

said to have a chance is reduced to 8.8 per cent. The earlier in the course of the disease the injections were made the lower was the proportion of deaths. In those injected in the first three days the mortality was 7.3 per cent., and if from these we deduct those which were practically moribund at the time of injection the mortality was only 4.8 per cent. After the third day the mortality rises rapidly and does not differ materially from ordinary diphtheria statistics. Nevertheless, in certain cases striking improvement is said to have taken place even when the serum was injected as late as the fifth or sixth day.

As regards the age of patients, the highest mortality occurred before the second year. After that age there was a steady decline in mortality up to adult life. Contrary to what has been asserted by some observers, evident improvement was seen in adult cases treated by the serum. Of 359 patients, over fifteen years of age, but thirteen died. Four of these were moribund at the time of injection; two, both sixty years old, suffered from preceding organic disease, one of the heart and the other of the kidneys. Others were injected late. Omitting the moribund cases the mortality of 355 adult cases, treated with the serum, was 2.5 per cent. It does not appear that the serum has a notable power of preventing the development of diphtheritic paralysis unless it be used early in the disease. Even then, in severe cases, nerve cells and fibres may be so greatly damaged that paralysis will follow.

The most decided evidence of the value of this method was observed in laryngeal diphtheria. Every one knows the danger of this localization where mechanical obstruction to respiration is superadded to the depression produced by a specific intoxication. The number of laryngeal cases reported was 1,256, and yet of these, 563 recovered without operation. Of 565 operative cases, sixty-six were

either moribund at the time, or died within twenty-four hours after injection; if these be deducted, the mortality of those operated upon by intubation or tracheotomy is 16.9 per cent. The best result in operative cases, prior to the introduction of the serum treatment, was a mortality of 51.6 per cent.

After the report had been read and accepted, the society agreed that for a child over two years old the dosage of antitoxin should be in all laryngeal cases with stenosis, and in all other severe cases 1,500 to 2,000 units for the first injection, to be repeated in from eighteen to twenty-four hours if there is no improvement; a third dose after a similar interval if necessary. For severe cases in children under two years, and for mild cases over that age, the initial dose should be 1,000 units, to be repeated as above if necessary; a second dose is not usually required. The dosage should always be estimated in antitoxin units, and not the amount of serum. Antitoxin should be administered as early as possible on a clinical diagnosis, not waiting for a bacteriological culture. However late the first observation is made, an injection should be given unless the progress of the case is favorable and satisfactory.

From the reports obtained, it appears that in the great majority of cases but one injection was made. In very severe cases two and three were given.—*The Medical Bulletin*.

THE SURGEONS' COMPANY IN 1796.

So many jubilees and centenaries have been celebrated this year that most people appear to have lost sight of the important events which were happening to the Corporation of Surgeons a hundred years ago. The surgeons left the barbers in 1745, and with the assistance of John Ranby,