

or little) that she would be predisposed to trouble of this kind and that the danger of a second attack would be great. I have been unable to find anything in the text-books that I possess (and they are some of the best) bearing upon this subject. About one year after Mrs. A.'s first illness her husband consulted me, wishing to know what the chances were for his wife to again suffer from convulsions, if she should again become pregnant. I told him that the chances were *very* great, and that a second attack might prove fatal, but it seems that I was mistaken.

The above case is convincing to me that puerperal eclampsia is not caused primarily by a diseased condition of the kidneys, but as before stated, I believe the poisons, or toxic substances, whatever they may be, accumulate in the bloody, and if not eliminated through the natural channels, will produce inflammation of the kidneys, hence the origin of albuminuria. In some cases the great nerve center first becomes affected, causing the convulsion, the kidneys being only secondarily impaired; but if the toxins are eliminated through the natural channels the kidneys and nerve centers remain unimpaired. I believe it is the duty of every physician engaged to attend a case of confinement, two or three months in advance of the expected time (as they sometimes are), should in every case of swelling of the feet, especially if accompanied with some headache and stomach symptoms, give special attention to the kidneys and bowels, and in bad cases the skin and diet. By so doing, much or all of the "toxins" that accumulate to excess in the blood, could be largely eliminated, thereby preventing a possible attack of puerperal eclampsia.

### A RATIONAL TREATMENT OF DIPHTHERIA WITH OR WITHOUT ANTITOXIN.

BY EMERSON M. SUTTON, M.D.

PEORIA, ILL.

Recognizing the doubts of all treatments, I submit four cases taken from my case book which were true diphtheria occurring in an epidemic, and which show a positive result:

*Case 1.*—July 18, 1891. Patient, a female, aged 15. Two brothers had just died of diphtheria when she contracted sore throat and fever with constitutional symptoms. The membrane formed over the posterior fauces, extended anteriorly and to the sides of the throat. Treatment, spray 2 per cent. cocain sol. very carefully and small amount, followed by second spray of Condy's fluid. Ordered to be repeated each hour till all soreness was relieved. Internal treatment, zinc sulpho carb. 1 gr. each hour. Quinia and iron tonic every three hours. Food every fourth hour, taken after spraying. Result, second day membrane disappearing from anterior pillars and only patches left on sides. No fever. Good appetite. Third day, no patches remaining, inflammation subsiding. Fourth day, throat not the least sore. Fifth day, discharged recovered.

*Case 2.*—July 11, first symptoms developed in boy aged 6. Membrane formed on sides and back of throat. Constitutional symptoms profound on the 13th, when first seen. Treatment: Cocain spray three times a day (at each visit). Permang. potash sol. spray each hour; gargle of solution every fifteen minutes or one-half hour. Internally iron and quinin. Pepsin cordial after food, which was always following cocain spray. July 14, throat not so sore; membrane disintegrating; general condition good. July 15, membrane only in patches. July 18, discharged well.

*Case 3.*—October 28. Boy aged 8 sent home from school with fever and sore throat, treated by family physician for tonsillitis. October 29, no better under sprays, antipyretics, etc. October 30 and 31, patches coalesced, forming membrane, constitutional symptoms became alarming. Treatment inaugurated for diphtheria October 31, spray 2 per cent. cocain sol. followed by Condy's fluid. Spray every two hours. Internally, milk every three or four hours; 5 drops each, digitalis and nux

vomica tinctures in spirits of mindererus at same intervals as food. November 1, constitutional symptoms less profound, membrane disintegrating. Additional treatment, 1 gr. mild chlorid followed in six hours by magnesia. November 2, much better. Nov. 3 and 4, membrane disappeared, sleep undisturbed after 8 o'clock evening spray. November 5, eats, feels well. Tonic given of quinia and ferrum. November 6, discharged well.

*Case 4.*—B. N. aged 11, December 3 contracted diphtheria from association. Constitutional symptoms severe, great prostration, membrane extensive, extending to anterior nares. Treatment: Carbolic acid gr. 1, cocain 2 per cent. sol. 3ii, use spray cautiously every two hours, gargle every fifteen minutes with Condy's fluid. Internally, tonic, calisaya. December 4, soreness disappeared, membrane disintegrating, less inflammation. December 5, patches only remaining. December 6, patches disappeared. December 7, discharged well.

Not going farther into the pathology than to state that either preceding membrane formation an intense hyperemia may exist and form a local affection at first, the disease becoming constitutional as well at a later period, or the constitutional may precede the local symptoms, but at the point of infection passive hyperemia first takes place and exudate follows. A treatment that will relieve this hyperemia will prevent the exudate and subsequent systemic poisoning. Such a remedy is a 1 or 2 per cent. cocain solution acting on the capillaries, used in the form of spray. I first tried this in 1891, after noticing the continuance and even increase of the primary congestion following the use of the usual spray, especially observed after hydrogen peroxid, and I found that the immediate relief from the soreness was so manifest that it required no coaxing to gain consent for repeated treatments. The patient could take nourishment at once following the spray, which is itself a great desideratum, and recovery has taken place rapidly in every case, more of which I have to report. A word as to spraying. In some cases it was necessary, at first, to have the patient inhale the spray, as the deeper parts of the throat were affected, and in none of the cases were untoward effects observed.

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### TUBERCULIN IN OBSCURE MANIFESTATIONS OF TUBERCULOSIS.

BY W. H. WEAVER, M.D.

CHICAGO, ILL.

If the earliest symptoms and signs of consumption were as easily definable and as pathognomonic of the disease as those manifested in the later stages, it might be easily diagnosed in its incipency. But, unfortunately, this has not been the fact. In a great many cases the onset is sudden or occurs during the progress of a severe cold or bronchial catarrh, or following in the wake of some other acute disease. Frequently, however, it is ushered in by symptoms which point to no particular form of disease, and it is this class of cases that is the most puzzling until we find pronounced symptoms pointing to lung infection. There are often certain symptoms of a general constitutional impairment, insufficient in themselves to render a diagnosis possible, but which do point to a definite disease if properly studied. There are many cases occurring in active practice in which a positive method of diagnosis would be of the greatest advantage. It is often easy to find out what a disease is not, but to tell what it is, is quite another matter.

The patient calls upon his medical adviser frequently, with the consciousness that there is some-