right ovary there was a bleeding point from a small adhesion, which had apparently held the ovary down to Douglas's pouch until the growing uterus had stretched it, and it then got torn some hours before the operation. I secured this adhesion with a ligature, and, there being no further bleeding point, the abdomen was closed. She made an uninterruptedly good recovery, and her pregnancy continued till the ninth month, when it was terminated by Dr. Houseman owing to accidental hæmorrhage. The child was born alive.

CASE 4.—On Aug. 29th Dr. Limont of Newcastle asked me to see with him a lady twenty-seven years of age, two months pregnant for the first time, who was suffering intense pain from a small ovarian tumour on her right side. I removed the tumour (about the size of a hen's egg), and the patient made an excellent recovery. At the end of a month she went for a fortnight to Bournemouth, where she unfortunately contracted a very severe attack of bronchitis, after which she suffered from albuminuria with considerable œdema of the legs, and on Feb. 15th she gave birth to a dead child. Since then the albumen has disappeared, and she is now quite well.

The above cases, being recent ones, are recorded to show that abdominal section can be safely done during pregnancy, a question which has been a good deal discussed in this country and in Germany during the past year. My own experience in a large number of cases of abdominal surgery and general surgery, such as amputations, removal of breasts, &c., is that it is very unusual for an operation to terminate pregnancy.

Sunderland.

NOTE ON THE TREATMENT OF DIPHTHERIA.

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THE marked success which apparently follows the treatment of diphtheria by antitoxin raises the question whether the action of this remedy can be expedited or assisted by any auxiliary treatment, and, if so, what are the means which can so assist? In cases in which the disease has extended to the larynx, with consequent more or less obstruction to the respiration, it appears to be essential to recovery that some mechanical means should be adopted to maintain the integrity of the respiratory passage until the antitoxin has had time, possibly by repeated injections, to act. Roux¹ affirms that under the influence of antitoxin the false membrane ceases to grow within twenty-four hours from the first injection, and detaches itself in from thirty-six to forty-eight hours, at the latest by the third day. The thesis I now wish to maintain is that in intubation or tubage the medical man has a safe, easy, and effective means of combating the conditions attendant upon impeded respiration, which the new system of treatment occasionally requires. In fifteen cases of intubation in diphtheria reported in detail by me² the average length of time during which the tube lay in the larynx was twenty-six hours, and several of the patients who died succumbed to other causes than respiratory impediment. If the patient can be tided over twenty-four hours by means of an operation which does not require the administration of an anæsthetic and is not accompanied or followed by hæmorrhage or shock, and if antitoxin be simultaneously administered, the remedy is allowed time to commence to act under the most favourable conditions. If, on the other hand, marked obstruction of the larynx has developed before the commencement of administration of the antitoxin, and if no special means be adopted to combat it, the patient may die, and, judging from some reports of cases which have appeared in the medical press, has died before he could be thoroughly brought under the influence of the remedy. From a fairly extensive experience of both tracheotomy and intubation in diphtheria I feel warranted in agreeing with Roux in the following expression of opinion. He says in the article previously referred to: "How many children may be spared tracheotomy if the serum were administered sooner? We can even say that with the use of serum

tracheotomy should, in the great majority of cases, be replaced by tubage. It is now no longer a question of leaving a tube in the larynx for days; it will suffice more frequently to retain it during twenty-four or forty-eight hours to prevent imminent asphyxia, and to gain time until the false membranes detach themselves. *Tubage is the complement of the serum treatment of the future*, tracheotomy will be the exception, and greatly to the benefit of the children." (The italics are mine.) But even if a longer period than from twenty-four to forty-eight hours be necessary to allow the therapeutic effect of the antitoxin to develop it can be afforded by intubation, as the following cases show.

CASE 1.—On April 19th, 1894, I was asked by Dr. Thyne of Edinburgh to meet him in consultation in the case of a boy aged six years, the subject of diphtheria. Membrane had been seen on the tonsils and adjoining parts of the pharynx, and had subsequently extended to the larynx. We found him *in extremis*, and as the boy's father positively refused to permit of tracheotomy being performed, it was suggested that intubation might be tried. This was accordingly done. The auxiliary treatment consisted in the administration of small hourly doses of mercury, and of a mixture of strophanthus and strychnine, with free alcoholic stimulation. The tube was permanently withdrawn on the fifteenth day. The patient recovered after a tedious convalescence.

CASE 2.—On June 15th, 1894, I was called by Dr. Hamilton Wylie of Pirig to see a girl aged seven years, reported to be suffering from diphtheria, with great difficulty in breathing. Intubation was performed. The auxiliary treatment was on similar lines to that of Case 1. The tube was withdrawn on the tenth day. The patient recovered, with post diphtheritic manifestations during convalescence.

I may observe that I have never witnessed a patient in a worse plight than the child was in Case 1 before the performance of intubation. What struck the attendant physicians and myself in regard to the results of intubation in these cases were: (1) the great and instantaneous relief which followed insertion, and in Case 1 re-insertion, of the tube; (2) the easy manner in which it was borne by the little patients, and the absence of annoyance to them from its use; (3) no difficulty in swallowing whilst the tube was *in situ* in the larynx; and (4) the tube in each instance could easily have been retained for a longer period if such had been considered necessary. There seem to be good grounds for believing that intubation or tubage is a valuable auxiliary in the antitoxin treatment of diphtheria, and that the day is fast approaching when it will supersede tracheotomy—"greatly," as Roux observes, "to the benefit of the children."

Edinburgh.

Clinical Notes:

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

A FATAL CASE OF ANOREXIA NERVOSA.

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IN connexion with fatal cases of anorexia nervosa, an interesting example of which appeared in THE LANCET of Jan. 5th, 1895, it may be of interest to record another case of this affection which was under my care in 1890. The history is briefly as follows:—

A girl, said to be eleven years of age, but who looked nearly fourteen years old, was admitted to the North Eastern Children's Hospital on May 10th, 1890. The history was only of one week's loss of flesh, anorexia, and vomiting. Four years previously she was said to have had similar attacks. On examination she was found to be extremely emaciated, but there were no signs of organic disease. She had a wild, hysterical appearance, was very restless, and refused all food; her bodily strength, however, was greater than would be supposed from her extreme emaciation. (The abdomen was so sunken that the vertebral column and sacrum could be easily felt.) As she refused all food she was fed on enemata of peptonised milk beef tea, and brandy. In

¹ THE LANCET, Sept. 22nd, 1894.

² Edin. Med. Jour., Jan.-May, 1892.