

organism. Nevertheless it is certain that many substances, when ingested, produce decided effects upon the milk. "Milk sickness," or the "trembles," occur in persons using the milk of cows which have fed on certain pasturage, and the odor of copaiba or asparagus can be detected in the child's urine when these substances have been taken by the nurse; moreover, artichokes, absinthe, and other substances will make the milk bitter.—*North-western Lancet.*

DIPHTHERIA.—With regard to the treatment of diphtheria, I know of nothing too strong to say in the reprobation I think we ought to show towards the treatment by scraping off the membrane; and that by mopping or swabbing the throat with nitrate of silver and other astringents is nearly as bad. It forces the fungus to extend to unstringed portions of the mucous membrane, and drives it downward toward the glottis, and I believe it to have been answerable for multitudes of deaths in former less enlightened days. I believe it is a plan never now adopted, unless it may be by the gentlemen who call all white patches in the throat diphtheria. It is excellent treatment for simple ulcerative tonsillitis.

Arguing from analogy, and seeing the success in vineyards of the use of sulphur for the cure of oidium, I think this is the most rational line of treatment to adopt to destroy the fungus of diphtheria. Finely powdered sulphur blown on to the membrane through a quill or glass tube causes no pain and very little distress to even very young children, and in such cases it is almost the only local treatment that can be adopted. With children a little older, sprays are very useful. Carbolic acid spray is in my experience, useless as a germicide, because the mouth and throat will not tolerate it of sufficient strength to destroy the vitality of the false membrane; but in a strength of 1 in 60, or one in 80, it is very soothing to the inflamed throat. Boracic acid spray, on the contrary, is extremely useful, for it appears to have the power of dissolving the membrane whose vitality the sulphur has destroyed, and thus a fresh layer is exposed for the next applications of sulphur to act upon. Where the diphtheritic patches are very thick, it is a good plan to syringe a concentrated solution of boracic acid over the throat in a child who is too young to use a gargle. If it is swallowed it does no harm. In older children and adults it acts to best advantage as a gargle, removing the membrane in flakes and not irritating the throat. I have not used pepsine, as I have been thoroughly satisfied with sulphur and boracic acid for local treatment; but its use is thoroughly scientific on physiological grounds. We aim, of course, first at the destruction of the local manifestation of the disease in consequence of its tendency to cause death by asphyxia; but it does

not follow that because the throat becomes clean the patient is out of danger. Therefore we ought to aim at the destruction of the poison in the blood from the earliest period of seeing a case. I believe that in the sulpho-carbolates we have a group of substances that are capable, if not of destroying what already is formed there, of preventing a further development of the disease, and so controlling its progress. In the allied diseases of scarlatina and erysipelas it displays marked powers of modifying their course, and, again arguing from analogy, I think it is a scientific proceeding to administer them. I give the soda-salt in doses of a grain for each year of the child's age every three or four hours. The temperature quickly falls, and then the sulpho-carbolate can be discontinued, to be replaced by perchloride of iron.—*Dr. Corbin in Australasian Med. Gazette.*

KEITH ON HYSTERECTOMY.—Dr. Thomas Keith, (*Edinburgh Med. Journal*, May, 1885,) while recognizing the marvellous improvements and results of the last ten years in operative interference in cases of fibroids, yet takes a thoroughly conservative view, and advises the operation of hysterectomy only in extreme cases. The removal of the ovaries and tubes, he says, is an operation full of promise, and, as regards his own work, the result is more satisfactory every time that it is performed. It will not, however, supersede hysterectomy, as there are cases in which, even when got at, the ovaries cannot be separated from the uterine tumor without too great a risk. He advises trying the simpler method first, in all cases where the tumor is small, and does not extend much above the umbilicus. The proportion of cases in which interference of any kind is warrantable is, perhaps, not greater than five per cent. The cases in which he thinks hysterectomy may reasonably be recommended are these:

(1) In very large, rapidly-growing tumors of all kinds in young women.

(2) In all cases of real fibrous cystic tumors.

(3) In most cases of œdematous fibrous tumors which are not cured by removal of the ovaries. They occasionally grow to be very large, even weighing two hundred pounds, according to the author. Sometimes, large quantities of red serum can be removed with much relief, and in this way, the patients carried over the menopause when the necessity for further puncturing ceases.

(4) In cases of large, bleeding fibroids, when removal of the ovaries cannot be accomplished, provided that the patient is not approaching the menopause. In these cases, as a rule, though there are many exceptions, menstruation goes on much beyond fifty.

(5) In certain cases of tumors surrounded by much free fluid, the result of peritonitis, provided that the fluid shows a tendency to reaccumulate