

first two small doses were given, now not less than six hundred units (one flask of No. 1) are given as a beginning dose, and if the case be very severe or be seen late, as much as sixteen hundred units may be given immediately.

Within twenty-four hours after the injection the pulse, as a rule, is slower, the temperature lowered, and the patient feels better in every way. If the cases are not seen until the third or fifth day, when the organs may already be seriously affected, it cannot be expected that the antitoxine will have such a beneficial effect; it can only counteract the poisons then present; it cannot repair the damage already done.

A few relapses have occurred after its use, and some deaths, but these were not, it is claimed, in cases treated from the beginning. Very gratifying statistics come from Germany and France; the mortality rate has been markedly lowered. The disease, Behring states, is now absolutely within the control of the physician. It was thought at first that one-tenth of the ordinary healing dose would suffice to protect those who had been exposed to the disease from contracting it. But it is now recommended that one hundred and fifty units be injected as a prophylactic or immunizing dose.

Some curious after-effects have followed its use, such as urticaria and erythematous eruptions, pains in the joints, sometimes accompanied by swelling, but in no instance were these symptoms of serious import. Laryngeal complications, it is stated, do not develop if the antitoxine has been used before they appear. It is claimed that tracheotomy is rarely necessary, and that intubation will answer in those cases where the larynx is involved. The antitoxine is not to be looked upon as a direct chemical antidote, for it does not act against poison in the same manner that an acid neutralizes an alkali.

The antitoxine for one disease may act, to some extent, in increasing the resistance of the body cells against the toxins of different origin. For instance, while the blood serum of an animal rendered immune against snake poison has no antitoxic effect against the toxin of tetanus, yet an animal which is immunized against tetanus yields a serum which combats the toxic effect of snake poison, and there are other facts adduced which shake

our confidence in the specificity of antitoxines. There may be, to a certain extent, an overlapping of the immunities.

Diphtheria offers, as Buchner has pointed out, a better opportunity for the study of the effects of a new remedy, than does tuberculosis; for while the former approaches more nearly to typical infection, the latter is almost a typical intoxication. Again, while the tuberculosis runs a protracted course, as a rule, and is subject to spontaneous exacerbations, and ameliorations, diphtheria is an acute process terminating soon either in recovery or in death, and thus is a disease in which conclusions concerning the efficacy or futility of a given method of treatment may be speedily arrived at.

Should the new treatment of diphtheria prove to be as satisfactory as it promises, the outlook for the cure of infectious diseases in general is bright. We shall, however, be compelled to wait patiently until the bacteriologists, to whom all the credit of this new treatment is due, have perfected the arrangements for the application of the serum therapy to the other infectious diseases.

THE ELECTIVE ACCOUCHEMENT— ITS ADVANTAGES.

L. M. Michaelis, M.D., in the *Medical Record*, in speaking on this subject says: Confronted with the necessity of selecting an operation by which to induce premature labor, our choice will naturally fall on that one which, while possessing comparative ease of execution, holds out prospects of the best results both for mother and child. That the methods in use up to within a short time have been far from perfect, can be seen from the number proposed, tried, and cast aside as unsafe or inefficient. Thus among these methods, we have faradization, vaginal and intra-uterine douches, irritation of the cervix by means of tents or rubber bags inflated with air or distended by water, detachment or puncturing of the membranes, distention of the vagina by means of the colpeurynter or by tampons, and finally, intra-uterine injections of glycerine and the use of the bougie. Some of these methods are unscientific, others are positively unsafe, and all are either uncertain or tedious. Those most frequently resorted to at present are the introduction of a bougie through the cervix to