

atropine was given which produced some relief. The history of the following eight days was indescribable. What with thirst, nausea, vomiting and pain, it was almost impossible to keep her in bed. She could not be kept quiet in any position, but tossed restlessly to and fro, apparently in agony. I was in constant fear that the wound would open from the severe strain put upon it. I felt the patient would surely die unless abortion was induced, and this I was afraid to attempt lest the accompanying labor pains should force open the wound. So restless had she become that she would sit up in bed in spite of the nurse's efforts at restraint.

On the eighth day after the operation I was hurriedly summoned, and found her flowing, the os dilated, foetus presenting, and labor pains severe. In less than twenty minutes after my arrival the foetus came away, quickly followed by the placental structures. The foetus was quite macerated, and had evidently been dead for two or three weeks. I at once gave her an inter-uterine douche of one to five thousand sol. bichloride. I do not know which was the more relieved at the result, the patient or myself. Her recovery, though slow, was uneventful. The abdominal wound stood the strain and the union was perfect. She remained in the hospital for six weeks following, and before dismissing her I passed a sound without difficulty into each horn of the uterus, and the horns could be easily made out by bimanual examination. Only one cervical canal could be discovered.

PULMONARY TUBERCULOSIS—SYMPTOMS AND DIAGNOSIS.

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PROBABLY no other disease, unless it be syphilis, presents such a diversity of symptoms, in number, kind and degree. A person may have lived many years after the primary infection without sign or symptom of the disease, and yet after death from some other cause, tubercular foci may have been found in the lungs. At the Congress of Tuberculosis recently held in Paris, Beclère read a communication in which it was stated that out of 124 cases admitted into the hospital for medical or surgical treatment, and who had been carefully examined by the usual methods for evidence of tuberculosis, and pronounced free from it, yet, on being submitted to the X-ray test, fifty-one presented abnormalities of various kinds—lessened transparencies of the apices, enlarged bronchial glands, opacity of the pleura, diminished movement of the diaphragm, etc., appearances quite characteristic of tuberculosis. His conclusions are that latent tuberculosis exists in two or three out of every five young people, and that the tubercular lesions are dis-