SOCIETY REPORTS.

MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND.

April Meeting. ("Med. Rec.," May 20, 1893.)

HOWARD, W. T., Jr.—*Report of a Case of Diphtheria of the Heart.*

A man, thirty-four years of age, was admitted to the John Hopkins Hospital on November 7th, 1892. He was a labourer. On admission he had weakness, diarrhœa, and pain. His family history was negative. He was well built, and said he had never been ill before. He had a temperature of 101⅘° F., pulse 86, lungs were normal, apex-beat in the fifth intercostal space on the left side, heart-sounds clear. After three days his temperature was 100° F. in the morning, and 103° F. in the evening. His spleen was not enlarged. The man grew worse, and died on the seventeenth day of his stay in hospital. At the autopsy there was found a large thrombus in the mitral valve of the heart, and extending into the cavity; the whole spleen was an infarction, and there were numerous infarctions in the kidneys. Cover-slip preparations were made from this thrombus in the heart, and an organism was found morphologically indistinguishable from the Klebs-Loeffler bacillus. Cultures were made with the same results. This bacillus has not so far killed animals, but it is a pus producer. Its first action seems to be death to the cells.

Dr. WM. H. WELCH said Dr. Howard's observation was one of unique interest. It recalled the old name of diphtheritic endocarditis, which, however, was based on anatomical resemblances. The bacillus, found in abundance and in pure cultures in the cardiac vegetations, the splenic and the renal infarctions, differed in no respect morphologically or in cultures from the Klebs-Loeffler bacillus of diphtheria. It had been carefully studied, not only by Dr. Howard and himself, but also by Dr. Abbott, of Philadelphia, and Dr. Councilman, of Boston. The failure to prove it pathogenic to guinea-pigs did not suffice to distinguish the bacillus from the genuine bacillus diphtheriæ, for it had been shown by Roux and Yersin, Abbott and others that the latter may be also devoid of such pathogenic power at the time of isolation and culture. Dr. Howard's case was the first to be recorded in which the bacillus diphtheriæ, or an organism closely resembling it, had been found as the cause of malignant endocarditis. This observation was furthermore of interest as an example of the penetration into the circulation and the internal organs of the bacillus of diphtheria.

AMERICAN SURGICAL ASSOCIATION.

May 30 to June 1. ("Med. Rec.," June 17, 1893.)

ROSWELL PARK (Buffalo).—*Report of an Attempted Bloodless Operation for Malignant Polypus springing from the Base of the Skull.*

The case was one of rapidly growing malignant tumour completely filling the pharynx, in which operation was attempted at the patient's

https://doi.org/10.1017/S1755146300150978 Published online by Cambridge University Press

request. In order to lessen danger from hæmorrhage, he adopted the method suggested by Senn of isolating the trachea and passing a rubber tourniquet around the balance of the neck. While there was no arterial hæmorrhage, there was excessive venous bleeding. The jaw was resected and the malignant material removed. During the operation respiration ceased, and efforts at restoration were required for forty-five minutes before the operation could be completed. The patient left the table in apparently good condition, but died the next morning from shock, there having been no bleeding.

AMERICAN MEDICAL ASSOCIATION.

PROCEEDINGS OF SECTION ON DISEASES OF CHILDREN.

Milwaukee, June 6-8, 1893.

DR. C. G. JENNINGS delivered the inaugural address.

The largest portion of the address was devoted to a review of the recent investigations into the etiology of diphtheria and the relation which it bears to the various pseudo-membranous throat affections. He emphasized the difficulty of accurately diagnosing diphtheria from its imitators by clinical means alone, and urged the necessity of bacteriological examinations. In cases of doubt and when these examinations cannot be made the doctrine of isolation should be pushed to its furthermost limits.

Dr. W. A. DIXON (Ripley, Ohio) read a paper entitled *Observations on Isolated Cases of Diphtheria.*

Diphtheria is a frequent and most destructive disease. Sanitary conditions seem to have little to do with its prevalence. It has always displayed a marked tendency to prevail in sparsely populated districts rather than in centres of population. In this country it occurs as often on the hill-top as in the crowded city tenement houses. Observations go to show that country districts suffer more than populous cities. Pathological societies are replete with statistics showing its relation and communicability from the lower animals to man. In this country Dr. A. Jacobi says probably the possibility of contracting diphtheria directly from animals is very much greater than the danger from water or milk.

Dr. J. Lewis Smith says observations are accumulating which show that diphtheria, or a disease closely resembling it, occurs among animals. Since such distinguished observers admit that diphtheria may be contracted from the lower animals, I am encouraged to hold from my own observations that isolated cases in the country or city may be accounted for in this way.

I will cite a few cases of isolated diphtheria to show that it is reasonable to conclude that children have been infected from birds, fowls, pigeons, and cats. In 1865 diphtheria prevailed as an epidemic in Southern Ohio, was malignant in character and very fatal in its ravages. Preceding and at this period there was great fatality among the hogs and chickens in that region. In the family of Mr. G. the children were seized with violent symptoms of diphtheria. The chickens were dying with a disease

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