

paralysis of heart or not I am not prepared to say. In all cases a liberal dose of calomel is to be given at once if tongue is coated and bowels constipated. Should a stimulant be indicated, either whisky or strychnine is administered, and other symptoms treated by appropriate remedies as soon as they arise.

As to the local treatment pursued I tried to follow the happy medium, neither withholding it entirely nor employing a too rigorous course. Used in some cases a solution of iron, chlorate of potash and glycerine, while in others equal parts of  $H_2O_2$  and water or euthymol (P. D. & Co.) I prefer the euthymol, as the patient does not object to the taste of the preparation.

Without going further into detail I may say that during the fall of 1897 I treated, in different houses, over twenty cases of diphtheria, losing only the two before mentioned. I used antitoxin prepared by P. D. & Co., also H. K. Mulford & Co.'s make, and so far as I could see there was no difference in the result. The more concentrated the serum the quicker will it respond.

I invariably found that after using one thousand units that in less than twenty-four hours the temperature became normal, and remained so during rest of illness, while the effect on pulse was not quite so regular. The membrane in less than forty-eight hours also began to loosen and come away. The antitoxin also lessens the anæmia so caused by diphtheria by shortening the disease and making convalescence more rapid. Only two suffered from paralysis which affected both deglutition and sight, but on using strychnine recovered in about one month.

As the serum is innocuous the importance of the early administration of the remedy cannot be too greatly emphasized; to wait for a bacteriological examination to confirm the diagnosis is foolhardy, more especially among practitioners in the country where facilities for such examinations are not always readily at hand. To my mind, clinical diagnosis is sufficient to warrant the injection of the serum. It is better to be sure than sorry, and therefore to err on the right side. The injection can be made in any region where a fold of skin can be picked up; of course, the hands, instrument and skin having previously been disinfected.

Finally, I hold that any practitioner who fails to use antitoxin because he "does not believe in it," should not be entrusted with the management of a case of diphtheria, and the practitioner who thinks a case is mild and waits for severe symptoms before using antitoxin, utterly fails to grasp the situation and will frequently be disappointed.

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## METHOD OF PREPARATIONS FOR ABDOMINAL SECTION IN: ROYAL JUBILEE HOSPITAL, VICTORIA, B.C.\*

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### THE PREPARATION OF THE ROOM AND PATIENT FOR AN OPERATION.

*To Prepare the Patient.*—If the operation is an abdominal section give the patient a strong purgative thirty-six hours before the operation. The following day shave over abdomen and pubes and give a hot bath. In the morning give a soap and water enema, then a soap and water douche followed by one of bi-chloride of mercury about 1-6000. Scrub abdomen and pubes with soap and water, wash off with alcohol, then bi-chloride 1-2000, cover with sterilized towels and pin securely. Put on a short aseptic jacket and wrap in a blanket. If she has very much hair it is more convenient to dress it in two braids. Remove false teeth if any. The patient should be kept on liquid

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\* Kindly furnished by the Matron, Miss MacMillan, Victoria, B.C.