

Dr. A. B. ATHERTON, (Fredericton), then read a very interesting report of a case of Pylorectomy for Carcinoma with Gastro-jejunostomy. Specimen removed on post-mortem was shown, death having occurred two weeks after operation.

Drs. DANIEL and H. G. ADDY referred to the practicability and advisability of operating in such cases.

Dr. J. H. MORRISON (St. John) opened the discussion on Diphtheria by reading a paper on a plea for Intubation. He referred to the great importance of intubation in laryngeal diphtheria and referred to over forty cases in whom he had performed this operation. The paper was most interesting and instructive.

Dr. COULTHARD (Fredericton) said the surprises given to the practitioner in treating cases of diphtheria were greater than in any other disease. Sometimes making your morning call, patient experiences a pain in the stomach, which always told of impending failure of the heart. Important to guard against peripheral neuritis, also implication of the deeper nerves, and degeneration of the heart muscle. Satisfied beyond a doubt that antitoxin is a great remedy, though many men are still skeptical. Believes it will produce results almost as great as vaccination in the prevention of small-pox. In every suspected case antitoxin should be used immediately and not wait. Statistics were given showing great reduction in the death rate by the use of antitoxin in Brisbane, and also in the State of Ohio, where the mortality was reduced to one-half.

Dr. A. F. EMERY (St. John) had used antitoxin in 24 cases with 4 deaths. They were all pronounced cases though no bacteriological examination had been made in any. Of the fatal cases, 2 were laryngeal, 1 being relieved by intubation but antitoxin had been given too late. Sometimes the bacillus seems almost inert, producing a mild form of the disease, while at other times it is virulent. In most cases there is secondary infection from the streptococcus and sometimes the staphylococcus, then having a combination of septicæmia and diphtheria. Antitoxin should be given as early as possible before the streptococcus or other germs gain a foothold, for then you would have two diseases to treat. Does not consider 2,000 units too large for a patient over five years of age. Also carry on the best treatment in our command to combat the septicæmia. Possibly the anti-streptococcus serum may be used more for that purpose. Thinks the dose of antitoxin given by most practitioners is too small. In his 24 cases, every one injected before the