

Dr. Thomas (whose assistant I then was), and assisted by Dr. C. S. Ward and the House Staff, I performed laparotomy in the usual manner. Having made an incision five and three quarter inches long in the abdominal walls, and evacuated a large amount of ascitic fluid, I was able to insert the hand and examine the tumor satisfactorily. It proved to be a solid fibroid, of the size of a large cocoa-nut, attached to the uterus by a rather short pedicle. Thomas's clamp was used, close to the uterus, and the pedicle severed. The abdomen was then thoroughly sponged out, and the incision closed by eleven silver sutures, a glass drainage-tube being left in, close to the clamp. The operation occupied thirty minutes.

*February 13th.*—There was good reaction after the operation. Pulse 96; temperature  $102^{\circ}$ . Morphine enough given hypodermically to relieve pain.

*14th.*—Pulse 80; temperature  $104^{\circ}$ . *15th.*—Pulse 78; temperature  $102\frac{1}{4}^{\circ}$ . *16th.*—Pulse 78; temperature  $102\frac{3}{4}^{\circ}$ . *17th.*—Pulse 78; temperature  $101\frac{1}{4}^{\circ}$ . *18th.*—Pulse 78; temperature  $102\frac{1}{2}^{\circ}$ . *19th.*—Pulse 74; temperature  $101\frac{1}{2}^{\circ}$ . *20th.*—Part of the sutures were removed.

From this time the patient progressed slowly toward recovery, continuing weak. The clamp was removed February 23rd, when the pedicle was drawn an inch and a half below the level of the integument, but the space left was gradually filled, the patient recovered her strength, and was discharged March 29th.

### A MUSEUM OF HYGIENE.

The Parkes Museum of Hygiene was opened in London on June 18th, with good prospect of becoming a useful and interesting institution. It is designed to be a centre of instruction for the public, and is officered by men of such high reputation in sanitary science as to insure a prospect of its accomplishing the object it proposes. It is intended to include in its collections everything, from literature to machinery, which may be of sanitary value, or incite to sanitary study.

We hope that the success of this institution may lead to the establishment of a similar one with us. There are few cities the population of which has a greater need than ours to be thoroughly acquainted with the ways of preventing disease. A museum which would be a centre for the diffusion of such knowledge, and which, by its existence and the display of its collections, would call attention to the progress that is made in it, could not fail to benefit the city. We are now constantly exposed to infection from without, and the development of disease from within. It appears that we cannot have our streets kept clean, nor can we pull down

the wretchedly-built tenement-houses that inclose them. It is possible, however, to diffuse more widely the fact of the danger of living beside a garbage-heap, of being fanned by the exhalations from a sewer, and of being personally or domestically unclean. Besides, sanitary science has now reached such maturity in knowledge, such richness in literature, and can show such ingenuity and skill in its mechanical and architectural devices, that it deserves a place where it may record its work and display its successes.

Museums of all kinds seem to find ready support and appreciation among our citizens. We recall the fact that the fossil tracks of the Thick-Toed Birds are elegantly displayed, and not infrequently gazed upon in Central Park, and that the Two-Headed Nightingale warbles to large audiences in the Bowery. There are, in addition, plenty of places where our moral or æsthetic sense may be feelingly appealed to, and we ask, why not create a museum whose prosperity would indicate something more than love of pure science, a fine artistic taste, or a morbid fondness for freaks of Nature?—*Med. Record.*

### CARBOLIC ACID IN DIPHTHERIA.

Dr. J. I. Rooker, (*American Practitioner*) in giving the results of his experience in the treatment of diphtheria says: "I am inclined, from my previous observation of the disease and my experience in this epidemic, to believe that the disease can be often cut short by a strong solution of carbolic acid, used locally with the spray producer; but that to attempt the use of gargles, especially in children, is worse than useless; that if the atomizer is thus used, it certainly prevents the formation of the pseudo-membrane. I am also of the opinion that in old and well-formed cases it may prove successful. I remember to have had in the family of Mr. L. a very severe case. The patient had been suffering for six or seven days prior to my seeing her. When I was called the disease had assumed the laryngeal form; there was difficult breathing and almost complete loss of voice. In this case Richardson's atomizer was used, in connection with the glass mouthpiece. In a short time after I commenced these applications of a solution of carbolic acid, the case slowly recovered.

"Carbolic acid has been used in the treatment of this disease by others before me. Dr. Eastman, of Indianapolis, read an interesting paper on this disease before the Hendricks County (Indiana) Medical Society, which was published in the *Indiana Medical Journal*, I think in 1872. While I do not claim priority in the use of carbolic acid in the treatment of this malady, I do claim that to my knowledge no one has used it with the atomizer,