The child was put upon brandy, two drachms every four hours, combined with three minims of tincture of chloride of iron. There was considerable shock after the injection.

The next morning respiration was 24, pulse 128, temperature 100.2°. The nostrils had a thick, white membrane extending away down to the alæ nasi, accompanied by a profuse foul-smelling discharge. The edges of the membrane in the throat seemed more clearly defined, the membrane swollen and the surrounding mucous membrane swollen and congested. She spent a restless night. That afternoon she had marked pallor and prostration, and 9 c. c. of the same antitoxin were injected into the same thigh, this time with a Koch syringe, with considerably less discomfort.

The next day, May 3d, snuffles increased, with epistaxis. Temperature dropped to 99°. Pulse and respiration remained the same. Urine showed slightest possible trace of albumin by heat test. The membrane in the throat seemed to be whiter, and actually melting away and very clearly defined. An urticaria-like eruption, the size of four fingers, gradually developed over the seat of injection, points of entrance of needle not involved.

May 4th. A small trace of membrane only remains in the throat as a slough. The snuffles have ceased, and the membrane has disappeared from the nostrils like a charm, and nasal breathing apparently perfectly clear. Patient sitting up in bed, and much interested in surroundings. Leg free from pain upon manipulation, and rash diminishing. Medication diminished.

May 5th. Throat absolutely free from membrane. Urticaria disappeared. Child apparently well. Temperature, pulse and respiration normal.

May 7th. Child up and dressed. Examination of urine shows it to be free from albumin.

No further symptoms or treatment. Cultures from the throat May 8th and 15th showed Klebs-Löffler bacilli present; May 23d, absent.

CASE III. On May 6th, H. R., nine months old, showed signs of constitutional disturbance. Examination of the throat showed nothing but congestion. Cultures were taken showing Klebs-Löffler bacilli present; and on May 7th a small gray patch appeared on each tonsil, which developed into an extensive membrane on the 8th, covering both tonsils, uvula and pharynx, with a temperature of 101.5°. Nostrils apparently not involved. Slight enlargement of cervical glands. Respiration normal. On the morning of the 8th 9 c. c. of similar strength antitoxin were injected into his left thigh. Brandy and tincture of chloride of iron were given by the mouth, and he was transferred from the breast to the nursing-bottle.

On May 9th the temperature dropped to normal, the membrane assumed characteristics similar to those described in the previous case, namely, whiter, swollen and with outlines clearly defined, with a swollen, congested appearance of the mucous membrane of the pharynx. No extension of membrane apparent. There was marked prostration, with pallor, and difficulty in administering nourishment and treatment.

May 10th, two days after injection, the membrane very white and melting away. No nasal complications. General appearance much improved. Slight urticaria, size two-cent stamp, over seat of injection; point of entrance of needle not involved.

May 11th. Temperature, pulse and respiration

normal. In the throat there is a slight necrotic mass in place of the membrane. Mucous membrane congested and swollen. The child looks well, sits up in bed, and nurses the bottle with avidity. Urticaria disappeared.

May 12th. Throat absolutely clear, and the child appears absolutely well. Medication omitted. Specimens of urine unable to be obtained.

No further symptoms noted. Cultures from the throat May 15th showed Klebs-Löffler bacilli present; May 23d, gave negative result. No local treatment to the throat was used in either Case II or III.

Mrs. R. had nursed her child for forty-eight hours after the membrane had been present in its throat. She was given 5 c. c. antitoxin (1-50,000) in her left deltoid muscle on May 8th, as an immunizing dose. Cultures were taken from her throat at that time with negative results. Examination of her urine two days later showed it to be normal. She never showed any rash on her body, and stated that she felt just the same as if she had never taken it save for the prick of the needle.

The noteworthy point about these cases is the rapidity with which the membrane disappeared; in Case II in five (possibly six) days; in Case III in five days; and this without any local application. Inside of forty-eight hours the membrane showed itself vanquished. In Case I the membrane lasted eight days. The urticaria needs no comment.

A few itemized cases prove practically nothing; but when one sees an extensive membrane in a septic case of diphtheria melt away and disappear in about one-half the usual length of time, and that without any of the bother and exhaustion which accompanies the use of the local application, both to the physician and the patient, he cannot but entertain a hopeful outlook for the future use of antitoxin. I think the State Board of Health is to be congratulated on the production of such an efficient preparation.

DIFFUSE HYPERTROPHY OF THE BREASTS.

BY FRANCIS W. ANTHONY, M.D., BRADFORD, MASS.,
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THE following notes are reported as continuing the history of a rare and interesting case.

The patient reported by Dr. J. C. Warren, in the JOURNAL of August 3, 1893, as having diffuse hypertrophy of the breasts, became pregnant for the third time, and was under my observation during her pregnancy. The breasts, which had become smaller after her second delivery, again increased, until two weeks before the third labor they presented the appearance shown in the photograph. An apparent attempt at a nipple formed on the enlargement in the right axilla. An accessory nipple on the under surface of the left breast was surrounded by a dark areola. The enlargement in the left axilla was about one-fourth that on the right.

The labor, watched by Dr. G. M. Atwood, in my absence, was normal, as was the convalescence. Contrary to the method pursued at the time of the birth of the second child, nursing was allowed—in fact, it was insisted upon by the patient, who had lost her other two children—and was without unpleasant complications, the enlargement at the onset of the

flow of milk being trifling and the supply about equal to the demand.

Two months after delivery the breasts had receded to a size about that before pregnancy.

Reports of Societies.

MASSACHUSETTS MEDICAL SOCIETY.

SURGICAL SECTION, JUNE 11, 1895.

THE TREATMENT OF PROSTATIC HYPERTROPHY.¹

DR. L. BOLTON BANGS, of New York City: It is needless for me to say to you that the subject of prostatic enlargement and its treatment is, in my opinion, one of the most important surgical discussions of the day. When we consider the relation of enlargement of the prostate to human suffering, when we consider how many men of advancing years, who ought to go down to their graves in comfort, are the subjects of it, you will readily see, and I am sure you will agree with me in my opening remark, that it is one of the most important surgical questions of to-day to know how best to deal with it.

It has been stated by various teachers, by different surgeons, that prostatic enlargement makes its appearance in one man in three after the age of fifty, as some have it; and others state it after the age of sixty, and that one man in ten suffers from it. I once endeavored to make a record of all the men I examined to determine how many really had prostatic en-

largement, and whether my statistics are in agreement with "one man in three" I am not sure at this moment, but I came to the conclusion after observing a great many cases of my own that we are wrong in stating that prostatic enlargement begins after the age of fifty. I believe that it begins—not that it always shows symptoms—at an earlier age than fifty or thereabouts. At any rate, there are enough men sufferers from this condition. I may have it; you may have it. It comes to be a grim thing when we contemplate it from the personal standpoint, therefore there is sufficient cause to warrant taking every step, to balance with care everything presented to our attention, and to consider how best we shall treat these sufferers.

In the main I agree with everything that has been said in the able presentation of this subject this afternoon, certainly with regard to the palliative treatment and for my comfort as well as for yours it should be borne in mind that the largest proportion of men with prostatic enlargement, even admitting the fact that it begins early in life, have no urinary symptoms—certainly not to a degree requiring the intervention of a surgeon.

Now then as to palliation. Bearing in mind that a large proportion of men with enlarged prostate have no symptoms, and that another proportion of them do have symptoms, it is also a satisfactory fact, perhaps to you, certainly to me, that these can go through life with only palliative treatment, and require no operation whatever. Of course that statement is to be modified by the condition of the individual who presents himself to you, and may be modified also by the stage of the disease at which he presents himself and by its progress. You all know men who seem so immune, whose tissues are so indifferent to the inroads of microbic bodies. I have in mind a man of eighty-two, strong, looking well, who never makes a drop of urine spontaneously, but carries his catheter in his hat and in the absence of any other more suitable lubricant spits upon his catheter when he wishes to urinate. That illustrates what we know of the immunity with which a certain number of individuals can go down to their graves with easy, comfortable catheter life.

Besides palliative treatment or catheter life there is a consideration of the care of the bladder in regard to which I think we ought to say a word or two, and that is a treatment of the individual himself. If you can only impress upon such a patient the fact that he is a "prostatic" and therefore has a weak point, and that he ought to go to his doctor at certain regular intervals in the same way and with the same cheerfulness that he would pay his fire-insurance premiums upon his house! He does not want a fire nor does he want future damage to his bladder. If he will pay periodic visits to his doctor who will overlook his bladder, many of these individuals who have been compelled to find their way to the hospital or to the office of the surgeon for operative procedure will escape it I believe. If the same attention were paid to a man who has a prostatic enlargement as is often paid to the heart of the individual who has such an organic weakness, I believe many a man would live out his time with simply palliative treatment.

Dr. Cabot in his admirable *résumé* of the palliative treatment mentioned to you the cases which constantly arise in which the very first symptom calling the attention of the individual to the fact that he is a prostatic

¹ See papers by Drs. Cabot and Watson, in the last number of the Journal, pp. 149-161.