

interior of this organ, dilatation being resorted to if necessary. For this purpose the tupelo tent is certainly far superior to the sponge or sea-tangle. It has all the dilating qualities of sponge, while it is cleaner and can be introduced more readily, even without a speculum if desired. It has also the advantage over the sea-tangle in that it can be procured in larger sizes and is less liable to slip out of position. Whenever full dilatation is required the tupelo is preferable to all other tents. The uterine cavity having been exposed, all fragments of secundines should be carefully dislodged with either the finger or curette, after the manner so well described by Lusk and Mu dé, and the organ washed out with some disinfectant fluid. Where there is a tendency to bleeding, tincture of iodine answers an excellent purpose, and is cleaner than perchloride or persulphate of iron as recommended by Barnes. Where the disintegrating fragments are small, repeated irrigation of the uterine cavity (the os being patulous) will generally suffice, as they usually melt down and come away with the discharges. It is not safe to scrape the uterine surface more than can be avoided, for fear of opening up fresh avenues by which septic materials may reach the system, since we know that nature interposes a bar to infection by glazing over denuded surfaces and closing gaping vessels. For this reason Lusk remarks that 'Fatal results are, however, rare, as decomposition is usually a late occurrence, setting in as a rule, only after protective granulations have formed upon the uterine mucous membrane and after the complete closure of the uterine sinuses.'

CASE OF COEXISTENCE OF DIPHTHERIA AND TYPHOID FEVER.

Dr. G. E. Paget, F.R.S., Regius Professor of Physic in the University of Cambridge, describes the following case:—

"The recent illness of the Postmaster-General may add interest to the following case. The patient was Mrs. J. K., a married woman, about twenty eight years of age, living in Manor Street, Cambridge. Three days before her illness began, one of her children had died of diphtheria, two of them having been affected. Mr. Carter, who attended them, had no doubt as to the diagnosis. The children had sore-throat, and exudation upon it.

When I first saw Mrs. K. (on December 14th, 1861), she had been confined to her bed about a week. From Mr. Carter I learned that her illness had begun with sore-throat, and that there had been small white diphtheritic patches upon the throat. When I examined it, I could find none, nor any signs of diphtheria; but upon her abdomen were some of the rose-spots characteristic of typhoid fever; and at the base of her right lung,

to the extent of two or three inches, the percussion sound was dull; and small crepitation could be heard. She was feverish; her pulse was 130; her bowels loose. She was in the seventh month of pregnancy.

For six days she continued in much the same state, as an ordinary case of typhoid fever, with moderate pneumonic complications; her bowels loose; her pulse above 120; her tongue dryish; and a general condition requiring wine and brandy. During these six days, her throat remained free from diphtheritic appearances; but on the morning of December 20th it again became sore, and in the evening the uvula and soft palate were covered with a white exudation, the adjacent parts being bright red. Her pulse then became a little less frequent, falling to 116. Chlorate of potash was now prescribed in small frequent doses, and next day tincture of perchloride of iron. On December 28th, her urine contained albumen. The exudation, after its reappearance on December 20th, was seen from day to day; it had a diphtheritic character, and was very extensive. It was still present, though somewhat reduced in extent, on January 2nd. When I saw her on January 5th, it had been completely cleared off.

Early in January, she began to suffer much from retching and vomiting. She was troubled also with cough. The right lung was consolidated at its base, but to a small extent only. The vomiting so persisted from day to day as to bring her into great peril. On January 20th, the liquor amnii escaped. Active delirium now came on, and continued for upwards of twelve hours, when she suddenly aborted of a seven months' child, which lived half a day. The mother nearly died during the removal of the placenta, though scarcely any blood was lost. After labor was completed, the vomiting ceased, and she gradually recovered.

Mrs. K. had been nursed during her illness by her mother, Mrs. S., aged 58, who lived in the outskirts of Cambridge, in an isolated cottage within a large garden. On February 14th, 1862, she took to her bed with typhoid fever. She had the ordinary symptoms; the rose-spots, loose stools, etc. She went on favourably until March 13th, when, after sitting up near an open door, she had rigors, ushering in double pneumonia and hæmorrhage from the bowels. She died on March 24th.

The chief interest of Mrs. K.'s case is in the disappearance of the local signs of diphtheria, and their suspension for six days during the continuance of the typhoid fever, and then their reappearance and persistence for thirteen days or more. This appears to me a fact, not perhaps contrary to what might be expected, but at least worth notice. It differs from what was reported in the case of Mr. Fawcett."—*British Medical Journal*.