

[Curphey T.J., Solomon S \(1936\)](#). The therapeutic value of calcium salts in serum sickness. *New England Journal of Medicine* 214:150-153.

Key passages

THE THERAPEUTIC VALUE OF CALCIUM SALTS IN SERUM SICKNESS*

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METHODS OF OBSERVATION

A series of patients suffering from pneumococcus lobar pneumonia was treated intramuscularly with unrefined antipneumococcus horse serum prepared by a modified method¹. These patients were tested for sensitivity to normal horse serum, and none are included in this report who showed positive skin or conjunctival reactions prior to serum administration. Of these serum treated patients, those who developed serum sickness were divided into two groups: (a) those receiving calcium along with other symptomatic treatment, (b) those given the same symptomatic treatment but without calcium; alternate cases being chosen in the order of their development of serum sickness. The control cases received treatment as follows: adrenalin M X subcutaneously p.r.n., ephedrine gr. $\frac{3}{4}$ t.i.d. by mouth, calamine lotion with phenol locally and sedatives as required. No special diet was prescribed. The cases treated with calcium received in addition to the above, varying doses of calcium gluconate. Thus, as soon as the patient developed a rash, the alternate patient was given 10 or 20 cc. of 20

per cent calcium gluconate (Sandoz)* intravenously and supplemented by 10 cc. of 10 per cent calcium gluconate intramuscularly, followed every twelve hours by 10 cc. of 10 per cent calcium gluconate intramuscularly until the rash or other symptoms subsided. In the administration of the drug, the solution for intravenous injection was warmed to body temperature and injected slowly, 10 cc. requiring two to three minutes for administration. These precautions are advocated by Lieberman² to prevent possible reactions. Such reactions are characterized by a burning sensation over the entire body, a salty taste and a feeling of weakness and nausea. Only the 10 per cent solution was used for intramuscular injection, the 20 per cent product being reserved for intravenous injection.

In order to obviate as much as possible the psychological effects of the treatment, our conclusions are based primarily on the average time required for the disappearance of the rash in each group, although the occurrence and course of various other symptoms were also observed and recorded.