

expectorate into a cuspidor. This cuspidor should contain water or a disinfecting liquid, and should be furnished with a cover. The sputum should be destroyed by heat, and the vessel cleansed with boiling water. There are other preventive measures which are important, but of difficult execution. These are:—

The disinfection of all articles that have belonged to a phthisical person before they are used by a healthy person. Houses in which phthisical subjects have lived should be rigorously disinfected before occupation by healthy persons. Milk from cows known to be tuberculous should not be used as food before being boiled. If these means were employed the agents of phthisis would be less widely disseminated and the disease would consequently be less frequent.

All persons predisposed to phthisis should as far as possible avoid places in which the disease may be contracted (colleges, barracks, workshops, etc.). The children of phthisical persons should not live in the house with their parents.

As most persons predisposed to phthisis offer feeble resistance, and a vigorous, robust organism is a soil little adapted to the growth of the bacilli of phthisis, all possible precautions should be recommended, and hygienic and therapeutic rules, the object of which is the improvement of nutrition and the building up of physical strength, should be carefully indicated.

Phthisical subjects, if young and descended from phthisical parents, should have occupations which permit them to pass the greater part of the day in open air. A simple and regular life, plain and substantial food, a country life, hydrotherapy, gymnastic exercises, excursions in the mountains, etc., are to be recommended for building up the strength of consumptives. It is indisputable that if the measures, general and individual, recommended as preventive of the disease were adopted, the number of persons attacked by phthisis would be greatly diminished. Unfortunately phthisical persons live the ordinary life and disseminate the germs contained in their sputum. Physicians should strongly recommend the prophylactic measures suggested by science and experience, and insist upon the dangers of their non-observance.—*College and Clinical Record.*

SWELLED TESTICLE.

One of the best local applications for swelled testicle is a poultice composed of one part of tobacco to four of linseed meal. The meal furnishes heat and moisture, while the tobacco usually relieves the pain in a short time. This same poultice is very soothing when applied over the pubes in cystitis.—*Kansas Medical Journal.*

REMOTE EFFECTS OF OVARIAN OPERATIONS.

Within very recent times more than one leader in abdominal surgery has raised his voice against the vast array of ill-considered ovarian operations reported in our medical journals. The technique of oophorectomy has been so thoroughly systematized that in itself it is now one of the easier surgical operations. A first successful abdominal section seems to have the same effect upon an operator as the taste of blood upon an Indian tiger. A thirst insatiable is aroused, and life is spent in the search for new victims. Cases running into double and triple figures are cited where all the worst features of the most stubborn nature have disappeared as though the surgeon's knife were gifted with the power of an enchanter's wand. In the hands of experienced operators the death-rate is rapidly approaching the vanishing point. The temptation is great, then, in obscure cases, stubbornly resisting the ordinary means of treatment, to advise and practice a procedure attended with such brilliant success. There can be no question of the sincerity of those most progressive in this department of surgery, nor can their statements in regard to the results obtained be questioned. It must be borne in mind, however, that these results are observed a few weeks or a few months after the operation. As the probability of life is, for the patient, often from twenty to forty years, the query at once suggests itself: Are these results lasting? Is the patient's condition definitely and permanently bettered? Will she continue to look upon the operation as a blessing which has converted a miserable existence into a life of comparative or absolute health and comfort? That this is frequently the case is conclusively proven by reported cases. That it is so constantly the case as to constitute a justification for this operation in the absence of urgent and direct symptoms remains yet to be proven. In this relation the paper of Glaevecks (*Arch. f. Gyn.*, Bd. XXXV, H. I.) is most timely. He states that in nearly all cases where the ovaries were removed the mental condition was decidedly affected, in many instances a condition of melancholia being produced.

Writing upon the same subject, Coe alludes to the frequency of persistent cerebral hyperæmia, of ovarian psychoses, and even of active insanity, all well recognized as sequelæ of this operation. He also calls the attention to the number of cases in which adhesions, consequent upon oophorectomy, have produced such marked pain and interference with function that the possibility of this complication should make the surgeon hesitate before advising the knife.

The fact that many of these operations primarily fail of their purpose must also be recog-