DIPHTHERIA, CROUP, ETC.; OR, THE MEMBRANOUS DISEASES: THEIR NATURE, HISTORY, CAUSES, AND TREATMENT; WITH A REVIEW OF THE PREVAILING THEORIES AND PRACTICE OF THE MEDICAL PROFESSION; A DELINEATION OF THE NEW CHLORAL HYDRATE METHOD OF TREATING THE SAME

Published @ 2017 Trieste Publishing Pty Ltd

ISBN 9780649502608

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C. B. GALENTIN

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AND ITS TITLE TO BE CONSIDERED

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BY

C. B. GALENTIN, M. D.

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PREFACE.

Whoever adds a new book to the long catalogue of medical works, should have something to say which has either not been well said before, or that is new. On the subjectstreated in this volume much has been well said and written by men in the profession, eminent as writers and teachers. In history, actiology and pathology, it can be truthfully said, they have constructed an almost faultless edifice, wanting only a therapeutic finish to complete the fabric. On this latter only has the writer anything very important or new to contribute. On the therapeutics of diphtheria so indefinite and diverse have been the opinions of the architects, thatthe laborious student is more dazed than edified, by being conducted into voluble labyrinths that end in the confusion of uncertainty and doubt. "Systematic feeding," and direction to "treat the symptoms as they arise," is nearly the sum of what has been developed in the medical treatment of diphtheria.

The writer has been led, or driven, into a new and hitherto untried field of therapeutics in this destructive disease, and for several years, in the treatment of hundreds of cases, has demonstrated to his entire satisfaction the claims of Chloral Hydrate to specific efficacy in the membranous diseases diphtheria, croup, &c. It is expected that this announcement will be received with reserve and a measure of incredulity, even by men of fair minds and culture; by others possibly with positive contradiction and opposition, and by another too numerous class of pompous, opinionated and bigoted men, or doctors, if you please, with derision. These

latter are the obstructionists of progress, ever ready to sneer at, and strive to detract from the influence of any discovery in medicine so unfortunate as not to have been developed beneath their own hats. However it may be received by the profession, it is confidently believed that it will be sustained by experience, and will stand, as have other truths, upon its own merits.

Other practitioners of ripe age and large experience, both in this city and elsewhere, at the suggestion of the writer, have tested the efficacy of chloral in a very large number of cases of diphtheria, and unhesitatingly affirm its efficacy, as superior to any other known treatment.

Among these I mention with pleasure my esteemed and scholarly friend, Dr. A. G. Hart, and my daughter and colaborer in this work, to whom its merits, if any be accorded it, are largely due. Finally, to those whose lives and labors are honestly devoted to the true interests of the noble profession of medicine, and the welfare of humanity, I wish to say,

Gentlemen, the writer submits whatever is new and useful in this little volume to you, for your careful consideration and use; in the pleasing hope of rendering both to you, and through you, to the world, a tittle of the good service we owe each other and humanity, with a humilitating sense of its many defects.

C. B. G.

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INTRODUCTION.

The treatment of different diseases by similar remedies, as advocated in the following pages, to thoughtful practitioners will appear neither strange nor unreasonable. Diseases differing widely in their essential characters, are not infrequently related by symptoms or phenomena that are common to several.

The entire system of the so-called "Rational treatment of disease," indeed, consists in the treatment of the symptoms as they arise, if we except only the few instances in which the treatment is specific. Pain in the chest for example, may be occasioned by a variety of diseases, as pneumonia, pleurisy, and neuralgia, but regardless of its cause, requires anodynes for its cure. Hemorrhage, whether from the lungs, the stomach, the uterus, or the bowels, depending on different organic or general diseases, calls alike for gallic acid, ergot, and the like. An exhausting diarrhosa occurs in quite opposite states and may be very properly controlled by opium, etc., regardless of the particular disease; sleeplessness, occasioned by very diverse causes, calls alike for chloral, morphia, etc.; debility, regardless of its cause, is treated properly with nutrients and restoratives; and an exalted temperature of the body, whether inflammatory or typhoid, with antipyretics. Symptoms, and not the names of diseases, are treated by intelligent practitioners, with the exception of those treated by specifics as before stated.

In the diseases which we call Membranous, and which only are the subjects of this volume, we observe a common diagnostic symptom or manifestation. It is not pain, nor diarrhœa, nor hemorrhage, nor hyperpyrexia, nor debility, but a peculiar exudation from the blood, generally upon mucous surfaces, denominated false membranes. These membranes are so nearly identical in structure and materials as to render a distinction nearly or quite impossible.

As we shall have occasion hereafter to note, their appearance has been attributed to both local and general causes, which are possibly so obscure, remote, or ethereal, as forever to elude discovery. What we wish here to observe is, simply that these diseases, having a like prominent and diagnostic symptom, may rationally be treated by the same or similar remedies without the violation of any principle entitled to professional respect.

It is but reasonable to infer, from the identity of these plastic exudates, that some similar systemic disturbance exists in each of these diseases; and yet this is only inferential. Many regard croup and plastic bronchitis as purely of local origin from the lack of early constitutional symptoms; while others, equally honest and intelligent, observe that common acute inflammation in the same localities is not ordinarily attended by the membranous exudation, and therefore conclude that in these, as in diphtheria, there probably exists primarily some peculiar toxemia.

Neither of these theories is thought to be entitled to, or should be given, any particular influence by the practitioner in deciding upon his therapeutical measures at the bedside, and hence they are dismissed for the present without discussion for matters of a more practical nature.

AUTHOR.