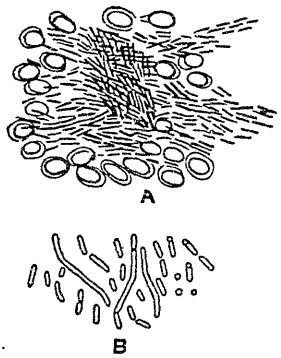
stance was picked up on a sterilized platinum point from an incision made (after the manner of Koch) with knives sterilized by heat, and placed on a cover glass, and stained in the ordinary manner. On examining with an oil immersion lens ($\frac{1}{16}$ Leitz), instead of finding the streptococcus septicus—present in all cases of puerperal septicæmia—I was surprised to observe bacilli, which answered in appearance to those first described by Klebs and Eberth as the causal agent of typhoid fever, and which are most numerously present in the early weeks of the affection. No other micro-organisms were present. I was fully convinced from this that we had to deal with a typhoid fever, which might have been causative of a premature labor, as is so frequently the case in those advanced in pregnancy. I made the autopsy, assisted by Dr. Scott, and found satisfactory evidence to support the conclusion arrived at by the microscopic examination.



A represents a colony of typhoid bacilli from the spleen, together with white blood corpuscles (1-500).

B (after Flügge) shows typhoid bacilli when cultured, some of them containing spores: also free spores (1-800).

It may be well here to add, as a practical application of a scientific fact, that typhoid fever may be diagnosed comparatively early (as has frequently been done in Nothnagel's clinic) by removing by hypodermic needle some of the splenic substance which, in the majority of the cases, will show on microscopic examination, and on culturing in the proper nutrient media the pathogenic micro-organism of typhoid fever.

Charpentier gives a table of 322 cases collected from various sources: In 182 of this number premature labor or abortion occurred. This lethal result one can readily understand. Owing to the parenchymatous degeneration of the organs and tissues which attends all cases of typhoid fever, and in which the uterus shares, the uterine tissue loses its full contractile power; also the blood being poor in fibrine, its coagulability is impaired, hence hæmorrhages readily occur, and owing to imperfect uterine contraction are difficult of control. The following was noted by Dr. W. D. Scott at the autopsy:

Both lungs were congested, and slightly œdematous, and there was a small quantity of fluid in the pleural sacs. The heart pale and flabby, about two ounces of fluid in the pericardium. The liver and kidneys showed signs of parenchymatous degeneration, the latter weighing fourteen ounces. The spleen was enlarged and soft. The uterus was that of one recently delivered; not fully contracted, but flabby.

On opening the bowel at the ileo-cæcal valve several large ulcers were seen, and extending up the ileum for a distance of 4½ feet the Peyer's patches and solitary glands were found in different stages of infiltration. The mesenteric glands were also found to have undergone degeneration, some being enlarged and quite soft. The fæcal matter was fluid, and of an ochre-yellow color.

FOREIGN BODY IN THE ŒSOPHAGUS. REMOVAL.

BY EDMUND E. KING, M.D.; L.R.C.P. LOND.

The following case has seemed to me worthy of being placed on record, not only on account of the large size of the foreign body, but also to show the aid to be derived from the use of the laryngoscope in such cases.

On June 6th I was called about mid-day to see Mrs. S—, aged 58 years, who complained of something sticking in her throat. I found her in great distress, being unable to swallow solids at all, and liquids only with difficulty. She told me that at dinner, having taken a piece of meat in her mouth, she was trying to masticate it slowly, owing to the absence of teeth in her upper jaw, when her attention