

was different from other women. At the time of consultation, she had missed one menstruation, and was complaining of morning sickness, and suspected pregnancy in consequence. On examination, the external parts were found normal. But an attempt to pass the finger into the vagina developed the fact that it was firmly vaulted over in its middle third by a fleshy mass, a partition as it were (and so it proved eventually to be), and about one-half inch in thickness. *Per rectum*, I discovered an enlarged uterus; and on resorting to a speculum to more closely determine the vaginal condition, found it of that darkened hue, dubbed "port-wine color." The inference was that she was pregnant. But *how*? And it was only on a most careful inspection, that a minute central canal could be made out, through which a very fine probe passed with difficulty.

An operation was proposed and agreed to; and the following day a dissection upward defined the bridge, which was carefully cut away, exposing the upper third of the vagina, fairly normal, and the cervix of the gravid uterus in plain view, though smaller, and not distinctly protruding into the vagina, as is usual.

The patient was kept in bed two weeks, and sedatives given to insure local rest, so that now she is in good health, shows no tendency to miscarry, and will probably carry her unique conception to the usual conclusion.

Selected Articles.

ON THE INTERNAL ADMINISTRATION OF CALOMEL IN THE TREATMENT OF PSEUDO MEMBRANOUS LARYNGITIS.

Any fixed and definite method, which promises only a modicum of success, in the treatment of membranous croup, must command the respectful attention of every practising physician; in no other acute disease of childhood is the mortality so great; in no other does the hopelessness of the physician's efforts seem so manifest.

The numberless methods of treatment of this disease attest the industry with which physicians have striven to overcome the gradually increasing laryngeal stenosis which has been regarded as its greatest danger.

Venesection, veratrum viride, antimony, the emetics, vegetable and mineral, nitrate of silver solutions (ten to sixty per cent.) locally (Breton-

neau and Green), medicated steam inhalations, and numberless drugs newly invented and older ones, have had their warm supporters, who have claimed for their methods a certain percentage of recoveries without operation.

Taking the consensus of opinion of recent years, the most widely popular drug in the treatment has been mercury, in the form of corrosive sublimate, in large doses, with or without the muriated tincture of iron and chlorate of potash; still more recently inunctions with blue ointment have been recommended in the treatment of laryngeal and faucial diphtheria.

It may seem superfluous to mention these different methods, but the object is to show that, after all the varying phases of treatment which an historical survey of the literature reveals, mercury to-day is essentially the drug upon which most reliance is placed by the majority of medical men.

Before speaking of the treatment by hourly doses of calomel, which will be recommended in this paper, the writer would direct attention to the characteristic clinical features of the disease in their relation to the treatment. A child, with or without discernible diphtheritic processes in the pharynx, exhibits the signs and symptoms of so-called "true croup," or laryngeal diphtheria, viz: a low, rasping inspiration; dry, brassy cough; retraction of the soft parts of the chest on inspiration; hoarseness; fever. Each symptom in this complex gradually increases in intensity; the inspiratory stridor becomes louder; expiration also becomes noisy and prolonged; the breathing meanwhile grows rapid, assuming the characteristic sawing sound; cough is more metallic and drier; the retractions become extreme; the hoarseness gives place to aphonia; cyanosis appears. The two factors productive of this condition are the closely adherent diphtheritic membrane and the inflammatory swelling of the mucous membrane and submucous tissue of the larynx.

The membrane, starting at one point, say the posterior surface of the epiglottis, extends to the upper surface of the vocal cords, invades the ventricles of Morgagni, passes on to the vocal bands, and may extend into the trachea and bronchi of smallest calibre; the glottic aperture is slowly encroached upon, until complete closure occurs and death from suffocation ensues; or croupous plugs in the bronchi and bronchioles may so limit the lung capacity that the patient succumbs. This growth of the membrane produces, in addition to the disturbances in the respiratory organs, a gradually increasing carbonic-acid intoxication and infection of the organism.

The growth of the membrane may, on the other hand, be self-limited; and when complete occlusion of the glottis seems imminent, a change in the character of the breathing is noticed; instead of the dry, sawing sound, a moist, fine rale is heard