

beef-tea, egg and brandy rectal injection every two hours; heat to extremities and body generally. Patient improved by the morning, and gradually recovered life, but remains bloodless as when first seen, three weeks ago. Dr. Alloway said he adduced the case to show the great danger of following out rigidly the expectant plan of treatment in such cases. Efforts had evidently been made to remove the secundines with the finger, leaving behind the small portion exhibited, which was causing the hemorrhage. Those who opposed the curette were physicians who had never used the instrument, and had not convinced themselves of its perfect harmlessness and great value.

Dr. TRENHOLME said that a small piece of alum pushed into the os was what he found most useful for flooding in abortions.

Dr. KENNEDY believed that interference was seldom needed; that where the ovum was not entirely separated, it was best to plug and give ergot. Had several times known flooding to have been produced by meddling.

Dr. RODGER remarked that the physician first in charge of Dr. Alloway's case could not have plugged her properly, else she would not have been so low; believed the alum egg to be the most useful plug in such cases.

Elephantiasis of the Labia Minora and Clitoris—Operation—Death from Pyæmia three weeks later.—Dr. GARDNER exhibited the specimen and gave the following particulars:—The patient, aged 45, came from the country with a history of syphilis for 13 or 14 years. Besides the above tumor, which was attached principally to the base of the clitoris, there was present stricture of the rectum and a recto-vaginal fistula. The orifice of the urethra was so large as to easily admit the finger into the bladder. Dr. G. amputated the tumor with a scalpel, dressing the wound with iodoform. The temperature rose next day and pyæmia developed; there was swelling and effusion into several of the joints, suppuration taking place in two of them. The pyæmia was caused probably by embolism of the veins of the part operated on, the foetid ulcerations around supplying the septic matters. A post-mortem showed extensive ulceration of the rectum with a stricture only admitting a goose quill. A pus cavity was found in the left broad ligament, but there was no visceral suppuration. The tumor was about 4 or 5 inches long and nodulated.

Dr. KENNEDY remarked that the operation was undoubtedly called for, but the result was unfortunate.

Dr. ALLOWAY said he had a patient with a similar tumor which now measures 7 inches in length. It does not cause much trouble, being covered with good skin and kept wrapped in a napkin. It began when the lady was 10 years old and has been gradually increasing.

Progress of Science.

THE ANTIPYRETIC TREATMENT OF TYPHOID FEVER.

By G. C. SMYTHE, A.M., M.D.,

Professor of Principles and Practice of Medicine,
Central College Physicians and Surgeons, Indianapolis, Ind.

Under the rules of your Society, limiting each paper to twenty-five minutes, it will be impossible to discuss the subject of typhoid fever in its entirety, consequently I shall confine my remarks exclusively to its treatment, or rather to one particular plan of treatment, the antipyretic, discussing the pathology and symptomatology of the disease, so far only as may be necessary to furnish a rational basis for the plan which I propose to advocate.

Death may result in this disease from a variety of causes depending upon the nature and extent of the structural lesions which take place in any given case. These lesions are very properly divided into *primary* and *secondary*, the former including the local hyperæmia which occurs in the mucous membrane of the small intestine, together with the infiltration, softening and sloughing of the solitary and agminated glands with the subsequent ulceration.

These with some changes of minor importance, which take place in the mesenteric glands, spleen, etc., are the specific lesions of typhoid fever, and owe their origin to the direct effects of the poison, and are as necessary to the existence of a typical case as are the eruptions in the exanthemata or the specific lesions which occur in any of the infectious diseases. Death may take place from these structural changes. The necrobiotic processes in Peyer's patches may open blood-vessels sufficiently large to cause death from hemorrhage, or perforation may take place followed by a fatal peritonitis.