

an unhealthy state of the lining membrane of the uterus, or in cases of menorrhagia, depending on the presence of vascular growths within the uterus. Dr. Battey likewise recommends it in malignant disease of the uterus, and Dr. Atthill speaks highly in its favor in malignant disease, for the purpose of both arresting the hemorrhage and progress of the disease; he however uses it by injecting \bar{z} i of the solution once a week within the uterine cavity, and adds, no unpleasant results are likely to follow it when thus used, providing the cervical canal is patulous enough to allow the surplus fluid to flow back, and that it is injected slowly and not more than one drachm at a time. I have no experience in the use of this remedy in this form.

Iodoform I have used both in powder and crayons, but have not met with such good results from this remedy as to induce me to resort to it frequently.

Nitrate of Silver—I have introduced from five to ten grains of powdered nitrate of silver in cases of dysmenorrhœa, especially the membranous form, but it is painful and sometimes produces unpleasant symptoms, so I have abandoned it for safer and quite as good remedies.

I have thus very briefly brought before your notice this mode of treating uterine disease, and you will gather from the foregoing remarks that while I am a strong advocate for local uterine medication, I do not exclude the great advantages to be derived from general constitutional treatment, nor overlook the fact that uterine displacements, fibroid tumors and allied diseases, must receive appropriate treatment.

I do not intend that this paper should be considered in any other light than as the preliminary remarks to a general discussion on the advisability of Intra-Uterine Medication, and draw from those present an expression of opinion upon this very important subject.

CONTINUED FEVERS.*

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The continued fevers, which prevail at times in Western Ontario, are classified as typhoid fever, typho-malarial fever, and malarial continued fever.

In many localities, where continued fevers are

common, cases of typhoid fever which run a normal course are comparatively few in number; much more frequently this disease develops in an irregular and uncertain manner, so much so that often a case of typhoid fever will have lasted for two weeks or more before satisfactory evidence of its nature can be obtained. In consequence of this, many cases of typhoid fever are called typho-malarial fever, although this term is usually applied to cases of continued fever which have many of the characteristics of typhoid fever, yet never show any symptoms of ulceration of the bowels. The name typho-malarial fever has been applied to a form of continued fever which is supposed to be either enteric fever modified by malaria, or malarial fever which has assumed a typhoid or adynamic form from some peculiarity of the patient. There are serious objections to both these views. In the first place, in well marked cases of the so-called typho-malarial fever, there is no reason to believe that ulceration of the bowels is present at any time during the whole course of the disease, as there is no tenderness nor fulness of the abdomen, neither is there any diarrhœa nor rose spots. In other respects the fever takes much the same course as typhoid, lasting from two, to eight or nine weeks; sometimes so severe as to prove fatal early in the third week; at other times showing only a slightly elevated temperature, with little prostration, lasting for four or five weeks, with a gradual return to health at the end of that time. There is seldom much dulness of intellect, and when delirium is present it is of a more active kind than that of typhoid fever.

In the second place, the reasons for believing that this fever is not of malarial origin, are these: 1st. Paludal malaria, which is the only kind of malaria we have to take into account, is developed under pretty well known conditions, and it has always been understood that severe malarial fever is the effect either of large quantities of malaria in the neighborhood of the persons attacked, or of an unusual susceptibility on the part of such persons to the influence of this poison. In either case the source of the malaria would be further from some than others, or some persons would be so much less susceptible to its influence than others, that milder forms of malarial fever, such as intermittent and remittent, would be found in the same locality as the more serious continued fever. 2nd. This

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