attack that occurred some time previously having been overlooked. If this view of the ætiology of chronic nephritis be correct the classification of diseases of the kidney associated with albuminuria is somewhat simplified, and the classification I would favour would be briefly as follows:—

1. Nephritis, acute and chronic—the chronic representing the chronic parenchymatous nephritis, or better described, as Dickenson suggests, “the large white kidney of nephritis.” The small white kidney is generally considered to be a later state of this form, and I suppose that in some individuals the renal epithelium is not so rapidly and completely destroyed, and that sufficient is left to carry on life until the increasing fibrosis causes shrinking of the kidney substance; but I should imagine that the condition is very rare.

2. Granular kidney, essentially chronic from the beginning, and resulting most frequently from the toxic action of alcohol, gout or lead.

3. The kidney of amyloid disease.

ART. XXIII.—*Two Cases of Cystic Endometritis with remarks on Treatment.** By R. DANCER PUREFOY, M.D., F.R.C.S.I.; Ex-Master, Rotunda Hospital.

ENDOMETRITIS, either alone or as an attendant on, or complication of, some other pathological condition, claims a large share of our attention in nearly every case of uterine disease; and those who have had the widest experience will be the most ready to acknowledge how often our hopes of speedy, or even steady, improvement are disappointed. Whenever we have regard to the complex structure of the endometrium and the periodically recurrent variations in its blood supply, on which its functional activity may be said to depend, we shall feel no surprise in observing how often these variations go wrong in excess or deficiency, and thus induce obstinate structural changes. The precise nature of these changes, the conditions local, constitutional and bactericidal which are potential in causing them, have, as is fitting, engaged the attention of many acute observers with very satisfactory

* Read before the Section of Obstetrics in the Royal Academy of Medicine in Ireland on Friday, February 3, 1905. [For the discussion on this paper see page 299.]

results; but with regard to some forms of endometritis—for instance, that to which I wish to direct your attention in this communication—we must confess their ætiology is still awaiting elucidation.

I propose to bring under your notice two cases illustrating the history and course of what has been termed cystic endometritis.

CASE I.—Mrs. F., aged 45. In fairly good health at the time of marriage, six years ago; in about seven months afterwards had an early abortion. Some months later, after a long journey, suffered from distressing pruritus vulvæ, which, however, yielded to treatment. In October, 1902, after missing one menstruation, distressing dorsal and abdominal pain was felt, attended with slight intermittent bleeding. Later on the bleeding became continuous, sometimes profuse, and so continued till her admission to the Rotunda in January, 1903. At this time her general condition was such as to warrant the use of medicine, at least for a time, in the hope of arresting the bleeding, and accordingly she was given that most useful uterine hæmostatic, tincture of Indian hemp, in five minim doses, twice daily with excellent effect. This was followed by the administration of the muriate tincture of iron, and in about a fortnight the bleeding had quite ceased. Examined under chloroform, the uterus was found in normal position, the cervix healthy, and the appendages likewise. The cavity measured $3\frac{1}{2}$ inches; viscid, glairy discharge poured from it in a large quantity, and the curette brought away in abundance fragments of greatly thickened endometrium. Subsequently, at intervals of three or four days, she was treated on several occasions with iodine and phenol or pyroligneous acid, and in about three weeks from the date of the curetting she was allowed home apparently in a very satisfactory condition. For some months menstruation was normal, but a return of the bleeding rendered a repetition of the treatment necessary, twice in 1903 and once this year (1904), in the month of September. The tissue removed on each occasion, though much lessened in amount, presented the same microscopic characters.

CASE II.—K. C., aged twenty-eight, married two years; one early miscarriage. Admitted August 8, 1903, in a very feeble condition, owing to repeated bleedings; indeed her aspect made me apprehend the presence of malignant disease. When some

improvement in her general condition had been effected by rest, feeding and tonics, she was examined and the uterus found to be retroverted and somewhat fixed by numerous adhesions; the appendages were not reached. When dilated and curetted, the amount of pulpy tissue removed was so great that I thought my apprehensions as to the malignant disease were only too well founded, but examination by my much-lamented friend, the late Dr. Neville, showed only the characteristic appearances of cystic endometritis. This woman was re-admitted a few months later, when it was found necessary to repeat the treatment.

The main points in these two interesting cases may be thus summarised :—

1. Both women were married, not advanced in years, and free from other disease.
2. Both had been, at least, once pregnant before the development of this uncommon disease.
3. Bleeding without any considerable pain was the prominent sign in both cases.
4. Recurrence took place at an early date.
5. The microscopic appearances are not like those of malignant disease, especially as regards the epithelium.

It may be urged that more vigorous use of the curette in the first treatment would have prevented recurrence, but, in my opinion, it is better to err in removing too little than to run the risk of rendering the endometrium permanently incapable of fulfilling its highest function by too extensive removal of its glands.

Having regard to the marked tendency to recurrence and the severe bleeding which attend this disease, one feels inclined to describe it as a transitional stage between benign and malignant adenoma.

Though the experience of only two cases is inadequate to warrant positive statements on the matter, I incline to the view that curetting, repeated if necessary, and followed by the application of the caustics commonly in use, will effect a cure.

For the safe and effective use of the latter, I think we are still in want of a safe apparatus. A syringe for intra-uterine injection should be so constructed that the fluid may be

measured by drops, and I have not seen one which fulfils this indication. Many years ago Dr. Barnes suggested an apparatus for carrying medicated ointments into the uterine cavity, and recently Dr. Duke has constructed an ingenious appliance by which small quantities of any caustic fluid may be safely diffused in the uterine cavity. For us in Dublin it is, I think, of much interest to recall the fact that a Master of the Rotunda Hospital, Dr. Evory Kennedy, was the first in Europe to devise a syringe for intra-uterine use.

In cystic, as in every other form of endometritis, the first, and perhaps the most important, indication to be fulfilled in treatment is to secure a sufficiently patulous condition of the cervical canal, to admit of free escape of healthy and unhealthy discharges.

As to the choice of caustics, opinions will be found to vary widely. With regard to phenol, it is well to bear in mind the narrowing of the cervical canal, which is very apt to follow its repeated use, unless well diluted. I think glycerine more suitable as a dilutent than spirit or water. In my own practice I have discontinued the application of caustics immediately after curetting, unless in cases of undoubted malignancy.

ART. XXIV.—*The Treatment of Diphtheria.*^a By CHARLES HAROLD WALKER M'CULLAGH, M.D., B.Ch., B.A.O. Univ. Dubl., Hillcrest, Roundstone, Co. Galway.

THE treatment of diphtheria may conveniently be divided into prophylactic—with which are associated hygienic measures—calculated to prevent the spread of the existing malady; antitoxin treatment; local and general treatment; as well as treatment of complications which may arise; and, lastly, treatment during convalescence.

In no disease, perhaps, has prophylaxis been placed on a more rational basis or has its triumph been more clearly demonstrated. The case, whether well marked or suspected, should at once be isolated, and all persons who have been exposed to risk of infection should at once receive an injection

^a A Thesis read for the Degree of Doctor of Medicine in the University of Dublin, March 7, 1905.