ON THE TREATMENT OF DIPHTHERIA BY LARGE DOSES OF CALOMEL.

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A very considerable number of the younger physicians of Pittsburg having formed themselves into a club for mutual improvement, under the title of "The Academy of Medical Science." They took up the subject of Diphtheria for discussion at their last regular meeting.

Being known to differ *in toto cœlo* as to its nature and treatment from my *confrères* I was kindly invited by a good friend and member, Dr. James McCann, to be present at that meeting.

A paper was read by Dr. Smith on this disease, in which he adopted the popular and prevailing opinion as to etiology and treatment. When he had done, I was invited to address the society, and did it; but so disconnectedly and lamely that I feel constrained to arrange my views in order, so that my position may be clearly defined and substantially stated.

In the epidemic of diphtheria of 1863, it was my misfortune to have my first severe case in the person of my grandchild and namesake, a boy of two and a half years. The mischief fixed itself on the Schneiderian membrane of both nostrils, reaching into the pharynx. Inside of forty-eight hours, the common treatment then in vogue being followed, the entire surface became gangrenous. The glands in the neck became enormously swollen, and the poor boy died "none too soon." In watching this case, I became convinced that the disease is not a *poison* of the blood or in the blood, but an excess of *fibrin*, called, in old times, the inflammatory diathesis.

The glandular swellings are not diphtheria, but a sequence, the fibrin having not only transuded but mechanically closed the capillaries, gangrene or else a slough ensues; and these glands are poisoned, as other glands are, from a virus conveyed to them by the lymphatics in the structure; as fatally killed and lifeless as a crushed hand or foot over which the wheels of a railroad-train have passed.

I have never yet seen glandular enlargement usher in an attack of diphtheria. On the contrary, the transudation has changed from a clear white to a dirty grey, a portion has been thrown off with the epithelium, and some underlying tissue has putrefied, before adenitis manifested itself.

Many years ago—I am now a physician of many years' active professional life—I became dissatisfied with the old combination of nitrat. potass., calomel, and ipecac in treating the inflammatory diseases incident to the mountain region in which my lot was cast, and, after bleeding and cupping, had trusted to large doses of calomel alone, with either liq. ammonii acetatis or potassii bicarb. in interval.

The readiness with which patients take this tasteless stuff called calomel, and the satisfactory results from its administration, have, year by year, moulded me into a calomel doctor. The sad, melancholy and heart-rending scene of "Willie Winkie's" last hours made me *vow* I would give calomel largely to my next diphtheritic patient.

The cases reported need no comment; they are accurately given; but the *modus operandi* of calomel, for which I had conjured up a hypothesis, is now clearly demonstrated in the invaluable work of that profound and industrious physician of London, Dr. Murchison. His teaching is not only making the pathway to success more plain and clear to the faithful and earnest student in the art of healing, but he is casting a grand halo of glory on his profession. His last work, "Functional Diseases of the Liver," *has solved every obscurity in understanding* how calomel cures diphtheria. I would say to every young physician embarked in the perilous enterprise of fighting disease, *Read this book*, STUDY THIS BOOK, ponder its doctrines, and pray Almighty God, the Source of all light, truth, and power, to enable you so to appreciate its teaching that you may go forth to your fearful, solemn, and responsible work at the bedsides of the suffering, armed with the panoply of truth, and with a bold and fearless heart.

Those who oppose the doctrine and resist my conclusion may say, "Have you never given quinine, iron, stimulants, beef-tea, etc., in diphtheria?" I say, emphatically, "*No!*" I have relieved patients suffering from the sequelæ with this plan of treatment, as I have treated successfully nephritis or phrenitis following scarlatina with venesection and other antiphlogistic remedies.

One case reported, No. IV, followed No. III, and the subject was the servant-girl in the family. Her throat was intensely red, without any tumefaction. A spot of exudation, very thin, was on the right tonsil; but the history of the case shows she had hot skin, a small, frequent, quick, and hard pulse, and complained of distressing pain in occiput and down the spine. I feared the force of disease was tending to the meninges of cerebellum and cord, and, confident in my sthenic conception of diphtheria, I bled her to syncope, and gave calomel as narrated. On the fifth day of convalescence I was sent for to treat acute rheumatism of the right wrist, which yielded to acetate of ammonia, tr. rad. aconiti, and colchicum vin. (British), together with a dose of pil mass hydrarg cum comp extract colocynth in thirty-six hours.

To all who will try this plan I would only say, give calomel freely and boldly every hour until the intestinal discharges resemble the fresh-water polyps in water-troughs, gelatinous, and of a bright dark-green hue; then your patient is safe; and, if you fear salivation, administer a dose of castor oil. I have never seen ptyalism in a single case, and seldom give any laxative. The calomel purges, but not excessively, even in children of three or four years who have taken a half-ounce. Should prostration follow these heavy doses, you can rely on the fact that you have been mistaken in your diagnosis, and pronounced a case of follicular tonsillitis diphtheria, and can quit your remedy without any