

THE Canadian Practitioner

FORMERLY "THE CANADIAN JOURNAL OF MEDICAL SCIENCE."

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SUBSCRIPTION, \$3 PER ANNUM.

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TORONTO, DECEMBER, 1886.

Original Communications.

TRACHEOTOMY IN LARYNGEAL DIPHTHERIA.

BY DR. L. L. PALMER.

(Read before the Toronto Medical Society,
Oct. 28th, 1886.)

I do not intend to discuss the various steps or details in performing tracheotomy, though much is to be said upon these points, and, to my mind, the technique of the operation and subsequent treatment are the most important to discuss, inasmuch as in these we may hope for further improvement, and in this advance hope for greater reduction of mortality, but some of our surgeons seem not so sanguine that the results justify the means. I shall therefore limit my remarks to the *necessity* of tracheotomy in this fatal disease, though the need of the operation has been hitherto considered established and its position assured, notwithstanding some of our wisest and best surgeons are not so sanguine that the results justify the means.

I think, however, that most of our widest differences on this, as well as other subjects, arise more from an indefiniteness in our use of terms and want of clearness in establishing our data, from which we may draw very widely differing conclusions.

With a view to arriving at a fuller consensus of opinion on the importance of this operation,

and when it is indicated, we will review some of the facts concerning this most fatal disease, and its remedy.

With those who object to the operation in toto, I raise issue boldly, inasmuch as I consider the objections, in the face of the light we have lead to *bad surgery*, and coming from whomsoever they may, will gain the public ear, and foster a prejudice against the procedure, that will render it impossible to get consent for its performance even when most demanded.

The already existing dread of the scalpel, *plus* the objections of a part of the profession, *plus* the large mortality, even after the operation, make up a sum almost insurmountable by even despairing friends.

In all our treatment of laryngeal diphtheria, as in diphtheria in general, and in our hope of successful issue, we must remember that the symptoms are due, (1) In part to a *general blood infection*, the intensity of whose morbid changes may be so great as to endanger life; and (2) in part to a *local specific inflammation*, which, because of its *perilous situation*, may lead on to suspension of a vital function and a fatal issue. Both of these conditions may combine their forces for the destruction of our patient, and either may, independently of the other, be sufficient to do the deadly work.

It is perhaps when both these conditions combine, viz., the *general blood infection* and the *local inflammation*, that the nicest judgment is required in reference to tracheotomy.

For, if after having given relief to all the