

tomy in laryngeal diphtheria, when combined with the use of anti-diphtheretic serum! In my student days at the hospital, it was considered a good record for a house surgeon—who was allowed the privilege of performing tracheotomies when required—if he saved two out of ten cases. But in these days it is not uncommon to hear of six or seven successful cases in succession. A point upon which I lay stress is to perform the operation without administering an anesthetic. How often have we witnessed the little patient stop breathing before the operation was commenced! Consequently, I have thought that many of these died from depressing effects of the anesthetic upon a patient already saturated with the poison of diphtheria.

I wish to refer to the use of the anti-streptococcus serum in the treatment of streptococcus infection of wounds. Although its general use has been adversely reported upon, it does produce a marked beneficial effect upon certain cases.

Only very recently I was called in consultation to see a severe case of septic infection from a scratch over the knuckle of the right hand of a patient who had been attending to his child's ear, with otorrhea, and by some means had inoculated his hand. He had been ill four days before I saw him. I found him with his hand in a hot bi-chloride bath, the wound having previously been laid freely open. The temperature ranged between 104 and 105 3/5 for three days. The lymphatics on the inner side of the arm were marked out by red lines, and in three or four places along their course there were black, sloughy-looking patches. The arm was edematous up over the shoulder, but there was no sign of deep-seated suppuration. The finger-joints, wrist and elbow could be flexed without pain.

The question of amputation was discussed, but decided against. Quinine and stimulants were freely given and we decided to try the anti-streptococcus serum. It was injected over the shoulder night and morning, and the first dose seemed to benefit him; but it was not until he had received four doses that his temperature dropped, the swelling and inflammation began to subside, and the other symptoms to improve. From this time forth there was no rise of temperature, and with the exception of opening two small collections of pus in the course of the lymphatics, he rapidly recovered.

Its use in some septic puerperal cases has also been attended with very good results. Its administration in mixed infections has been proved to be useless. When first introduced, we had greater hopes of its possibilities, for we supposed it would be useful in cases of septic traumatic arthritis and other forms of suppuration.

Surgery, from the general practitioner's point of view, is becoming so vast a subject that it almost reaches beyond the