

# **OBSERVATIONS ON DIPHTHERITIS**

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Observations on diphtheritis by Willoughby F. Wade

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**WILLOUGHBY F. WADE**

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ON DIPHTHERITIS**



# OBSERVATIONS ON DIPHTHERITIS.

BY

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## PREFACE.

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My object in giving to these observations a wider circulation than they obtained in the publication in which they first appeared\* is, that those of them which are novel may be corroborated, modified, or corrected by the experience of other practitioners before being converted into a basis upon which to erect a Pathological, and ultimately a Therapeutical, superstructure.

These remarks apply more especially to the occurrence of albuminuria in Diphtheritis—a phenomenon which has been indisputably common in the fatal cases which have occurred in this neighbourhood; and I believe, from the descriptions of former writers, that it was not less common in their time.

With other serious symptoms which may be concomitants of the albuminuria, this has appeared to me to be etiologicaly connected; and should my surmises on this point be verified, it must almost necessarily exercise an important influence upon the treatment.

Without further anticipating this portion of the subject, I may say that a *methodus medendi*, based upon these views, has been proved in my hands, and in those of others, to exercise a remarkable and most satisfactory control over the disease. It is clear, also, that the presence or absence of albuminuria must be taken into consideration in estimating the value of any new remedy.

This present part contains an account of the Symptomatology of the disease, preceded by an introductory chapter, which, though of an historical character, does not pretend to be anything like a complete history of the complaint; such points only being touched upon as seemed to be necessary to a correct study of the subject. I purpose, as speedily as possible, to further elucidate the disease by discussing

\* *The Midland Quarterly Journal of the Medical Sciences.*

its Pathology and Therapeutics, upon which there seems to me to be at present a great confusion of opinions.

For several reasons I have not thought it necessary to discard the already naturalised name, "Diphtheritis," in favour of the one more recently proposed by Dr. Farr on the part of the Registrar-General, viz., "Diphtheria."

In the first place I object to the right, assumed by Dr. Farr (valuable a public officer as he is), to impose upon the medical profession a term which he has coined and circulated without the courtesy of previously submitting it for their approval or rejection.

Had there been any urgent necessity for a new name, or had the new title been more practically convenient or scientifically accurate than the one it displaced, I should still feel bound to enter this protest; but the procedure has not either of these grounds for excuse. The inconvenience of frequent alterations in medical nomenclature is known to those only who have endeavoured to study any disease historically. The uninitiated in nosological history may in vain study *indices* and pore over tables of contents, he will often miss the object of his research under the cacophonous titles which startle his eye. All this is particularly true of the disease under consideration—no other, I think, has received so many different appellations. Dr. Farr should, therefore, have pondered ere he added another to the gloomy list.

In spite of these reasons Dr. Farr has effectuated a change of name: the question, then, now is, has he done this judiciously?

The editor of the *Medical Times and Gazette*\* has the following remarks upon the two names adopted respectively by Bretonneau and the Registrar-General: "Bretonneau gave the name to the disease from its most obvious characteristic—the exudation of false membrane on the mucous membrane of the fauces, after the Greek *dysphagia*, membrane. But the suffix, *itis*, used to denote inflammation, is clearly objectionable; it leads to the false notion that the disease is of a sthenic or inflammatory type, and is etymologically incorrect, as it implies that the pellicle or membrane—the diphthera—is inflamed: an obvious absurdity." I do not care to inquire whom "the suffix, *itis*, used to denote inflammation," would lead astray, but probably only those few whom the suffix, *eria* (from its resemblance to the termination of hysteria) may lead to suppose that the disease is a trifling or an imaginary one. But, seriously, an explanation of Dr.

\* May 1, 1862.



Farr's views on the Pathology of this complaint would have been sufficient, and ought to have been substituted for the change of name.

• But these objections are both urged against a shadow.

Bretonneau and Dr. Farr have both adopted, as nearly as possible, the same name; but the former had the advantage not only of priority but of propriety, and ought to have remained unmolested.

*Δφθίρα*, the Greek word signifying a *skin*, has given origin to three other words: *Δφθίρας*, a male who wears a skin (vestment); *Δφθίριος*, another form of *Δφθίρας*; and *Δφθίρις*, a female who wears a skin (vestment).

Now, as *νόσος morbus* is of the feminine gender, it is clear that *Δφθίρις*, the feminine noun, is the only word which could be used correctly as the metonym of *ἡ δφθεριτικὴ νόσος*. And this word Bretonneau (whatever he may have purposed to do) chose. Dr. Farr, on the other hand, has most infelicitously chosen the masculine noun. Had this incongruity of gender no terrors for him, it would have been wiser, on the principle of avoiding change of name as much as possible, to have selected *Δφθίριος*, which would have avoided "the suffix, *itis*," difficulty, and have produced a word similar to others (tympניות, ascites) now in use.

Further, as Dr. Farr's designation is always pronounced Diphthéria, whereas it should be Diphthéria, he must be held responsible for the constantly repeated false quantity—a fault which is no less indecorous in a man than (according to a witty author) a *faux pas* is in one of the opposite sex.

One other inconvenience remains to be noticed. Many persons, who scrupulously adhere to the use of the word "Diphtheria," and thus by implication condemn "Diphtheritis," do nevertheless employ the old adjective "diphtheritic," derived from the latter substantive, instead of "diphtheric" or "diphtherical"—adjectives corresponding to the former noun. They are obliged to choose between the inconvenience of stultifying themselves or of still further multiplying words; and, perhaps not unwisely, they select the former alternative. This difficulty might have been obviated by the selection of "Diphtherites."



# ON DIPHTHERITIS.

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## CHAPTER I.

### INTRODUCTORY.

My object in the following remarks is to elucidate the pathology of this formidable disease, to explain some parts of its history and character which are at present mysterious, and, upon a more perfect knowledge of its nature, to base a plan of treatment which may render it, at least, somewhat less terrible. I say, terrible, for so it indeed now is both to parents and practitioners; the former understand, pretty generally its deadly nature, and the latter have so often experienced the inefficacy, even of the most lauded nostrums (for the treatment of it has been essentially empirical), that some within my own knowledge, and probably many more besides, look upon the summons to a case of diphtheritis as nothing less than a professional calamity: the reason for this feeling will appear presently.

In order to avoid any misunderstanding as to the identity of the disease, I shall, in the first place, give a brief description of its symptoms, and afterwards examine the accounts which have from time to time been published; this plan, although somewhat tedious, will enable us to obtain a more comprehensive view of the disease, and, I think, a better insight into its nature: some new observations which I have myself made, both