

ter, the effects of the bi-chloride are shown by nausea, or vomiting, or purging. But so long as the system seems to be laboring under the diphtheritic poison, these effects are not manifested.

I shall not attempt to give the *rationale* of the action of this medicine, but will only call attention to the fact that it belongs to that class of remedies which is rich in chlorine, and to which physicians have resorted for many years in the treatment of this affection, such as the tr. of the chloride of iron, chlorine water, chlorate of potassium, and here the bi-chloride of mercury. Also in view of the strong germicidal qualities of this substance, as recently demonstrated by Dr. Sternberg, we may reasonably suppose it has a destructive effect on the bacteria that swarm in the exudation in the throat and surrounding structures.

To show that this remedy in diphtheria seems to be appreciated abroad, I quote from Dr. Sternberg's article in the April number of *the American Journal of the Medical Sciences*, page 337: "A medical friend who has just returned from Vienna informs me that mercuric bi-chloride is at present the favorite remedy in that city for diphtheria."

My friends and neighbors, Dr. H. Judd, of Galesburg, and Dr. W. G. Piersol, of Hermon, have used this remedy in their practice with the most satisfactory results.

In conclusion, I would request those who may make a trial of this treatment to communicate the result to the JOURNAL, or if not wishing to do so, to the writer.

#### AN OCULAR POLYPUS.

BY S. POLLAK, M.D., OF ST. LOUIS.

A lady of 74 years presented herself with a "bleeding eye." Blood was oozing from beneath the upper lid constantly when the lids were open. The eye was perfectly sound, vision good, except when obscured by the blood. The upper lid was somewhat conical, and of a light bluish tint. On everting it, the conjunctiva was found perfectly smooth, but on pressure, directly on the superior orbital margin, a racemous, painless tumor was extruded from the sulcus, of the size, shape, and color of a Lawton blackberry, which was bleeding profusely on the lightest touch. It was very brittle and friable, and could have been crushed with ease. It was difficult to determine the nature of it. Was it benign or malignant? Was it an angiectasia, an erectile tumor, or a polypus? I am inclined to think it was the last. Though a very confined space for a polyp to emanate from and to grow, yet the mucous membrane everywhere is the habitat of polypi, and the upper sulcus of the eye is well adapted for its origin, although not for its development. It had to be removed at once, and it was promptly effected. With a curette the edges of the tumor were raised; they were found flattened against the conjunctiva, but not attached to it. A pedicle of about a centimeter was reached and readily twisted off with the forceps. Bleeding stopped at once. The levator palpebra superior be-

ing freed from the impediment of the tumor, resumed its function. The result was entirely satisfactory. No recurrence of bleeding. The wound was nearly cicatrized the next day. This polypoid tumor is carefully preserved, and will be accurately examined with the microscope.

## MEDICAL PROGRESS.

### MIDWIFERY AND GYNÆCOLOGY.

A FRAGMENT OF A CANDLESTICK IN THE UTERUS.—Dr. E. Hjerstrom reports the case of a working-woman 49 years of age who had been subject to periodical attacks of mania since puberty, with lucid intervals. Although single she is the mother of three children; was under treatment for an abundant and foetid vaginal discharge. Examination of the uterus showed a neck covered with granulations, and irritated by a secretion which came from the uterine cavity; exploration of the uterus with a sound disclosed the presence of a metallic body. The patient would not admit that a foreign body had been introduced into the womb. After dilatation of the cervix, a piece of brass was extracted which had lodged in the superior portion of the uterine cavity. It proved to be a bobèche or socket, the tube of which measured cm. 0.15 in length, and 2 centimeters in diameter, and of which the flange reached 4 centimeters in diameter. The patient did not know how the bobèche got there. Her menses had ceased for five years; her last confinement was twelve years previous; she never had any symptoms of parametritis, but had suffered from uterine colic particularly of late. Possibly the piece was detached from a candlestick introduced into the vagina through eroticism, and seized and retained by the uterus during the mechanical excitement.—*Hygieia Rome Medicale, Paris Medicale.*

CURE OF A SEVERE CASE OF HYSTERIA BY CASTRATION.—Dr. Bernh. Heilbrun (*Centralblatt für Gynäkologie*, Sept. 22) gives us the details of a case of hysteria in a girl 24 years of age, who was bedridden for seven years, suffering from excessive vomiting and cramps in the stomach to that extent as to lead to the diagnosis of ulcer of that organ; these symptoms were relieved sufficiently during her illness to allow of the retention simply of eggs and of milk. Contractions of all of the muscles of the body gradually developed themselves, commencing with the left lower extremity, the slightest movements causing severe muscular cramps. The ovaries were removed and found to be very different in size, the right 1 cm long,  $\frac{3}{4}$  cm. broad,  $\frac{1}{2}$  cm. thick, irregularly shaped and of firm consistency; the left  $3\frac{1}{2}$  cm. long,  $1\frac{1}{2}$  cm. broad, 1 cm. thick, the surface uneven, tuberculated, and filled with a number of cysts the size of a pea. A fresh corpus luteum was noted.

The abdominal wound healed by the first intention. On the 12th day the patient left her bed; four weeks after the operation she could walk alone, and eight days later returned to her home; three months later the menses appeared without pain, but never returned. She now, ten months after the operation, walks from her home to her physician, a distance of  $1\frac{1}{2}$  leagues.