THE USE OF ANTISTREPTOCOCCIC SERUM IN QUINSY.

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FIVE years ago it fell to my lot to treat a case of double quinsy which did not run the usual course. The report on a swab from the throat was: "Diphtheria bacilli not present; abundant growth of streptococcus." The patient, a man aged 32, was very ill; 2,000 units of antidiphtherial serum were injected when he was first seen. The second tonsil developed an abscess on the third day, and there was an abscess of the soft palate. Eventually the right cervical glands suppurated; he developed also extensive neuritis of the upper and lower limbs. He was invalided for eight months, and ultimately recovered. The ordinary treatment of quinsy was unavailing.

On the assumption that the primary cause was a streptococcus, it was determined to treat any subsequent cases of quinsy with antistreptococcic serum. Cases were selected in which the abscess had not perforated and in which the conditions were definitely acute.

The following routine was adopted: Serum (10 c.cm.) was injected at once; if there was any doubt of diphtheria 2,000 units of antidiphtherial serum were added. The injection was made in the thigh, hypodermically. As regards drugs, the usual initial purge was given; and thymol, carbolic lotion, and hydrogen peroxide were used for washing out and swabbing the mouth and throat. Ten cases only were treated.

A.-S. = Antistreptococcic serum, 10 c.cm.
A.-D. = Antidiphtherial serum.

CASE I.—Double Quinsy.

J. C., aged 31, farm wagoner, gave a history of quinsy once before. He had been ill one day. The temperature was 103.8° F. Both tonsils were much enlarged, the left most markedly; they met in the middle line. The soft palate was swollen and congested. A glairy translucent membrane covered the inflamed surfaces. A.-S. was injected.

Next morning he was improved. He could swallow his saliva and drink tea with some difficulty. He said that the acute pain over the tonsils and at the angles of the jaw had appreciably lessened some six hours after the injection. He had perspired freely throughout the night.

The left tonsil discharged twenty-four hours and the right forty-eight hours after the injection. The soft palate perforated and discharged a short time after. He went out for the first time on the seventh day. Between six and seven days after the injection urticaria developed all over the body and limbs. The throat was examined some months later; both tonsils were enlarged and pitted; operation was advised, but was refused.

CASE II.—Double Quinsy.

A farmer, aged 38, had had quinsy on one previous occasion. He had been ill one day. Both tonsils were enlarged and inflamed, as also were the fauces and soft palate. There was a translucent glairy membrane over the inflamed surfaces. The temperature was 103.8° F. A.-S. injected at 5 p.m.

Next morning he had improved. He could swallow fluids with some difficulty. He had perspired freely, and complained of a frontal headache. The acute pain in the throat had been appreciably eased during the night. The tonsils discharged some thirty-six hours after the injection. The rash appeared on the seventh day after the injection. He was out in the harvest field on the sixth day superintending his men.

CASE III.—Double Quinsy.

A soldier, aged 23, with no previous history of quinsy, had been ill two days. The temperature was 104° F. Both tonsils, the fauces, and soft palate were swollen and inflamed. The teeth were very septic—stumps with an overlying dental plate. A.-S. injected.

There was appreciable relief of pain in about ten hours. The tonsils discharged on the second day after the injection, the fourth day of the illness; the congested soft palate did not form an abscess. Urticaria developed on the seventh day after the serum. The man was not able to get about until the tenth day from the onset. The mouth was very much inflamed, with gingivitis and sordes.

CASE IV.—Double Quinsy.

F. P., aged 28, gave no history of a previous attack. He had suffered from "sore throat" for two days, but he had been able to go about. The temperature was 103.6° F. There was marked swelling of both tonsils, and of the soft palate; there was a glairy membrane over the inflamed surfaces. A swab was sent for cultivation. A.-S. 5 c.cm., with 2,000 units of A.-D., were injected at about midday. He experienced some slight relief by 7 p.m.

Next day the temperature was 101.8° F., and he was in great distress. A similar dose of both serums was injected. By the evening, eight hours later, there was marked relief. The

abscesses were discharging pus on the fifth day of the illness. Urticaria developed in about six and a half days after the injection. The rash spread over the arms and thighs—first appearing there—thence over the whole body and head. It was apparent on the lips, and the eyelids were said to have been oedematous. The result of the swab was: "Diphtheria bacilli not present; a growth of streptococcus."

The man was able to do light office work on the eleventh day after the onset of his illness.

CASE V.—Double Quinsy.

A farm labourer, aged 24, had had no previous attack. Both tonsils were enlarged and reddened. A.-S. injected.

He said that the pain was much relieved some hours afterwards. Both tonsils discharged on the second day after the serum, the fourth of his illness. Urticaria appeared round the injection site and over the abdomen on the seventh day after injection. Operation later was refused.

CASE VI.—Right Quinsy.

Housemaid, aged 25, had had quinsy once before. She was first seen on the second day of her illness. The right tonsil was much swollen; the left swollen and inflamed, but not so markedly. The pain was on the right side. The temperature was 104° F. A.-S. was injected.

She said that the pain was appreciably relieved some ten hours afterwards. The right tonsil discharged on the fourth day of her illness. The left tonsil did not suppurate. Urticaria was said to have appeared on the seventh day after injection, but I did not see the rash. She left her situation on the eighth day after her illness and went home to another locality.

CASE VII.—Right Quinsy.

A lad, aged 17, who had had no previous attack, had been ill one day. The temperature was 104.2° F. A.-S. injected. The pain was much improved next morning. The tonsil discharged on the third day after injection, and urticaria appeared on the seventh day after.

CASE VIII.—Left Quinsy.

A lad, aged 16, was seen first on the third day of his illness. The temperature was 104.6° F. A.-S. injected. The pain was appreciably relieved some hours afterwards. The left tonsil discharged on the fourth day of his illness. Urticaria appeared on the seventh day after the serum; the rash was "out" for about twelve hours.

CASE IX.—Right Quinsy.

A fireman, aged 24, who gave no previous history of quinsy, had been ill one day. The temperature was 103.8° F. A.-S. injected. The tonsil discharged on the third day of his illness. The pain over the tonsil was much relieved before the abscess discharged. Urticaria appeared on the sixth day after the injection; it was confined to the right thigh and leg. He was off work for fourteen days.

CASE X.—Left Quinsy.

J. C., the same patient as recorded in Case I, two and a half years after his last attack developed an abscess of the left tonsil. He was seen the day after the onset, when the temperature was 103.6° F. Ten c.cm. A.-S. serum was injected. The left tonsil discharged on the fourth day of his illness. He again experienced definite relief of his pain some hours after injection. Urticaria appeared on the sixth day afterwards, but he thought the rash was not so acute as on the previous occasion.

This man agreed to have his tonsils removed, but he left the district shortly after without submitting to the operation.

It would appear that the most definite result obtained in these cases was the relief of pain—if an opinion may be formed from the small number treated with antistreptococcic serum. In all, pain was appreciably relieved in from six to twelve hours; the more or less acute pain when swallowing was eased some hours after that, but within a definite time before the abscess ruptured.

In no case was incision of the abscess required by reason of the severity of the symptoms, and in all so treated there was pus discharging from the abscess on the fourth day of the illness; except in Case IV, in which the discharge was on the fifth day.

The temperature was as a rule taken in the axilla, when there was marked distress. The temperature approximated to the normal one or two days after the serum injection. A four-hourly chart would have shown the serum reaction, but it was not possible to construct one because not one of the cases had a nurse sufficiently trained.

It is to be regretted that calcium lactate was not given three or four days after the serum, so as to have prevented or modified the urticaria, but at the time I did not know of the proper method of its administration.

The serum used throughout was antistreptococcic, polyvalent, manufactured at Evans and Webb's laboratory.