

it came to trial at all. These contractions, I may explain, follow the use of the galvano-cautery in the majority of instances. Some writers claim that atresia of the uterine canal invariably results from amputation by it; but, from my own experience, I can emphatically deny this. Only three days ago, I saw, with Dr. J. B. Hunter, a patient in whom we performed the operation by this means some little time ago (on account of an exceedingly long and conical cervix, which actually projected from the vulva and entirely prevented sexual intercourse), and we found the canal quite as large as in the ordinary normal uterus. In perhaps forty out of fifty instances, however, there will result more or less narrowing, though it is not very common to find complete closure of the canal after the operation. But the advantages of the galvano-cautery in appropriate cases, it must be acknowledged by all, far outweighs any such disadvantage as this; and even if there is complete atresia of the canal, it is not at all a difficult thing to remedy, by means of incision and the retention for a short time, of a plug in the os uteri. Surgeons do not give up the amputation of limbs because once in a while, without any fault of theirs, the patient afterward suffers from neuralgia of the stump, or is unable to wear an artificial limb upon it; and neither should we give up amputation of the cervix by the galvano-cautery because atresia occasionally results from it.—*Med. and Surg. Reporter.*

PROGNOSIS AND TREATMENT OF DIPHTHERIA.

Dr. Lewis Smith, Clinical Professor of Diseases of Children at Bellevue Medical College, observes (*American Journal of Medical Sciences* October) that the endemic persistence of this disease in some localities, as New York, and its frequent epidemic outbreaks in country villages and towns, have aroused great attention as to its nature and treatment. No disease also, he adds, stands more in need of all the light which science and experience can throw upon it, not only on account of the divergence of views which prevails respecting it, but because of the frequency with which the prognosis is belied. This uncertainty of prognosis, he believes, depends much upon the fact that diphtheria terminates fatally in several distinct ways, so that while the patient may seem safe with respect to the more manifest and common conditions of danger a fatal result may still occur from some unseen and unexpected cause.

Death may result from (1) diphtheritic blood poisoning; probably also from (2) septic poisoning produced by absorption from the under surface of decomposing pseudo-membrane—especially when this is extensive, deeply embedded, and attended

by an offensive effluvia. Cervical cellulitis and adenitis, which may cause very considerable swelling of the neck, appear to be often, if not usually, due to septic absorption from the lower surface, the inflammation extending from the absorbents to the glands and connective tissue. Considerable swelling of the neck, therefore, seldom occurs in diphtheria or scarlatina without manifest symptoms of toxæmia, and is to be regarded as a sign of its presence. (3) Obstructive laryngitis; (4) uræmia; (5) sudden failure of the heart's action, either from the anæmia and general feebleness, from granulo-fatty degeneration of the muscular fibres of the heart, which is liable to occur in all infectious diseases of a malignant type; or from ante-mortem heart-clots. (6) Suddenly developed passive congestion and œdema of the lungs, probably due to feebleness of the heart's action, or to paralysis of the respiratory muscles. Death may occur from this cause during what seems to be convalescence. The physician is less likely to err who bears in mind the possibility of these various terminations; and Dr. Smith believes that the condition of the urine is too infrequently and too superficially examined, seeing that it often contains a large quantity of albumen.

"Among the symptoms which render the prognosis unfavorable are repugnance to food, vomiting, pallor, with progressive weakness, and emaciation from the blood-poisoning; a large amount of albumen, with casts in the urine, showing uræmia, to which the vomiting is sometimes, but not always attributable; a free discharge from the nostrils, or occlusion of them by inflammatory thickening and exudation, showing that a considerable portion of the Schneiderian membrane is involved: hæmorrhage from the mouth or nostrils; and obstructed respiration. One, at least, of these has been present in most of the fatal cases which have fallen under my observation."

It is remarkable, Dr. Smith observes, that concerning a disease which has been so long under wide-spread and able observation, such wide discrepancy of opinion as to treatment prevails. This has arisen in part by the different views taken of the nature of the disease, but still more is due to the unreliability of the statistics of treatment, owing to the very varying types the disease presents even in the same epidemic, so that while some cases resist all measures, others scarcely require treatment at all. He believes that the germ theory of diphtheria has done immense harm by concentrating attention so much on local and general antiseptic treatment, which, as far as his experience goes, proves of little use; and he is of opinion that the fact of the treatment in Ziemssen's Cyclopædia which propagates this doctrine, having been published before Sannè's more useful book, has led to great mischief. Experience has, however, brought on a reaction, and