

When the stenosis continues to increase in spite of remedies, no time must be lost if the trachea is to be opened; for if there be any hope from the operation it is when done comparatively early. The results are not encouraging. The benefit of this operation, so manifest in croup from other causes, is not found in diphtheria, for it does not check the disease.

Dr. Holmes, of Chatham, informs me that he has operated three times with a fatal issue in every case, but he would advocate the operation for euthanasia.

The albumen of this disease is rarely due to a nephritis, but to congestion of the kidneys, for it rarely produces dropsy or uræmia, and recovery is rapid after the cessation of the cause. The dyspnoea produces general engorgement which the kidneys must share; or the vagus being affected, the heart is weakened, and the congestion is due to this cause.

The paralysis of diphtheria is fortunately not very frequent; some epidemics are much more marked than others by its appearance, and unless it involves the heart, or the paralysis is general, there is a strong tendency to spontaneous recovery. I have used faradism, but cannot say that it hastened recovery. There is some evidence that galvanism has a beneficial influence. Professor Thacher, of Yale, has made some careful observations on the effects of massage, faradism and galvanism. There was a positive gain from galvanism, no effect from faradism, while massage seemed to lessen the power.

### SOME OF THE SURGICAL SEQUELÆ OF THE EXANTHEMS AND CONTINUED FEVERS.

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Some of the properly surgical sequelæ of the exanthematous and continued fevers are well known and commonly recognized; such are orchitis following mumps, catarrh of the middle

ear after scarlatina, and bed-sores after typhus and typhoid. These are easily discovered, and their causes readily and unmistakably traced. But there exist numerous other lesions whose actual primary causes are connected with the febrile state, but are yet frequently overlooked or ignored, and which may even pass totally unrecognized because of forgetfulness or ignorance that they may ever be thus produced. Concerning these the text-books are singularly silent; and it is to a few of the more striking of these, as illustrated by cases occurring in my own practice, that I beg to invite your attention.

Most of those which I shall report have been sequelæ of typhoid fever, and my reason for this is well expressed in a sentence from one of Paget's *Clinical Essays*. "The sequelæ of scarlet fever are commonly enumerated; those of typhoid fever—especially those seen in surgical practice—are scarcely less numerous, but seem less known." And a little further on,— "Certainly it must not be called accidental or unmeaning, if after typhoid some patients have chronic suppuration of lymph glands, and some phlebitis, and some acute periostitis (some of these being symmetrical and ending with necrosis), and some have chronic suppurative periostitis of ribs, and some have wasting of muscles, and some a local paralysis." (pp. 378, 379.)

Were I to try to go over all the ground I legitimately might, I would prolong this paper beyond the limits of this session; I therefore omit all reference to diseases of the eye, ear and larynx, all consideration of erysipelas, phlebitis, gangrene and bed-sores, all allusion to perforations and hæmorrhages, and shall try to be suggestive rather than discursive in what I have to present within these restricted limits.

Post febrile collections of pus in the joints are rare. Of 3,130 consecutive cases in Vienna General Hospital only two occurred. Of standard authors Volkmann alone mentions their possibility. Keen has been able to collect forty-three cases, in thirty of which dislocation occurred spontaneously (twenty-seven times at the hip); the cause being the mechanical distension of the capsule by pus, accompanied by a relaxation of ligamentous structures.

CASE I. I have a friend one of whose hips is ankylosed in faulty position. The displace-