

attributed to non-puerperal affections. In all this number the employment of the forceps was required only in 189 cases, craniotomy was performed 33 times, and evisceration once only. There is no mention of the Cæsarean operation. Amongst the reports of the gynecological sections there is one dealing with electrical treatment by Dr. Dyski, a tabular view of twenty-eight cases being given. The best result was obtained in parametritis, a lesser degree of success being secured in oophoritis, and still less in salpingitis. With regard to fibromata, some degree of subjective improvement was always obtained, but the tumor did not in any case appear to become reduced in size. This agrees with the experience of most other Russian writers on the subject—Massen, Himmelfarb, and Kholmogoroff—though Neêloff, who reported twenty cases to the Kieff Obstetrical Society in 1890, had succeeded in reducing the tumor in seven instances to some small extent. Dr. Dyski calls attention to two cases of gonorrhœal endometritis which had been treated unsuccessfully by various ordinary methods, and which only yielded to repeated electrical applications, the anode being introduced into the cavity of the uterus. In one case the discharge so nearly ceased that the patient considered herself cured, and did not return after eighteen sittings; the other, which was complicated with salpingitis and perisalpingitis, was quite cured after twelve applications of the induced and six of the constant current. Dr. Dyski remarks that the antiseptic properties of the anode of a galvanic current render it a peculiarly suitable agent in obstinate gonorrhœa of the internal genital organs in the female. It is of course advisable in all gynecological cases where electricity is employed not to depend upon it entirely, but to make use of other local and general treatment simultaneously with it. In several of the cases described in the table, the induced current was used for the earlier sittings and the constant current in the later ones.—*Lancet*.

FIFTEEN YEARS OF IMMUNITY AFTER REMOVAL OF CANCER OF THE LIP FOR A THIRD RECURRENCE.—In reference to the non-recurrence of cancer of the lip after removal, the case of a Mr. R—, who is now aged 73, is of some interest and value. This gentleman had had a

sore twice cut from the left part of his lower prolabium. He came to me with a third recurrence. The sore had extended rather widely, but not deeply. For this reason I did not employ the usual V-shaped incision, but destroyed it very liberally indeed by means of the actual cautery. I find it described in my notes of March 12, 1874, as "an ulcer with hard edges, but without papillary growth." In August, 1889, that is, fifteen years later, Mr. R— came to me again for another disease, and I had the satisfaction of finding that his lip had remained quite sound, and that no gland disease had developed. There are doubtless many cases in which after excision of epithelial cancer of the lower lip no local return is ever witnessed. I fear, however, that it is exceptional to escape subsequent implication of the lymphatic glands. On the rarity of permanent immunity, Sir James Paget has expressed a strong opinion. In the present instance a third recurrence after excision well proved the local tendency. As regards the mode of operating, I believe that in certain forms of cancer of the lip which extend widely, but not deeply, and in which sometimes it is not easy to assign the limits of the disease, that the actual cautery, if very freely used, is more efficient than the knife.—*Jonathan Hutchinson in Archives of Surgery*.

BARBIER: CONCERNING CERTAIN MICROBIC ASSOCIATIONS IN DIPHTHERIA (*Rev. Mens. des Mal. de l'Enf.*, September, 1891).—In diphtheritic membrane one finds, in addition to the Klebs-Löffler bacillus, certain organisms, of which some are constant, but without influence upon the form of the disease, while others are inconstant, but pathogenic, and give a particular physiognomy to the disease. Three of these are described as follows: (1) *Streptococcus* (a), which is found at certain periods of the year. (2) *Streptococcus* (b), which resembles the *streptococcus pyogenes*, and is found in the pharynx when the mucous membrane is red and swollen, covered with thick and diffuent membrane, associated with adenopathy; it is also found in the blood of the heart. This form is very virulent for guinea pigs, whether injected alone or with the bacillus of diphtheria. This association may occur clinically as follows: The bacillus is installed after