuvres.

By the courtesy of Dr. Hermann Biggs, the bacteriological director in New York, we are enabled to publish a description of the plan adopted in that city. It is simple from the reports presented to the Sanitary Board, and which we shall publish later in this Journal, is undoubtedly effective, and there is no earthly reason why a similar plan should not be adopted in this country. It might be limited in its operation in the first instance to London until the success of the experiment was assured. But it will be a reproach to the profession and the sanitary authorities of this country if we do not take some steps to render diagnosis of the anomalous forms of sore throat on the border-land of diphtheria more accurate, the treatment more effective, and the spread of the disease more readily checked, and we can only hope that the British Laryngological Association, which has been the first body to take up this matter, will lose no time in pressing the subject upon the attention of the Local Government Board, with the object of getting some such scheme adopted as is now in full practice in New York.

REPORT to the NEW YORK CITY HEALTH DEPARTMENT on the use of BACTERIOLOGICAL EXAMINATION for the DIAGNOSIS OF DIPHTHERIA.[1]

By HERMANN M. BIGGS, M.D.,

Pathologist and Director of the Bacteriological Laboratory.

EARLY in January, 1893, a communication was addressed to the Health Board recommending the systematic and routine employment of the Health Department of bacteriological examinations for the diagnosis of suspected cases of diphtheria, and the appointment of Dr. William H. Park was suggested as a special inspector for this work.

This recommendation was made in view of the following considerations :—

1. The practical differentiation of diphtheria from other diseases affecting the upper air-passages is of great sanitary importance.

2. It is admitted by all clinicians of experience in this disease that it is often impossible, either from the clinical history or the anatomical lesions, to make an accurate diagnosis of diphtheria. There are no constant differences in either of these respects which separate clearly the simple non-contagious forms of inflammation from the diphtheritic and communicable types, and it is only in a rather small proportion of cases that an early and reliable diagnosis can be arrived at from these data. The records of the work of the New York City Health Department have shown this in

[1] A paper read at the Congress of the British Institute of Public Health, held in London, August, 1894.

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