

Syphilis, on the other hand, being a specific virus, is a blood-poisoner and disorganizer, *ab initio*, manifested by an initial sore, sometimes unnoticeable, in any part where mucous membrane exists, or abrasion of the cuticle occurs; amenable to treatment, and happily cured in its primary manifestations, and to material amelioration even in its advanced stages, provided that extensive gummata have not developed within the cranium. A disease which will, in the course of years, exhaust itself in an exceptionally vigorous subject, of good heredity and family history; but, as it were, burn itself out, leaving its victim maimed and disfigured by the wayside of life—a sufferer, if not from facial deformity, yet, knowing that the “iron has entered into his soul”—a veritable “thorn in the side,” in the shape of visceral disorganizations, with a residuum of healthy tissue. These are but limited observations, crudely collated. To enter more fully upon this subject would indeed be enticing: for the more extended literature, culled from vast fields of experience and learning, I would refer the reader to Morrow, vol. ii., pp. 331-364; Sajous, pp. 270-349; McKenzie, pp. 244-261.

THE PRESENT STATUS OF INTUBATION IN THE TREATMENT OF CROUP.

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Most difficult would be the task of the impartial reader who would attempt to arrive at any definite conclusion regarding the value of intubation from the most careful study of the literature of this subject, unaided by personal experience. So conflicting are the opinions that have been expressed by the numerous writers on this subject, that the partisan, choosing whichever side his fancy or prejudice might dictate, could produce an array of authorities and statistics in support of his arguments, either *pro* or *con*, that to the inexperienced would appear overwhelming. Jumping at conclusions from a limited experience, the one thing above all others that the practice of medicine should teach us to avoid is the principal cause that has led to the confusion and difference of opinion that still exist on this question. The more fatal a disease, the more caution is necessary in making deductions from the evidence derived from a few cases, because, under these circum-

stances, the element of chance or coincidence often plays an important part which is excluded when large numbers are considered. For example, I recently intubated a patient for a physician in my neighborhood, who informed me that it was his eighth case of this kind, and that seven of them had recovered. For another physician, only a few blocks distant, I had intubated a similar number of cases, every one of which died. At the Great Ormond Street Hospital, London, in the year 1890, intubation was first tried in eleven cases of croup with only one recovery. This result was considered sufficiently unfavorable to condemn the operation, and it was therefore abandoned. At the end of two years, owing probably to more favorable reports from other quarters, it was again tried in another series of eleven cases, this time with eight recoveries, (*British Medical Journal*, July 22, 1893. Whether only one case or eight cases out of eleven recover proves absolutely nothing except that some cases do recover after intubation. Neither would it have proved anything had every one of the twenty-two cases died, except that the mortality following intubation for croup was very large—a fact which no one with sufficient experience disputes. The literature of intubation abounds with similar examples of reaching conclusions from a limited experience, and it is on such evidence that this procedure has been over-estimated by some and condemned as useless by others, according to the varying results obtained in a few cases.

The fatal and complex nature of croup, which renders such contradictory results possible under the same method of treatment, is also to some extent responsible for this condition of things.

Acute non-traumatic stenosis of the larynx in children that endangers life by suffocation is, with rare exceptions, diphtheria, either true or false. This disease, if unrelieved by mechanical means, proves fatal in about ninety per cent of the cases, and, with all the aid that medicine and surgery can afford, it still continues to be, with few exceptions, the most fatal of all the acute diseases. The much-dreaded Asiatic cholera seldom carries off more than half its victims, while croup claims a much larger percentage. Even some epidemics of cerebro-spinal meningitis are more merciful than this disease, the terrors of which are less apparent because always present.