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SURGICAL TREATMENT OF DIPHTHERIA.*

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Mr. President and Gentlemen:

In opening this part of the discussion, I cannot help wishing that my experience of the surgical treatment of diphtheria were greater than it has been. However, such knowledge as I have become possessed of, I am pleased to have an opportunity of placing before you, and perhaps, at least, it may evoke a wider range of discussion. I presume I may take it for granted that by the surgical treatment we have reference only to the two operations of tracheotomy and intubation, performed for the purpose of overcoming obstruction to the passage of air through the larynx. I need scarcely allude at all to those cases, sometimes met with, which narrow the glottis space to such an extent that sufficient air cannot enter the lungs to support life. With many physicians the general opinion prevails that when the disease has attacked the larynx, and dyspnœa occurs, in these cases, operative interference should be resorted to early, that is, before the strength of the patient has become reduced, not only by the struggle to obtain air, but particularly by the insufficient oxygenation of the blood. For my own part, while I am strongly in favor of early operations, I think many cases present themselves where a little delay and watching are to be recommended. I believe that in the majority of cases in which the disease attacks the larynx, the first symptoms of involvement of this organ—the hoarseness passing on into aphonia, the croupy cough, and the beginning of dyspnœa—are due to inflammatory or œdematous swelling about the glottis, caused by the diphtheritic poison; and it does not always follow that a deposit of false membrane has already taken place in the larynx. Most of us have seen such symptoms, and the patient recover without the dyspnœa, although severe, increasing to an alarming extent. In such cases a too early operation might not only be unnecessary but injurious. Again, I think while the dyspnœa may be very urgent, if there are indications of separation of the membrane taking place in the pharynx, and particularly if a cast of the larynx has once been coughed up and reformed, we would do well to hesitate, because this must be an evidence that the disease is approaching or has passed the crisis, and the membrane may be again coughed up. Again, we occasionally find urgent dyspnœa due to spasm of the glottis; and, as this condition can generally be relieved by therapeutic treatment, we should try to be sure that there is actual mechanical obstruction to the passage of air which is unlikely to be removed by any efforts of the patient. While, however, I have mentioned these points to urge that all

*Read before the Toronto Medical Society.