

### Medical Matters.

#### SOME POINTS CONNECTED WITH THE SERUM TREATMENT OF DIPHTHERIA.

Dr. E. W. Goodall, Medical Superintendent of the Eastern Fever Hospital, Homerton, in an interesting paper on the above subject, read before the Westminster Division of the Metropolitan Counties Branch of the British Medical Association, and published in the *British Medical Journal*, said:—

"I wish, in the first place, to make it quite clear that I am myself most firmly convinced of the value of antitoxin in the treatment of diphtheria. I have had an extensive experience of the disease, reaching back to eight years before the discovery of the serum method, and I regard the antitoxic serum as a specific. But at the same time I am of opinion that there are certain limits to its use, and what they are I shall presently indicate. Another point I am also quite decided upon, and that is the importance of early treatment. As I am so certain upon these two points it may be said to me that the only limit to the use of antitoxin is the limit of dosage—that if a person is suffering from diphtheria, or is suspected to be suffering from diphtheria, he should have antitoxin. That is a view I myself held some years ago, but a more extensive experience has led me to modify it. I think that the most convenient course I can take in this paper is, first, to give the reasons for the modification which I have deemed it desirable to make in my opinion, and therefore in my practice, and secondly, to point out in what these modifications of practice consist."

Dr. Goodall then mentioned that on the introduction of the serum treatment of diphtheria it was found that sickness and other symptoms occurred in a certain number of cases, and as these symptoms occurred in the treatment of other diseases by the same method it was evident that it was due not to the antitoxic or anti-microbial principle in the serum, but to the serum itself. Besides the sickness there might be fever and a rash, usually urticaria, or a variety of erythema multiforme; and in 3 or 4 per cent. of the cases acute pains in joints, tendons, and fasciæ with fever. It was recognised that this added illness might act prejudicially on a patient just recovering from a severe attack of diphtheria, but it was felt that the risk of harm from the "serum sickness" was less than that which was incurred if the patient was left to the mercy of an attack of diphtheria.

This form of serum sickness is termed "normal reaction," besides which there are

"abnormal reactions"—(1) the serum sickness may be unusually severe; (2) the incubation period may be shorter than usual, 12 hours to six days, instead of seven days, and in the third group the reaction occurs within a few minutes, or five or six hours of the injection of serum.

From his experience Dr. Goodall is of opinion that the indiscriminate use of antitoxin as a prophylactic is not only unnecessary but unjustifiable. As to whether it is advisable to give it to persons only suspected to be suffering from diphtheria it is partly a matter of probabilities and partly one of the age of the patient. "Not only might it happen that the person treated was especially and peculiarly susceptible to the action of serum, even if he was not known to be asthmatic, but supposing that he was not naturally susceptible, it would not be unlikely that by the injection you would render him artificially so, in which case, if subsequently it were found to be necessary to use antitoxin remedially, he would run the risk of undergoing a very unpleasant illness." In individuals over ten a delay of a day or two will clear the case up and not prejudice the patient's chance of recovery. In patients under 10 there is only one class of cases in which the diagnosis is doubtful and the disease dangerous—namely, the laryngeal cases. Diphtheria not infrequently commences in the larynx, and, in the absence of exudation upon the fauces, it is very difficult to say whether the case is one of diphtheria or not. If you can exclude such well-known causes of laryngeal obstruction in children as measles, retropharyngeal abscess, and the like, and are hesitating between a laryngitis due to diphtheria and one due to a less malignant organism, you must fear the worst disease, and bring against it the best remedy—namely, antitoxic serum.

Dr. Goodall says that in cases of undoubted diphtheria there is seldom necessity for hesitation as to the use of antitoxin. I should stay my hand only in the case of an asthmatic individual. If you are called upon to treat an asthmatic who has been unfortunate enough to contract diphtheria, you will have to choose between two evils. If the attack of diphtheria is severe, and especially if the larynx is involved, you will be compelled to risk his supersensitiveness. For, happily, it is not every asthmatic who is supersensitive. Dr. Gillette himself used to be one of those persons in whom an attack of asthma was set up by the presence of a horse. But he received two injections of horse serum which were followed only by very slight reactions, and apparently cured him of his peculiar susceptibility.

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