so intimate a union had taken place between them." In all such difficult cases, it will be necessary to sever the adhesion by using the finger-nails with a kind of sawing motion from side to side. The tips of the fingers are placed in a line like the edge of a saw, keeping the palm toward the placenta and the knuckles toward the uterus, and the sawing motion is continued very slowly and gradually, until the entire placenta is separated and falls into the hollow of the hand. This proceeding sometimes requires a great deal of patience, and is exceedingly tiring; but the accoucheur should take his time about it, working with both hands, and making his ground sure as he goes on, and not withdrawing his hand with the placenta until he is certain that he has brought away every part of it that can be safely separated. It is very seldom, comparatively, that the adhesions are so firm that this cannot be done. Should this, however, be the case, we have a choice of evils: either to run the risk of causing secondary hemorrhage and septicæmia by leaving portions behind, or of causing metritis from injury to the uterus in bringing them away. For my own part, I think that the last of these two courses is the least dangerous, except in very unusual cases. I have notes of only two instances in which it was necessary to leave any portion of consequence behind. Fortunately, in both, the pieces were expelled on the third day, without having caused any untoward symptoms, although in one the piece expelled was as large as a hen's egg. Of course, in all such instances the dangers of septicæmia should be guarded against, as much as possible, by the frequent use of vaginal injections containing Condy's or other disinfectant fluids.

CROUP AND DIPHTHERIA.

The eminent surgeon, M. James Spence, Professor of Surgery in Edinburgh University, has the following remarks in a recent address:

In speaking of operations in croup, I have used the terms simple and diptheritic croup; and I have done so advisedly, because, whilst the average results of my operations have been as good in the one disease as in the other, I consider them as essentially different diseases, and I do not believe that an extended experience would give the same amount of success in diptheritic as in simple croup. It has been with no small amazement I have read some of the views recently propagated, that croup and diptheritic croup are identical. I can hardly conceive two diseases more different, whether we consider them in their causation, symptoms, or sequelæ. In one feature, doubtless, there is similarity, because when, in diphtheria, the air-passages become affected, the presence of the membrane exuded necessarily gives rise to the same physical symptoms as to sound of voice, breathing, and asphyxiating paroxysms, as the false membrane in simple croup does. But in diphtheria, the exudations in the larynx or elsewhere are the local expression of a special blood-disease, which may, and often does, destroy life without affecting the air-passages at all, whereas, in simple croup, the false membrane is the result of a local inflammation. The causes or circumstances in which the two diseases originate are, according to my experience, very different. Ordinary croup almost invariably arises from exposure to cold, or occasionally from some source of local irritation, leading directly to inflammation of the mouth, as dentition. It is most frequent during cold moist weather, and specially during the prevalence of easterly or northeasterly winds. The late Professor Allison used to say that, according to his observation amongst the poorer classes, the affection most frequently occurred between Saturday night and Monday morning; and he attributed this to the custom of washing the floors of the rooms on the Saturday night, after the children were in bed. Diphtheria, on the other hand, prevails at all seasons and during all kinds of weather, sometimes as an epidemic, and then generally coincident with scarlet fever, but always more or less connected with, or influenced by, the effects of sewage emanations or imperfect drainage. Hence we meet with it more frequently amongst the better classes and in houses with modern accommodations, such as fixed wash-basins and water-closet accommodation in immediate connection with nurseries or bedrooms.

Diphtheria is undoubtedly infectious, both by direct contact of the sputa with a healthy mucous surface, as has been too often proved by members of our profession and by mothers, or by emanations from the affected person, as evidenced by the manner in which it spreads in a family. Simple croup, as I have been accustomed to see it, has no such contagious or infectious character. In dispensary practice, I have frequently seen a child affected with croup lying in a confined room amongst other children; but I never knew the disease to spread as diphtheria does. The peculiar nervous affection, the paralysis which follows diphtheria, has no counterpart in ordinary croup; nor, in cases of simple croup, were we accustomed to see the white leathery pellule on the tonsils or fauces, though it was a very common disease in Edinburgh and its vicinity. I know that in France the fauces were always examined, and that false membranes or pellicles were considered symptomatic of croup; but that only leads me to believe that the disease in France was always of a different type—diphtheritic, in fact.

THE HYPODERMIC TREATMENT OF INDOLENT ENLARGEMENTS OF THE CERVICAL GLANDS.

Dr. Morell Mackenzie, Physician to the Hospital for Diseases of the Throat, and lately Physician to the London Hospital, says, in the *Medical Times and Gazette*:—

Indolent glandular enlargements should be either cured radically or left altogether untreated. Half-measures only give rise to disappointment and cause disfigurement. An enlarged gland may be a slight blemish, but when it has been blistered, poulticed, painted with iodine, incised, or subjected to any of the various modes of treatment recommended in such cases, it often becomes a deformity.