

emulsion with water and injected beneath the skin. The first dog became feverish in a few hours, and by the second day had a sore throat, but there was very little if any membrane. This dog recovered. The second dog became feverish, but had no membrane, though a slightly congested throat, and got well. The third had a considerable amount of membrane. I killed this animal when it had just recovered from the sore throat, in order to examine the nerves of the neck and the spinal cord. There was a slight hyperæmia of the meninges. The kidneys were examined, without evidence of inflammation; yet this animal had passed albumen in the urine. Was the albuminuria due to a toxic condition of the system, or to the hyperæmia existing in the nerve structures, which might have caused some derangement in the various secreting and excreting functions of the body?

My other experiments were also three in number and conducted on calves. One was a complete failure; in another the only results were fever and malaise for a few days. One of the experiments, however, was very successful. The constitutional disturbance was well marked and on the fifth day after the injection of the virus, membrane appeared in the throat and subsequently became abundant. This animal was killed during the attack, and the nervous system carefully examined, but nothing unusual was discovered.

The above experiments are admitted to be very imperfect, yet they show that diphtheria is a truly constitutional disease, and that it can be communicated to the lower animals.

A MEDICAL ELECTION.—By a recent amendment of its medical laws, English practitioners have received the right to elect a certain number of direct representatives to the General Medical Councils—this council having previously been made up of representatives of the teaching bodies. Considerable excitement has attended the first election. The results, so far as known, give the election to Mr. Wheelhouse, Sir Walter Foster, and Dr. Glover for England, Dr. Bruce for Scotland, and Dr. Kidel for Ireland.—*N. Y. Med. Record.*

Selections.

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SIMPLIFICATION IN THE TECHNIQUES OF THE SÄNGER OPERATION.

At the recent meeting of the German Gynaecological Association in Munich, Dr. Säger stated that, while the classic simplicity of the Cæsarean section was irretrievably a thing of the past, there was not necessarily any great complexity in the modern modified operation. His rules as to technique are as follows:

1. *Preparation.* No especial instruments are needed. The abdomen, vulva, and vagina are disinfected with sublimate solution,—the instruments with carbolic acid. Sponges may be substituted by large cotton wads dipped in the antiseptics just named or in chlorine water, or by napkins of sublimate gauze, etc. Two assistants are sufficient. In case of need the narcosis may be intrusted to a layman.

2. *The abdominal section* is in the linea alba. The application of hæmostatic clips and the introduction of provisional sutures may be dispensed with. Unless there has been death of the fœtus, rolling out of the unopened uterus is not advisable on account of the increased length of the incision involved and the likelihood of intestinal prolapse.

3. *The uterine section* is the anterior middle median incision, the lower uterine segment being avoided. The deep diagonal incision advised by Kehrer is not commended. In Cæsarean placenta prævia, the placenta may either be rapidly cut through or it may be loosened laterally. The author has followed the first method in one case, and the second in two cases; in neither were there any resultant difficulties in suturing or in arrest of hæmorrhage. The removal of the fœtus is best begun at the feet. If the head be retained the operator waits a short time and, if then necessary, enlarges the incision upward.

4. *Eversion of the uterus.* A napkin is spread over the intestines and the uterus en-