the uterus having thus an extraordinarily hammer-headed or T-shaped outline. The breech occupied one end of the hammer-head and the shoulders the other, while the head in the lower uterine segment, or handle of the hammer, seemed to be almost midway between the two.

In conclusion, and for the sake of exciting discussion, I would state that my personal position on the treatment of ovarian tumors obstructing labor is now —

First, that the first expedient tried should be gentle taxis with the patient in the knee-chest position, and, if necessary, etherized.

Second, if the taxis is unsuccessful, it should be repeated after the lapse of one or two hours; but if this attempt fails, the abdomen should be opened, and under ordinary circumstances the uterus should be incised and the fetus removed. The tumor should then be inspected, and unless its removal promises exceptional difficulty, it should be freed, tied off and removed.

Third, in the event of unusually firm adhesions in the pelvic cavity, it would be better to defer the removal of the ovarian tumor to a subsequent operation at a time when the pelvic veins and arteries are not of the enormous size they attain at the conclusion of pregnancy.

Fourth, when there is a fair probability that the patient has already been infected with sepsis per vaginam, it would be better in most cases to lift the uterus forward without opening it, remove the tumor, and then let the child take its chances with an instrumental intra-pelvic delivery rather than risk putting the mother's peritoneum into communication with an infected uterine mucosa.

ANTITOXIN AS A PROPHYLACTIC.

BY EDWARD L. TWOMBLY, M.D., BOSTON.

THE Gwynne Temporary Home for Children, on Worcester Street, is divided into three separate departments: (1) for babies under one year, received for adoption; (2) for children between two and three years old who are taken in temporarily, when by reason of sickness and poverty the parents, or, more probably, the mother, cannot care for them; (3) the kindergarten for children from four to fourteen years, also taken temporarily for one or two months under the same necessities.

A family of four children was admitted on June 3d, and five days afterwards three of them broke out with measles and gave them to the other children in the home. Meanwhile the eldest, a girl of thirteen, who had had the measles, showed a sore throat, which the culture-test proved to be diphtheria. Her sister (nine years) also developed diphtheria on June 28th, and a boy of five years, who was in the bed next to her with measles, showed the positive signs on July 1st. They were promptly isolated and sent to the hospital.

A second focus of infection came in the shape of a boy of ten years, who brought the disease on July 2d. Two more children were infected through him, diphtheria appearing in them on July 8th and 9th.

The next day, eleven injections of antitoxin were given to the school-room children who had been exposed, and we hoped that there would be no further trouble. But a girl of thirteen in the school-room where there had been no cases up to July 1st had been

sent into the two-year-old nursery to assist the regular nurse with her cases of measles, and she came down with diphtheria on July 9th, and communicated the disease to four others, it appearing on the 13th and 16th.

All the remaining children and the nurse, ten in all, were then injected with the antitoxin, July 16th, and we had no more diphtheria.

Judging by the facts in these cases, it is but fair to conclude that antitoxin was the agent which gave these twenty-one children and nurse who had been exposed, complete immunity from the disease.

The injections were given to children of all ages, as may be seen by the accompanying table, and the disturbance caused by the antitoxin was practically nothing.

Age.		Male.	Female.
2 years		2	0
3 "		3	0
4 "		2	1
5 "		0	1
6 "		2 ¹	1
7 "		1	0
8 "		0	3
10 "		0	1
11 "		2	0
16 "		1 ²	0
		<u>13</u>	<u>7</u>

¹ Enlargement of cervical glands in both cases.

² Enlargement of axillary glands; general urticaria ten days, afterwards for two days.

Last year I gave fourteen injections for the same purpose, with success; but two-thirds of the cases had some form of either local or general urticaria. All recovered from it in a few days without special treatment.

I attribute my better results this year (1) to the good serum, which has been brought to its present state of perfection and freely given to the profession by Dr. Harold C. Ernst, of the Bacteriological Laboratory of the Harvard Medical School; (2) to the smallness of the dose (two to five cubic centimetres instead of eight to ten cubic centimetres, which were used last year) as the serum is made now of greater strength; (3) the care in boiling the needle after rinsing with water after each injection; and (4) the place chosen for inserting the needle, which was in the loose folds of skin in the posterior right axillary line, over the lower ribs and above the line of the bend of the elbow at the side. The antitoxin seemed to be absorbed more readily than if it had been injected on the outside of the thigh, as was done in the cases of last year, when so much urticarial disturbance was noticed.

In conclusion, I would call attention to the small doses (one-third to one-half the regular dose) that seem sufficient to immunize our little patients; the greater susceptibility to diphtherial poison after or during measles; and the absence of any dangerous effect where proper serum is properly given.

At a recent meeting of the Section in Ophthalmology of the College of Physicians of Philadelphia, Dr. de Schweinitz stated that Dr. Barrett, of Melbourne, had described a form of amblyopia in horses which was attributed to their eating some plant, probably the Australian tobacco plant. By the courtesy of Dr. Barrett Dr. de Schweinitz was enabled to exhibit two slides which Dr. Barrett had prepared from the optic nerves of a horse which had become blind. The sections showed fibrosis with degeneration of the nerve fibres.