

Selected Article.

The Use of Antitoxin in the Treatment of Diphtheria.

By GEORGE DUFFIELD, M.D.

Attending Physician at Harper Hospital and Professor of Clinical Medicine in the Detroit College of Medicine, Detroit, Mich.

THE fear and misgiving which attended the administration of the anti-diphtheritic serum at the outset is no longer justified. From every part of the world come numerous clinical reports attesting the value of the new treatment. Its untoward symptoms have been promptly and carefully studied, so that with proper care it is a safe and efficient remedy for the treatment of diphtheria.

In September, 1894, I treated my first case of diphtheria with anti-diphtheritic serum, a bottle of which I had obtained from Aronson's laboratory in Berlin. The case had been a severe one; the serum was used after secondary infection had developed and the case seemed hopeless. The membrane had extended where it would and could not be checked. The temperature stood at 103° and pulse at 120.

The serum was injected with all due precaution. The temperature continued to rise for several hours, showing that diphtheritic intoxication was not materially checked, but about six hours after the injection the fever began to fall; in twenty-four hours after the injection the temperature stood at 98.5°, the membrane had grown white and the edges were loosening, and by thirty-six hours after the injection all of the membrane had been expectorated. The disease was not only controlled, but enough anti-diphtheritic serum had been introduced to counteract the toxic effects of the existing diphtheria, and the result seemed almost miraculous.

Since then, my faith in this new therapeutic agent has increased greatly. In the fall of 1895 I had from thirty-six to forty cases, and during the last three months of 1896, eighty cases were treated with only two deaths.

It should be the duty of every practitioner to place the antitoxin at the head of all therapeutic measures that he may know of for the cure of diphtheria, for it proves its efficacy whenever it is administered early, and in sufficient quantities to neutralize the poison which it is to antagonize.

An early diagnosis can not always be made from the clinical