cumbed to the epidemic and were unfit for duty for two or three days. Two serving women were also seized, suffering like the others with high temperature, pains in the back and head and great general prostration.

It is interesting to notice the contrast between nurses and patients suffering with the epidemic, in respect to the severity of their symptoms,—the latter suffering much less severely than the former. This was obviously due to the fact that while the nurse was actively at work and frequently overworked, the patient was quiet in bed, in favorable surroundings, and on a more or less restricted diet. It is reasonable to suppose that had the patients been in their own less hygienic homes, subjected to the mental annoyances and disturbances of family life in average tenement-houses, and without trained nursing they would have suffered much more severely. Indeed, one of the out-patients, who had a long, difficult labor, terminated with forceps, was seized with *la grippe* on the sixth day and was very much sicker than any patient in the hospital. Her evening temperature was 104°, pulse 112, there was coryza, and severe general pains, even in the fingers. The evening temperature next day was 104.8°, and the following morning it had risen to 105.2; but from this point the fever declined and the patient made a gradual, but slow, recovery.

CASES OF CYSTITIS TREATED WITH SALOL¹

BY S. L. ABBOT, M.D.

CASE I. On entering on my service at the Massachusetts General Hospital, March 1, 1888, I found in my female ward a patient who had been admitted on the 12th of February, suffering with severe uterine symptoms and pelvic cellulitis. On the 13th her urine had been drawn by a catheter for examination and was found to be normal in appearance, acid, of specific gravity 1,020, containing no albumen, depositing a slight sediment.

The patient's general condition was bad. She was much emaciated, had severe night sweats, and the pelvic symptoms were severe with high temperature up to the 22d, when there was some mitigation of them, but micturition was frequent and painful. At this time the urine was pale, alkaline, of specific gravity, 1,014, and contained a small trace of albumen, a little blood and much sediment of pus and mucus, with triple phosphates.

March 1st. Urine strongly ammoniacal, alkaline, otherwise about as on February 22d.

Palliative remedies had given considerable relief, such as washing out the bladder with borax water, and rectal suppositories of morphia,—and acid. nitro-muriatic m. xv had been given three times daily. On this day these remedies were omitted with the exception of washing out the bladder. Five grains of chlorate of potash were prescribed to be taken every two hours.

March 2d. After the administration of eight doses of the chlorate, the urine was of normal color and odor, acid, of specific gravity, 1,018. It contained a slight trace of albumen, and there was some sediment consisting of a small amount of mucus and pus, a little normal blood, and fine and coarse granular and hyaline casts. The patient complained of pain in the lower

left front chest, and some dry friction sounds were heard at this spot. The chlorate of potash was omitted.

March 4th. The urine was again alkaline and in other respects as before the use of the chlorate. This, with the bladder washing, was resumed, as the chest symptoms had subsided, and an iron tonic was also prescribed.

There was a gradual increase of strength and on the 12th the record shows that the patient sat up five or six hours.

On the 16th, the urine was reported as unchanged, the purulent deposit being one-third of the whole bulk.

March 17th. The patient had been up all the day before and was now complaining of moderate rheumatic pain in the left shoulder and right side. Examination of the chest gave a negative result. All the remedies were omitted, and salol gr. x was directed to be given three times daily.

March 18th. Rheumatic pain relieved, *and the urine has undergone a great change being acid for the first time in two weeks*, pale, of specific gravity, 1,018; containing a small trace of albumen and a greatly reduced sediment. The treatment was continued until the 24th when the urine was still acid and contained very little sediment. Salol omitted.

March 25th. Urine alkaline again. As the patient's condition now admitted of a more powerful salicylic remedy, salicylic acid gr. v was prescribed, to be taken every three hours.

On the 28th the patient was discharged well. She has been seen frequently since leaving the hospital, by my assistant Dr. Greene, and she continues well.

CASE II. Mrs. —, a young married lady, called on me in the spring of 1888, complaining of symptoms which she regarded as uterine, from which she had been suffering for some days. On inquiry I learned that her most urgent symptom was very frequent micturition ("every five minutes" as she expressed it), a very small quantity of urine being passed at a time, greatly disturbing her sleep at night. The trouble was increasing and she asked for a uterine examination to determine the cause, supposing that there must be some displacement of the womb. I learned that sexual intercourse had occurred but twice during the month since marriage, without special suffering.

On making an examination the sphincter vaginae was found to be spasmodically contracted and very tender to the touch, requiring some force to pass the finger beyond it. This having been accomplished, the uterus was found high up in perfectly normal position and condition, neither was there any vaginal tenderness above the os tincæ except on the anterior surface where firm pressure towards the bladder caused much pain. There was and had been no vaginal discharge, and the symptoms were clearly referable to the bladder. She could suggest no possible explanation of them. The urine at this time was strongly acid. Palliatives, such as the introduction of a few drops of four per cent. solution of cocaine within the vagina, alkalies, morphine suppositories in the rectum and hot hip baths gave some relief, the urine being alkaline on the following morning.

On the next day the patient complained of loss of appetite, the tongue was furred, and there had been a chilly turn the day before followed by profuse sweating; she had had intermittent fever in 1884. The urine was acid, specific gravity, 1,012, without appre-

¹ Read before the Obstetrical Society of Boston, April 12, 1890.

cial albumen, contained abundant crystals of triple phosphate and muco-pus in large amount, constituting from a quarter to a third of the whole volume on standing.

Two grains of sulphate of quinine were prescribed to be taken before each meal, and the other remedies were continued.

On the next day, as there had been no recurrence of chills or sweating and the bladder symptoms were about the same, all remedies employed were omitted except the hip bath, and five grains of salol was prescribed to be taken every three hours.

On the next day the patient reported very great relief, being able to retain the urine one hour at a time and micturition was much less painful. Urine acid, specific gravity, 1.014, still containing considerable muco-pus and bladder epithelium. From this time the symptoms rapidly improved, and the patient reported herself well on the sixth day after commencing the salol treatment.

CASE III. A widow lady past middle life, was taken in the middle of November, after getting chilled by standing some time in the street exposed to a high wind, with a severe attack of catarrh of the bladder. Painful micturition was very frequent by day and night. At first she was treated with alkalies and rectal suppositories of morphia which gave some relief. During the second week salol was prescribed in the dose of five grains to be taken three times daily and the alkali was omitted. On the third day the salol was directed to be taken four times daily, and bicarbonate of soda in addition if needed.

At the end of the week the urine was nearly natural and the micturition was painless, occurring but twice during the night and three or four times only during the day. In ten days after the treatment was commenced the patient was entirely well. Three days before the conclusion of the case, an iron tonic was prescribed, as a slight attack of diarrhoea for one day had caused considerable weakness.

This patient was very much impressed with the efficacy of the salol treatment, as a few years before she had had a similar attack much less severe in character, under the care of an intelligent physician, during which she was confined to her bed for six weeks and required the constant attendance of a trained nurse; while in the present instance she was able to lie on a couch during the last few days of her illness, and the care of her family servants was all that she needed.

CASE OF EPITHELIAL CANCER IN A NEGRESS.¹

BY EDWARD JACOB FORSTER, M.D.,
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My attention having recently been called to the rarity of carcinoma in negroes, I am lead to report a case which recently came to my service at the City Hospital.

From the hospital records I condense the following history: Mary C., a full-blooded negress, twenty-seven years old, born in Virginia, entered the hospital February 4, 1890, for treatment for "falling of the womb." Family history negative. Had chills and fever when nine years old; "inflammation of bowels," probably attacks of cellulitis, several times,

¹ Read before the Obstetrical Society of Boston, April 12, 1890.

the last three years ago. Menstruation regular, but profuse; complains then only of dull pain in front passage. Has leucorrhœa. One child several years ago. No miscarriages. Denies intercourse for three years. No pain on micturition. Bowels constipated. General health good; is well-developed and nourished; would be called fat.

Examination showed marked cystocele. Uterus in second degree of prolapse. Sound passes four and one-half inches. Bilateral tear of cervix without marked eversion of lips, a spot about the size of a silver quarter of a dollar on the left side of posterior lip encroaching upon the angle of the tear and extending towards the cervical canal from which the mucous membrane is absent; very slightly excavated, and at the sides extending slightly under the mucous membrane. The appearance was unlike any epithelial growth I have ever encountered in this or any locality, and gave one the impression at first view that it might possibly be a syphilitic lesion.

A piece the size of a ten-cent coin was excised, and sent to Dr. H. F. Sears, who returned the following report: "Microscope shows masses and threads of epithelial cells in connective tissue throughout specimen — epidermoid cancer."

On February 19th patient was etherized, and with the assistance of Dr. Haven, I amputated the cervix. First splitting the cervix on both sides of the vaginal junction, a large wedge-shaped piece was removed from each lip, the mucous membrane of the canal was stitched by a single silk suture on either side to the outside of the cervix, and the remaining portions of the lips united by ten silver sutures. An elastic ligature controlled all hæmorrhage. The operation lasted one hour and ten minutes. Patient recovered well from ether. Antiseptic washes and pad used p. r. n. Catheter every six hours. . . .

March 2d. Stitches all removed. Parts firmly united. Uterus found in normal position. After recovery from the customary weakness attendant upon a fortnight's stay in bed, the patient was discharged at her own request on the 13th, and advised to visit occasionally the out-patient department. This advice I am told she has followed; and Dr. Green or Dr. Haven can perhaps tell us of her present condition.

While most all writers recognize and dwell upon the extreme frequency with which uterine fibroids are found in negroes, after a careful search, very little can be found written in regard to the frequency with which carcinoma affects them. That little is nearly if not quite all contained in a paper by Dr. Louis McLane Tiffany in Volume V of the "Transactions of the American Surgical Association" (1887), entitled "Comparison between the Surgical Diseases of the White and Colored Races." He says: "Of malignant growths, the ones most common are the sarcomata, and these are usually in relation with the skeleton. . . . Carcinoma is very rare in the negro"; and that during thirty-four months in the out-patient department of a general hospital where 4,930 cases were treated, 34% of which were colored, no case is recorded of epithelioma of the face or lip of a negro. In his own practice, he can only call to mind one instance of epithelioma of the tongue in a negro.

In the discussion which followed the reading of Dr. Tiffany's paper, Dr. E. H. Gregory, of St. Louis, stated that he had never seen cancer of the lower lip