

A very useful plan of local treatment is to saturate the air of the sick-room with vapour of ol. terebinth. and ac. carbol. It is not noticed by the patient, and comes in contact with the diseased parts with each breath. Certainly you cannot do a great deal in this way towards killing the germ, but you render the air, to some degree at least, antiseptic in its properties, and the influence must make for good.

Since the discovery of the germ origin of the disease, the constitutional treatment has not improved as much as the local. Iron, with rest, liquid food and stimulants, forms the main part of the constitutional treatment, some authorities claiming that all we can do is support the system and tide the patient over the critical period. Others believe in shoving the tr. ferri perchlor. to the limit of tolerance, and also giving hydr. perchlor. or ol. terebinth. for their specific effect.

Of course the plan of general support is correct, and no matter what treatment may come, is bound to hold its place; but surely if the germ can be so readily influenced in its growth and appearance by the culture medium on which it is grown, we may yet hope to be able to so saturate the system that the culture ground in the throat and nasus may become much less favourable to germ growth. This may perhaps be accomplished by the blood ferments or tox-albumens on the lines being worked out at present in tetanus, pneumonia and cholera, or perhaps by some of our older remedies.

The treatment with serum from immune sheep has lately been tried by Behring in some thirty cases, with six deaths, and in Koch's institute eleven children have been treated with but two deaths; but the number of cases treated so far is too small, and our knowledge of the condition of the child in each case too meagre to warrant our drawing any conclusions; and, again, even if a specific of any kind be discovered, it must be used before a lethal dose of the diphtheria products has been absorbed into the system.

But in the meantime in the absence of any specific form of constitutional treatment, we must content ourselves with keeping up the strength of our patient by every means in our power, and give nourishment and stimulants frequently, with such remedies of known virtue as ferri perchlor. ac. hydrochloric dil., or quinine. But with whatever

form of treatment we may follow, we may expect, for some time to come, to meet with a large percentage of deaths when we have malignant diphtheria to deal with

ABDOMINAL AND INTESTINAL SURGERY.

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Case 1.—Mrs. F., aged 34; mother of three children; youngest, 2 years and 6 months old; consulted me on 19th April, concerning a lump in her side. The night previous she had been seized with a frightful pain in the right side, and immediately after she discovered the lump. She had no knowledge of the lump prior to the painful attack. Medical aid was not sought till next morning, when she came to my office. On examination, I found a large tumour in the right side, and extending towards the left, across the median line in front of the uterus. As her menstrual discharge for two or three months had been very scant, I thought I had an ectopic gestation to deal with. I decided, however, to temporize, and prescribed rest, and tinct. hyoscyamus with pot. iodide. Under this treatment the pain disappeared, and the lump became appreciably less.

On the 5th June, seven weeks after, I was sent for to see her. I found her suffering intense pain in pelvic region; temperature, $103\frac{1}{2}$; pulse, 120. The lump was larger, and seemed to fill the pelvis. She had been out driving during the afternoon, and was seized with pain during the drive. Her symptoms were so alarming, I called in Dr. Miller immediately in consultation. He concurred in my opinion, that an operation was urgently required. The patient and her husband consented to this, and next morning she was removed to St. Joseph's Hospital. Dr. Mallock was asked to see her there with Dr. Miller and myself. When we met there, we found her temperature 99; pulse, 90; no pain. Dr. Mallock examined her, and thought we could safely defer operating, and that it would be better to wait new developments. Dr. Miller, considering the change in the patient from previous evening, concurred with Dr. Mallock. Yielding to the majority, I informed the patient and her husband of the result of our deliberations. Both of them were disappointed at the postponement.