

observation for a few minutes to see that there is no unusual pain. The injection will cause some immediate smarting if it is made near the verge of of the anus; if made above the external sphincter, the patient may not feel the puncture or the injection for several minutes, when a sense of pressure and smarting will be appreciated. In some cases, no pain will be felt for half an hour, but then there will be considerable soreness, subsiding after a few hours. If it increases, instead of disappearing, and on the following day there is considerable suffering, which may not perhaps be sufficient to keep the patient on his back but is still enough to make him decidedly uncomfortable, it is a pretty good indication that a slough is about to form. For the reason that it is impossible to tell absolutely what the effect of an injection is to be until at least twenty-four hours have passed, it is better to make but one at a visit and to wait till the full effect of each one is seen before making another. If on the second day there is no pain or soreness, another tumor may be attacked, and this will often be the case. 5. The strength of the solution must be regulated by the nature of the case, and in my own practice varies from five per cent. to pure crystalized acid. In a large, vascular, prolapsing tumor, which is well defined and somewhat pedunculated, five drops of pure acid may be used with the expectation of producing a circumscribed slough which will result in a radical cure. A thirty-three per cent. solution under the same conditions will probably produce consolidation and shrinkage without a slough, but the injections will have to be repeated several times. A small tumor which protrudes but slightly, is not pedunculated, and can be seen and felt as a mere prominence on the mucus membrane, may be cured by a single injection of a five per cent. solution, which will cause it to become hard and decidedly reduce its size, while an injection of a fifty per cent. solution might make considerable trouble, the remedy being too powerful for the disease. Guided by this principle, some experience will soon determine the choice of the solution. There is no arbitrary rule which can be applied to every case. As in any other surgical operation, some will be more satisfactory than others, and an occasional accident must be expected; but, on the whole, it seems to be the best method of treatment yet devised.—*N. Y. Medical Times.*

DISCUSSION ON TRANSIENT ELEVATIONS OF TEMPERATURE AFTER DELIVERY.

Dr. Hanks opened the discussion. He considered it very difficult to tell, within the first twelve hours after delivery, whether a rise of temperature was due to septic or malarial influence.

If, on careful examination of the genital tract, he found a laceration of the cervix or perineum, or an œdematous state of the vagina around the cervix, he was inclined to attribute the rise of temperature to the absorption of septic matter. In case the uterus was large, and the lochia fetid, he resorted to the douche.

Dr. Rodenstein stated that a chill coming on suddenly and followed by sweating was apt to mean malaria. A strong point in differential diagnosis he considered to be the state of the external os. In sepsis, he had noticed that the os was always patent; in malaria, usually closed.

Dr. Patridge stated that the pelvic organs should be carefully and thoroughly examined, not alone once, but repeatedly, for frequently the second or third examination would reveal a cause not appreciable on the first. If, finally, he could find no cause for sepsis, he then concluded he was dealing with malaria. When we remembered how much constitutional disturbance might result from a simple abrasion on the surgeon's finger, it was amply evident how a slight lesion of the cervix, for instance, might be overlooked, and yet be at the bottom of septic infection.

Dr. Murray had never seen a case in which careful examination would not reveal some cause for the elevation of temperature, aside from malaria. He pleaded for careful examination of the genitals, both external and internal, and recalled the fact that a patient might have a large plastic exudation without much febrile disturbance, and yet this be entirely overlooked if a vaginal examination was not made. He had noticed the fact that in every case of sepsis the external os was patent, but he believed that the prime differential point between malaria and sepsis lay in the fact that in the latter there was never complete remission in the temperature, and that generally there were two exacerbations daily. The constitutional depression also was greater in sepsis than in malaria.

Dr. Mundé stated that it was his habit to assume rise of temperature after delivery as probably due to septic absorption. Patency of the external os to him signified something within the uterus—remnant of placenta, or decomposed clot. He had recently seen a case in a pronounced malarial neighborhood, where the patient's temperature was 104°, the pulse 130, the facies bad, the lochia very offensive, the uterus large, the os admitting three fingers. With his long curette he had removed a mass of offensive blood clot at the placental site, washed out the uterus, and given, antipyrene and applied the ice-coil. The temperature was lowered, but for three days there had since occurred chills and rise in temperature which he was now inclined to believe were due to malaria. Malaria, he was well aware, was a hobby with some gentlemen, as was evident in a