

ance to the patient. Care, however, should be taken in passing the tube to let it only just present below the soft palate, as otherwise, if it is pushed further, it may impinge upon the lower pharynx, and is then apt to produce a tickling sensation and desire to vomit. When the examination is finished, it is better to withdraw the tube through the mouth rather than through the nose, and when the nasal end is just about to drop into the pharynx to give it a sharp whisk forward. If it is withdrawn through the nose, the mouth end trails along the tongue, causing a tickling of its posterior part. In place of the red rubber tubes, the American surgeons preferred to use flat tapes or narrow bandages for tying up the palate. These have necessitated the use of various instruments for passing them, such as the Eustachian catheter, Bellocq's sound, etc. The advantages of the red rubber tubing are that it is soft, non-irritating, and possesses just sufficient resistance to enable it to be passed through the nose by itself, thus dispensing altogether with the use of an instrument, the passage of which, as for instance in plugging the nares is, as is well known, a source of much discomfort and annoyance to the patient.—*Med. Record.*

DISAPPEARANCE OF CARDIAC MURMURS.—The following is a summary of Mr. Greves' article on the above subject in the *Medical News*:

Although murmurs are among the most constant of the physical signs of heart disease, still their presence does not necessarily indicate the existence of incurable lesions, nor their absence that such lesions are not present. In forming a correct diagnosis and prognosis of any case, therefore, too much reliance must not be placed on the presence or absence of murmurs, as is too frequently the case, but other signs and symptoms must receive careful examination and consideration, for often on them alone is it possible to found a correct diagnosis.

The presystolic murmur of mitral stenosis, the most typical of all murmurs, occasionally disappears, the lesion still remaining. Mitral regurgitant murmurs, when due to simple relaxation of the heart's muscle, and dilatation of its cavities and orifices, as in chlorosis and general febrile conditions, in most cases completely disappear under appropriate treatment.

Tricuspid regurgitation is occasionally a temporary condition, due to bronchitis, etc., and when the cause is removed, the condition is recovered from, as is indicated by the disappearance of the murmurs.

Aortic systolic murmurs, due to a permanent lesion at the aortic orifice, may undergo changes in their intensity, but never completely disappear.

Aortic diastolic murmurs, in certain extremely rare cases have been known to disappear. In these cases a systolic aortic bruit is always present,

which remains persistent, and thus indicates the existence of a lesion.

Pulmonary systolic murmurs are persistent when due to an organic lesion; but if non-organic, may disappear temporarily or permanently.

DIAGNOSTIC VALUE OF UTERINE HEMORRHAGE AFTER THE MENOPAUSE.

—During the course of a late clinical lecture on malignant disease of the cervix uteri, Dr. T. Gaillard Thomas stated, as an axiom in gynecology, that if a woman who has normally ceased to menstruate begins to have uterine hemorrhage, always suspect carcinoma. Not infrequently you will see in the medical journals the reports of cases begun to menstruate regularly again; but such accounts are altogether deceptive, and, if these cases could be followed out, it would be found, with scarcely a single exception, that the uterine flow was merely the indication of the presence of malignant disease. In other words, there is absolutely no such thing as the return of the menses when a woman has once reached the normal menopause. Not long since a patient of mine in the Woman's Hospital, who is sixty years of age, began to have a flowing from the uterus, and, as there was no indication of any external disease, I applied the curette to the endometrium and drew out some pulpy masses, which I sent to a well-known microscopist for examination. The report that I got from him was that the growth was not malignant in any respect, but simply a form of polypus. I am perfectly sure, however, that the microscopist is wrong, and for this reason: in the uterus of a woman of sixty, polypi never develop. The organ at that age is completely atrophied. Sometimes in women who have passed the menopause you will find uterine tumors which have all the appearance of fibroids. They are not by any means fibroids, however, but sarcomata.—*New York Med. Journal*, September 1, 1883.

TREATMENT OF PUERPERAL CONVULSIONS BY HOT BATHS.

—In a paper by Dr. Carl Brues, in the *Archiv für Gynäkologie*, is given an account of eleven cases of puerperal convulsions treated by diaphoresis produced by means of hot baths. Other means, as the inhalation of chloroform, and the administration of choral hydrate, were also employed. The convulsions set in at different periods during labor, and in the course of first day after delivery. In four cases they came on at the beginning of labor, in two after the first stage had lasted some time, in one during the second stage, and in four a few hours after delivery. One only of the eleven cases died. There was present in all the cases albuminuria, together with more or less œdema. The baths were employed after the convulsions set in, during and after labour. A case is also mentioned in which forty-five hot baths were given during pregnancy. The author believes that