

has been called *purulent uterine phlebitis*. These uterine sinuses open on the inner surface of uterus by valvular mouths, situated where the placenta was attached. The inflammation passes over these mouths very readily into the veins and it is this which makes the disease so dangerous. The *lymphatics* of the uterus take on the same kind of action and those in the neighborhood of the round ligament are subject to purulent inflammation. The ovaries are enlarged and covered with lymph. There are evidences of inflammation in Fallopian tubes; purulent matter exudes by pressure. The fibrinated extremities are deeply congested and covered with lymph. In some instances the Graafian vesicles are destroyed by this process. Puerperal fever, in which peritonitis is the leading feature, is much more easily cured than puerperal fever with metritis, the difference being in the purulent effusion. The symptoms of this are suppression of the lochia for twelve or twenty-four hours, pulse frequent and very small, *extreme prostration like that in pyemia*, impaired digestion. The *perspirations* constitute the chief features of the disease. These take place after six to ten days, or in the second week. The first is usually preceded by a chill, but after this they come on without any reference to the chill. They seem to be conservative in their action, for without these the elimination of pus cannot take place. Abscess of the breast, or broken breast, may result from the sympathy of the breast with the uterus. Again an abscess may occur in the iliac fossa, and obtain a great size, so as to open spontaneously, or require opening. The woman dies in a few days from the depressing influence of the pus upon the nervous system. The opium treatment is used in cases where peritonitis is a most prominent element. In Bellevue Hospital five out of six were cured by this treatment. Besides the opium, these women took a few doses of ver veride to diminish frequency of pulse. Norwood's mixture of veratrum may be given, dose gtt. v, when the opium has reduced respiration but not the pulse. It produces great nausea, attended by prostration and a tendency to syncope. Alcoholics are to be used when such effects are produced. It is a very good treatment to give opium and ver viride in alternate doses, and this is all that is necessary. In *metropéritonitis* opium does not serve any important purpose, and it is useless to give it, except to *soothe* the patient. Leeches to the vulva or perinæum and bleeding promoted to a great extent. Opium grs. j or iij every two or three hours. Injections of warm and tepid water into vagina and uterus. The veratrum viride treatment has been introduced and is successful. During the period of purulent infection quinia sulph. grs. (xv per day) combined with morph. sulph., to reduce irritability. If there is a tendency to the formation of abscesses food and stimulants will be necessary.

#### CHRONIC (OR TUBERCULAR) PERITONITIS.

A somewhat rare disease, usually dependent upon *tubercles*, but sometimes upon *cancer*. Occurs

mostly in young persons, say from *ten to twenty-five* years of age. Is very insidious in its approach, and not usually made out until far advanced. The symptoms constitutional are those of pulmonary tuberculosis, viz: paleness, emaciation, loss of strength, and frequency of pulse. *Constipation of Bowels* alternates with Diarrhœa, which is easily explained by the lesions existing. The peristaltic action being hindered by the glueing of the intestines together, fæces accumulate. These in short time inundate mucous membrane, and produce a free watery secretion, which constitutes the diarrhœa. The cause of irritation being removed by this discharge, the bowels become quiescent, and constipation again ensues, and soon. The bowels are persistently tumefied and tympanitic. Tubercles (miliary) are on or under the pleura, and a low grade of inflammation is set up. A thin layer of fibrinous exudation is poured out on surface of pleura. This speedily becomes organized. Upon this new tissue another exudation takes place and this in turn receives another, and so layer after layer is formed until the contents of the abdomen become so welded and hidden in the exudation that it is impossible to distinguish anything with certainty. Although tubercles almost invariably exist in the lungs at the same time it sometimes happens that their symptoms are not well developed, and the phthisis may be far advanced without cough or other rational signs of its existence. As a rule the treatment can only be palliative. (Yet Dr. C. has seen two cases recovered.) We know tubercles *can* be softened and absorbed. There is no theoretical reason why recovery should not occasionally take place. Fresh air, nutritious diet, cod liver oil, tonics, stimulants (in moderation), with counter irritation (iodine being preferable), are the chief remedial agents. The afternoon fever may be controlled by quinine and acid sulph. arom.—*N. Y. Hospital Gazette*.

#### LECTURE ON MEASLES.

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I call your attention now to another of the eruptive diseases—measles. A disease so mild in many cases that the family do not call a physician; and yet so severe in many as to make a pretty large mortality in a city like New York. You will be surprised, perhaps, to hear, if you know anything about the course of measles as it most commonly presents itself, that the mortality here is two, three, or four hundred a year, varying very much; down below a hundred many years, and up to two or three hundred, or more, some years. The explanation of this lies partly in the fact that measles is a more prevalent disease than scarlet fever. If you look into the medical register, or any medical journal that reports the number of