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A CASE OF THE EPIPHENOMENA OF DIPHTHERIA ANTITOXIN.

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It has come to pass that in the ordinary practice of medicine the giving of an injection of antitoxin in a case of diphtheria is regarded as about devoid of all danger. It is true that most of us have occasionally seen a mild urticaria—coming on about forty-eight hours after injection—follow the use of the medicament. A still smaller number of practitioners have seen joint stiffness, endocardial murmurs, and atypical symptoms of acute rheumatism develop anywhere from seven to fourteen days after injection. A few will remember, in a hazy way, of a few cases having been reported in the early days of antitoxin, wherein the reporters attributed the rapid and sudden death of their patients to the antitoxin; but so many times has the remedy been used without mishap that these cases have come to be looked upon as coincidences.

It is, therefore, my purpose in placing the following case on record to call the attention of the profession to the fact that the injection of antitoxin is once in a great while followed by alarming symptoms. It is not to be a doubt cast upon the efficacy and great value of antitoxin, which has now been abundantly proven, but a protest against looking upon an injection of antitoxin in the same light as a hypodermic injection:

On December 14, 1902, Miss W., aged thirty-nine years, and a matron by occupation, noticed that her throat was sore. This condition continued, gradually increasing in severity, until the 18th, when she went to bed, and I was called to see her. A clinical diagnosis of diphtheria was easily arrived at, and arrangements were made to give an injection of antitoxin on the 19th.

There was nothing in the family or personal history of the patient which is worthy of mention.

At about 11.30 A.M. of December 19th I injected into the subcutaneous tissue of the back of this patient the contents of a bottle labelled: "N. Y. State Department of Health. Diphtheria Antitoxin. 1500 units of Antitoxin, op. No. 1111 A 7. An '02,'" and immediately took my departure.

About ten minutes after receiving said injection the patient was taken suddenly with a feeling like sulphur fumes in the bronchial tubes, and could not breathe. She is said to have at once become very much cyanosed and semicomatose, and, in fact, her attendant thought that she was in *articulo mortis*. The patient says that at this time she felt a "numb" feeling extend over her body and that she could not see anything in the room. Next there developed a severe pain in the epigastric region, and the patient vomited, and immediately thereafter a severe itching, stinging rash came out all over the body. As the rash appeared the other symptoms passed away, and the whole process had lasted up to this time about fifteen minutes.

I reached the bedside of the patient about one and one-half hours after the injection of antitoxin had been administered, and found her suffering from a universal urticarial rash, the conjunctivæ excessively swollen and injected, so much so as to interfere markedly with the action of the lids.

It took about thirty-six hours for this rash to entirely disappear, and the patient's convalescence was very rapid and uneventful. The action upon the tonsillar membrane was very marked and energetic, the whole having disappeared in twenty-four hours.

When questioned this patient told me that she had always noticed that while driving behind a horse her eyes would run and that she would be affected by uncontrollable sneezing attacks, and that when she was a young woman she repeatedly had to desist from harnessing her horse because of these attacks.

From a careful questioning of the attendants on this patient I am convinced that this case came very nearly being fatal, and had the dose been larger death would have certainly occurred.

I am equally clear that the symptoms are not due to the antitoxin *per se*, but to an idiosyncrasy on the part of this patient to contact with a horse or anything derived from that animal.

A CASE OF PROBABLE PRIMARY CARCINOMA OF THE LUNG.

BY ARTHUR BREMKEN, M.D.,
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WHILE in the service of Dr. Bayard Holmes he placed before me the following history of a case which he had seen with Dr. I. C. Anker and Dr. Robert H. Babcock:

Mrs. B., aged fifty years, came under the care of Dr. Anker on November 30, 1901. She had been previously under the care of another physician, complaining of pain in the left chest, and this physi-