

Dry cold applied to the head, however, by means of the ice-cap, or the coiled tubing conveying icedwater—as first practiced in Glasgow for injuries to the head, employed by Mr. Thornton to reduce febrile temperature following ovariectomy, and approved by Mr. Wells—I doubt not, will prove useful for that object, as I have observed its beneficial effects for injuries of the head in the Hamilton Hospital. Others have recourse to the use of the ice-collar to the neck, the ice-bag to the spine, or the icedbath for the same purpose, and with astonishing results.

SEPTICÆMIA.

The existing peritonitis, if not speedily checked, especially if the inflammation has been set up by decomposition and septic absorption, will quickly develop or result in that more formidable condition—septicæmia. Not unfrequently the two are combined, or run concurrently, at least it is impossible to define where the one ends and the other begins. Some assert that septicæmia may occur without any previous or perceptible peritonitis. Usually, however, septicæmia is the result of peritonitis, which has been started by septic absorption. The symptoms by which it is ushered in are well portrayed in the quotation from Thomas's work concerning this condition, and the use of the drainage-tube. The topical treatment of the peritoneal cavity by means of antiseptic injections through the drainage-tube, must be resorted to, and in case the tube has not been employed, the cavity must be boldly tapped, all turbid serum withdrawn, and then thoroughly cleansed by antiseptic injections through the canula.

CONCLUSION.

In conclusion, permit me to say that ovariectomy is an onerous undertaking. The conscientious surgeon finds, from the moment he takes the case in hand, that in addition to the anxiety he must feel, it makes a demand upon his time, thought nerve and skill, for which no merely financial remuneration can possibly recoup him. It is the conviction of the writer that no practitioner should undertake this formidable operation, who has not had considerable experience as a surgeon, and who has not a *penchant* for such practice; who cannot transfer his patients with contagious diseases to another; and surround himself with skillful and

cool-headed assistants; and who will not devote himself almost exclusively to the after-treatment, for, unquestionably, it is by strict attention to the preparation, and the totality of the little circumstances connected with the operation, as well as, and more particularly, the after-treatment, that success so much more frequently is now the result of the operation.

(To be continued.)

PRACTICAL OBSERVATIONS ON THE TREATMENT OF DIPHTHERIA AND DIPHTHERITIC CROUP.

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The rapid dissemination of diphtheria in town and country, and the frightful mortality in many localities, have induced me to offer the following observations on the treatment of this dread disease. It is with some diffidence the subject is approached, after the exhaustive manner in which the principles of treatment are laid down in the last issue of the LANCET. There were some points, however, scarcely touched, upon which, in this paper, I desire especially to dwell. In the article (Feb. LANCET) "Prognosis and Treatment of Diphtheria," Dr. Lewis Smith observes, "There is no known antidote for diphtheria, in the sense in which quinine is an antidote for malarial disease." From so high an authority, let me venture to differ, and to assert that alcohol in the form of whiskey or brandy, given in large and frequently repeated doses, at the very onset of the disease, is not only antidotal, but abortive and curative as well, in the more advanced stages, in all save a small minority of cases.

Like quinine in some few cases of ague, it may occasionally fail, but the exceptions are rare in adults, and in children from about seven years of age upward. Very young children, however, including, of course, infants, and those affected with diphtheritic croup, cannot bear alcohol in rapidly-repeated, and comparatively large doses; but those of more mature years, with adults of all ages, can take it freely from the first inception of the malady without its producing the usual inebriant effect.

The former will bear one half-ounce every hour or two hours, the latter from two to four ounces,