After the obstruction has been removed, or the trachea opened, the usual measures to re-establish respiration and to stimulate the heart should be resorted to, according to the exigencies of the case.

A CASE OF LARYNGEAL DIPHTHERIA: TRACHEOTOMY, RECOVERY.

BY CHARLES A. ATWOOD, M.D., TAUNTON, MASS.

J. C., five years and eleven months old, had sore throat for several days. I saw him December 6, 1895. The child was fairly nourished and of good appearance. On examination a grayish patch was seen extending from the tonsil onto the soft palate. There was labored respiration, but not marked. There was no glandular enlargement, nor was there any appearance of sepsis. Whiskey and milk were prescribed and a gargle of permanganate of potassium; also inhalations of steam. Patient isolated.

He had a very poor night, and his mother informed me that several times she thought he would strangle owing to the laryngeal obstruction.

December 7th. Had several severe choking spells. I found him with weak, thready pulse, labored breathing and cyanosed, suffering from tracheal obstruction. With the assistance of Dr. W. S. Robinson, I immediately opened the trachea and inserted a tracheal tube. Three hours after I injected a solution of Gibier's antitoxin and repeated it in twelve hours. The two injections contained 25 c. c. of antitoxin. Patient had a restless night.

December 8th. Another injection of antitoxin (20 c. c. of the Massachusetts State Board of Health solution of antitoxin) was injected. A hot, wet sponge was kept over the throat. Steam was used for the first thirty-six hours after the operation, afterwards dry air. Pulse 120, respiration 30, temperature 101.8°; pulse thready and volume poor. Restless.

December 9th. Pulse 120, temperature 99.4°. Vomited. Pulse very weak. At 3 P. M. pulse 94, temperature 98.4°. There was some slight discharge of blood from the tube. Slept well.

December 10th. Pulse 88, temperature 98°. Vomited slightly. Slept well. Coughed some.

December 13th. Pulse 95, temperature 98.4°. Slept well, and seemed very comfortable. At 7 A. M. severe paroxysm of coughing. Vomited; vomitus contained several large pieces of membrane.

December 14th. Pulse 90, temperature 99°. Slept well during the night. Patient completely peppered with an urticarial eruption.

December 16th. Tracheal tube removed and a gauze dressing applied.

December 18th. Pulse 95.6, temperature 98.4°. Slept all night. Wound dressed. Ate beef, potato, eggs and toast. The urticaria lasted four days.

December 20th. Pulse 88, temperature 97.8°. Patient convalescent.

The other members of the family — consisting of the mother, an aunt of the boy, an infant a few weeks old, the cook and a child nineteen months old, although all were given an immunizing dose of antitoxin in the meantime — came down with the disease, and were probably infected before the injections were made. The infant at the breast alone escaped. The child nineteen months old was very sick, the diphtheritic

exudate extending over both tonsils and involving to a large extent the fauces and palate. Antitoxin (Gibier's solution, 20 c. c.) was injected; stimulants were used; and within forty-eight to seventy-two hours the exudate had commenced to disappear and the throat to clear up. In the case of the cook 20 c. c. of antitoxin was injected, and this, as in the tracheotomy case, was followed by a severe attack of urticaria. All the cases made an uninterrupted recovery and in my experience I have never seen the diphtheritic exudate disappear so quickly. I am very certain that no physician, no matter how sceptical, gives his diphtheria patients every chance for recovery who neglects the use of the diphtheria antitoxin.

Medical Progress.

REPORT ON PROGRESS IN GYNECOLOGY.

BY EDWARD REYNOLDS, M.D.

CARDIAC LESIONS AND PELVIC DISORDERS.

OUT of 300 gynecological cases in which Dr. John H. Williams¹ had made records of the condition of the heart during six years, he found a coincidence of functional heart disorders and obvious abnormal conditions in the pelvis, in 25 cases. He excluded from the 25 all cases in which there was a previous history of rheumatic fever, or any reason to believe in the existence of organic valvular disease. Cases of pregnancy and anemia were also excluded. The ages ranged from seventeen to forty-two years. Treatment directed to the relief of the pelvic troubles relieved the cardiac symptoms of 17 out of the 25 women. Dr. Williams prefers not to attempt any explanation of the interdependence of the lesions or the relief of the one by the cure of the other, but contents himself with recording the fact.

NEW OPERATIONS FOR THE CURE OF UTERINE FLEXIONS.

Nourse² describes a new operation for the radical relief of uterine flexions. He splits the cervix transversely up to the angle of flexion, then straightens the uterus and sews the severed cervix together in the straightened position. The lip which corresponds to the convexity of the flexion then slightly overlaps the other at the os externum; but Nourse states that this projection disappears in a few months. The author believes this operation practicable for all cases, except those in which there is pus in the pelvis. He reports three cases of uncomplicated flexion in which the operation was successful.

ABDOMINAL HYSTERECTOMY WITH CLAMPS.

Richelot³ believes that the uterus would more often have been completely extirpated in abdominal hysterectomy if the technique of the operation had been more simple. He believes that this object can be accomplished, and the time necessary for extirpation shortened, by abandoning the ligature and using forceps, as is so often done in the vaginal operation. He says that by this method the armamentarium needed can be reduced to a knife, a few pairs of artery forceps, and two long curved Richelot clamps. The uterus is

¹ Lancet, No. 18, vol. ii, 1895.

² American Journal of Obstetrics, January, 1896.

³ Annales de Gynécologie et d'Obstétrique, May, 1895.