of five the dose was gradually increased from five to thirty drops of the tincture when physiological symptoms came on and the treatment continued in large doses for several months without success. This I have mentioned to show that persistence and large doses of belladonna does not invariably cure as is claimed by some and is, it seems to me, an objectionable practice and detrimental to the health of the child. There are enough successes on the list, however, to warrant its trial, provided we have exhausted other means. It can be given in the form of the tincture, or as atropia, one grain to the ounce, giving one-half to one drop for each year of the child's age. For nocturnal incontinence it is best given two hours before bedtime and again at bedtime if the pupils are not dilated. In this way the full effect can be safely obtained. The other drugs used, not before mentioned, were ergot and bromide of potash, which were both unsuccessful; and iodide of potash, which seemed to have a good effect in one case. In six cases faradism was used; without success in two; three were relieved; one was cured.

Raising the foot of the bed to prevent the urine pressing on the neck of the bladder certainly has a temporary good effect in many cases, but no cures were obtained. Daily dilatation of the bladder with warm water in chronic cases where this viscus has become contracted and thickened, is a form of treatment which seems rational, and good results are reported.

In conclusion I would say, study each case of incontinence of urine, and find and remove the cause if possible. In this way the results will be much better than by any routine treatment.

CASES OF PSEUDO-PARALYSIS.¹

BY E. H. BRADFORD, M.D.

A GROUP of symptoms occasionally present themselves in young children which cause anxiety and doubt both as to the nature of the affection and to the proper course of treatment.

A child frequently in excellent health (usually at the age when creeping or early walking is the daily custom), without known cause, shows disinclination to move and pain on being moved.

This pseudo-paralysis has been mentioned by many writers; but as it is not a very common affection, it frequently is not recognized. Although the pathology is not entirely known, the symptoms are sufficiently marked to make a diagnosis possible, as the history given is usually characteristic.

Eleven cases of this affection have come under my observation, and in these the history varied so little that one description will answer for all with the exception of a few minor details. In many instances the children were quite plump; and in two they were regarded as exceptionally handsome, healthy babies. Frequently the history of a fall is given; but the connection between the fall and the paralysis, as it is termed, is not readily marked. The onset is ordinarily gradual, although it may be rapid.

The mother's attention is called to the fact that the child does not move one leg as freely as the other. Pain is manifested if the limb is jarred. After a while the same condition may be observed in the limb on the other side. In the severe type of cases the upper ex-

trémities and the shoulder-joints — either or both — are also attacked, and the child cries in agony if any attempt is made to lift it in nursing or on attending to the child's toilet. This pain may be so severe that the child cries if any one comes near him, apparently in fear lest he be disturbed. After the child has been moved and lifted, one position is sometimes found which is comfortable, and the child will rest in that position, and cry when moved. As children of this age are frequently jostled about — through the idea of the nurse or mother that this is some way soothing to a child and will relieve all suffering — the condition is frequently aggravated by this mistaken devotion. Sleep may be interfered with and the child become fretful at night, from the fact that motion at night sometimes causes pain. The child's appetite may fail; and if the conditions last long, the child may become extremely emaciated.

In four of the cases here reported, a swollen condition of the gums suggesting scurvy was noted. In one case, a petechial spot was seen on the arm. There was no swelling of the joints proper.

The affection may be very extensive, and the patient unable to sit up; or it may be limited chiefly to one hip. In the cases which I have seen there has not been any elevation of temperature that was constant, nor any marked intestinal disturbance. The food given to the child would appear to have much to do with the condition. All of the children were artificially fed. The worst case was one that had been taking proprietary prepared food which was given without milk, and the child was much emaciated. In two of the cases, however, the food feeding seemed to have been suitable so far as external appearances of the child would indicate, but there was improvement after the change of diet. In one instance, the first tooth had appeared at the usual period — six months — and there were in the majority of cases none of the later evidences of rickets, such as curvature of the long bones, though in almost all there was some enlargement of the epiphyses at the wrist and of the cartilage at the end of the ribs. In one of the cases, seen two years after recovery, curvature of the lower extremity was noticed.

The ages of the children observed ranged from six months to two and one-half years.

That these cases are cases of mal-nutrition or faulty nutrition, is evident from the fact that change of food frequently effects a speedy cure, and in time always brings about recovery. The fact that in a certain number of instances swollen gums are noticed, suggests, of course, analogy to scurvy; but in many of the cases observed there is nothing else that would indicate a connection between the two, as the children were plump and had been previously supplied with a sufficient amount of animal food. The condition, therefore, of the gums would seem to indicate more a complication which may or may not be present, but which is not the essential part of the affection of the epiphyses. The state of the epiphyses, perhaps, suggests an aggravated condition which has been described by Lannelongue as *maladie de la croissance*, a condition dependent upon an imperfect condition of the growing bones, of which these two cases may serve as illustrations:

A girl eleven years of age, of healthy appearance and stout frame, had grown with rapidity, and complained of pain at the hip-joint. No limitation of

¹ Read before the Boston Society for Medical Improvement, November 14, 1892.

motion of the limb or stiffness were found at the joint, and none of the characteristics of disease at the joint. The limp, however, was sufficient to justify apprehension and had persisted for some time; the child was directed to remain in bed for a short time, and the use of crutches was prescribed for a few weeks. This condition passed off, and the child, at the end of three weeks, recovered use of the limb, and has remained for the past year entirely well.

A rapidly growing girl of fifteen, complained of great pain at the hip-joints and knees which showed symptoms of stiffness, limitation of motion and other symptoms of hip-disease. This condition of things was not accompanied by fever; several other joints became involved in the course of a few months, namely, both ankle-joints and the shoulder-joint, and afterwards the knee, and there was a slight chronic effusion of one knee, and later of the ankle (this lasted but a short time). These attacks, however, did not come at the same time, and were not acute or accompanied by pain. One joint was affected after another, the affection being essentially chronic, lasting through the period of nearly a year before improvement was noticed. The most persistent was the affection at the hip-joint, which showed no great improvement for a year, so that a tubercular process was suspected. The patient was quite anæmic, but made an ultimate recovery, and has remained well for several years, the joint being in a perfectly normal condition.

Perhaps the condition described by the older practitioners and nurses as "growing pains" may be analogous to this. Children, either after active play or after some fatigue, are at night attacked by severe cramp-like pains referred to the knee and muscles of the calf. The pain may be quite severe, and yet nothing can be seen on examination of the limb. The application of hot cloths or moist heat relieves the symptoms, which disappear ordinarily after a short rest and may be absent the following morning. The exact nature of this condition, which is not a very common one, is not known positively, as pathological investigation is, of course, impossible. The condition, however, suggests a lack of power of resistance in the epiphyses and a possible congestion temporarily existing after the bruising of the exertion of active locomotion.

A condition of what may be termed tenderness of the joints in an adult came to my attention once, in the case of a railway brakeman who had jumped from a moving train to avoid a collision. No severe injury was sustained, and there was no external evidence of injury to the limb. The patient made recovery from the bruises, but some years following the accident was unable to jump or to stand for a great length of time, this causing pain in both knees. There was no limping, and nothing was found on physical examination, and there was no complaint made of other disability. From the circumstances of the case—the previous settlement of the claim by the railroad company at fault, and the need of work—the existence of a feigned condition was not considered probable; the facts seemed to point to a derangement in the epiphyseal part of the knee-joint.

In regard to the treatment of the cases of pseudo-paralysis, it can be said that some change in food—to be especially determined in each case—is essential. The drugs used in these eleven cases were cod-liver oil (with and without free phosphorus) in solution with alcohol. In one case lemon-juice was used,

following a suggestion made to me by Dr. Lovett. In four cases an unusual amount of salt was prescribed and given. In two instances there seemed to be an unusual appetite for salt.

Recovery took place in all these cases except one, where death from an intercurrent affection interrupted treatment; and generalization as to the efficacy of any drugs might be misleading.

The children were carefully protected from any jar when lifted, and in the severer cases were placed under a frame and treated as a papoose would be when moved. In some instances they were simply kept upon a pillow, a thin board being placed under the pillow, and the children swathed to this. In the first case which came to my observation it was necessary for the child to remain in this frame six months. Ordinarily, however, a shorter amount of time is all that is necessary, and in the course of a month or two the children regain their former activity. As soon as the children are able to play about, they can be allowed to, unless the condition of the bones or the back demands some form of appliance to prevent, or correct curvature of the bones.

Clinical Department.

A CASE OF FIBRO-MYOMA OF THE VAGINA.¹

BY CHARLES M. GREEN, M.D., BOSTON.

PRIMARY fibro-myomatous growths of the vaginal wall are of sufficient rarity to make the following case worthy of record:

S. L., a native of Nova Scotia, fifty-one years of age, and the mother of two children, entered the Boston City Hospital, March 10, 1890, in the service of Dr. E. H. Bradford, by whose courtesy I was permitted to examine and operate upon the case. The menopause had occurred seven years previously, and the family history was negative. Ten years before entrance she had noticed a small swelling on the neck of the womb, as she supposed. This swelling had grown steadily and, at the time of entrance, was said by the patient to be the size of a hen's egg: there had been no flowing nor leucorrhœa since the menopause. In the past three months there had been frequent and painful micturition.

On physical examination a rounded tumor of the size of a hen's egg was found, which on first examination was thought to be attached to the anterior lip of the cervix. On March 17th, with the patient under ether, I found the tumor to be entirely free from the cervix, and attached to the anterior vaginal wall, in close proximity to the bladder wall, but apparently having no connection with it. An incision was made over the tumor, and the growth enucleated: there was no pedicle. It was necessary to tie but one bleeding point. The superfluous edges of the capsule were trimmed off, and the cavity packed with iodoform gauze after irrigation with a 1:3000 sublimate solution. On April 12th the vaginal wound had entirely healed.

The report of the pathologist, Dr. H. F. Sears, who examined the tumor, was as follows: "Nodule size of hen's egg, firm; on section, bands of white glistening fibres running in different directions; microscopically,

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