weight down; or he may turn a wheel whose handle is too high for the body. The patient should walk with a springy gait. The toes should reach the ground a moment before the heel. This can only be done properly in boots without heels."

I should add that prolonged soaking in hot water, followed by massage with manual flexion and inversion of the foot is often of service.

THE SUBSIDENCE OF DOUBTFUL TUMORS UNDER THE USE OF ALTERNATIVE MEDICINE.¹

BY DAVID W. CHEEVER, M.D.,
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CASES of tumor are frequent where an operation is not indicated, either on account of poor health, of age, or of the extent of the disease.

The eleven cases which I shall briefly detail were all in patients of middle age, or older.

CASE I. An elderly lady of spare habit. Came from the western part of the State. She had had a small hard nodule near the nipple for some months. She came to me to have it removed; but when she arrived I found her almost demented from the use of large doses of bromide of potash. Her memory and mind were confused, and she was quite feeble physically. The medicine was discontinued, and she soon began to improve. Meanwhile the tumor had diminished and nearly disappeared, and no subsequent operation was required.

CASE II. Mrs. —, aged forty-two, florid and strong, was much disturbed mentally on discovering a lump in the breast. It was oval, movable, nearly painless, and about as large as an English walnut. It became tender, and apparently enlarged at her menstrual periods. The diagnosis of probable adenoma was made, and an operation was discouraged. The iodides of potash, of iron, and bromide of potash were taken for four months, and the lump slowly disappeared. The following year a lump quite similar to the other appeared, and she was encouraged to pursue the same treatment, and a disappearance slowly took place. Several years have elapsed, and she remains well. When she first sought my advice she was expecting an immediate operation.

CASE III. Mrs. —, aged sixty. Was operated on by excising the mamma for a small scirrhus tumor. After two years and a half of exemption, recurrence of an indurated lump in the cicatrix took place. She was put on the use of arsenic and iron for six months. At the end of that time she writes me that the disease makes no progress, and she continues the treatment.

CASE IV. A middle-aged man from the Provinces has a large mass of lobulated, and apparently glandular tumors in the neck, running down beneath the clavicle. There is no enlargement of the spleen or alteration of the blood. Operation would seem to be unjustifiable, as it would be impossible to remove all the disease. Treatment by the iodides and bromide was pursued for six months, with success. The glands subsided, and he remained well a year. Now they are recurring, and he comes again to resume treatment.

¹ Read at the meeting of the Surgical Section of the Suffolk District Medical Society, April 4, 1888.

CASE V. Active, nervous business man, aged fifty years. A chain of glands, hard, but small, under the nipple, along the axillary border, and in the neck, also a few glands in the neck on the other side. No enlargement of spleen, no anæmia. Patient very anxious and restless. Thinks he is a doomed man. Operation not to be thought of. Bromides, iodides and iron largely. At the end of one month no increase; at end of two months decided decrease of glands. Still under treatment.

CASE VI. Stout hearty man of forty-five years, always well, a chlorine bleacher by profession. Six months before had swelling of cheek begin, with stiffness of lower jaw, pushing out of ear, some deafness, much ear and neck ache, tenderness jaw bone, and some of gums; teeth extracted without relief. Tried a great variety of treatment for months without effect. Now whole of mouth and gums healthy. Parotid largely swollen, jaw set, great pain; shining spots and small tubercular-looking abscesses, and many lumps over surface of parotid region; ear everted, neck somewhat œdematous, no deep sinuses, no bone to be felt; seropurulent discharge, but of small amount. Comes from another State to seek surgery, and is all ready to have his jaw cut out. Operation discouraged. Treatment, bichloride of mercury and iron, constant application of ung. hyd. nitratis to parotid, occasionally iodide of potash, iodide of iron, and bromide of potash. Mercurial treatment long continued and carefully watched. Patient comes to me from Rhode Island regularly once a week for a year. Entire cure of all the symptoms.

CASE VII. An active and energetic middle-aged lawyer, with a bronchocele as large as a lemon, covered with vessels, causing asthma and hoarseness, and interfering with active walking and speaking. Treatment, the iodides very largely for six months, with iron and some bromide. Subsidence of tumor, relief of voice and of breathing; able to go into court, etc. Relief, but not cure.

CASE VIII. At the age of seventy-two a lady who had noticed an enlargement of the lower abdomen, strained herself over a trunk in packing, took a fatiguing journey, and came to me with incipient and localized peritonitis.

Rest, fomentations and opium relieved the acute symptoms. An examination then made revealed a moderate-sized cyst in the lower part of the abdomen, which was thought to be ovarian. She remained in bed some months by my advice, as she was quite feeble, and was treated with iron, the iodides, and bromide, and careful feeding and nursing. The tumor diminished very positively, and she then got up and wore a swathe. Was easy and comfortable, and went home to Nantucket, and continued treatment. At this date, six years later, she considers herself well; and at the age of seventy-eight is quite active, and believes that her tumor is gone. I have not had an occasion to verify this by examination.

CASE IX. A man about forty years. An induration on the dorsum of the penis, in the corpus cavernosum, flat, fixed, not tender. No glandular enlargements. Complaints of painful erections. No gonorrhœa, stricture, or syphilis. Induration of very gradual and insensible formation, and of several years' duration. Six months of treatment by bichloride mercury and iron. Induration almost gone.

CASE X. An old gentleman, a college professor,

married, of blameless life, began to notice at sixty-eight to seventy years of age, an induration on the dorsum of the penis in the corpus cavernosum, flat, fixed, painless. Only complaint is of persistent and painful erections, in the night. No enlarged glands. Only partial relief by treatment, which was by colchicum and iodide of potash.

I sent the patient to see Dr. Van Buren, who considered the disease to be gout.

CASE XI. A parallel case in every respect; same diagnosis and same result. It is fair to say that cases ten and eleven did not satisfy me by persisting a long time with the treatment.

By the courtesy of Dr. S. W. Torrey, of Beverly, I am permitted to add the following case:

CASE XII. "The patient had an abdominal growth in right hypochondrium, which appeared shortly after a croupous pneumonia of right lung, and which was attended by loss of strength, emaciation, very quick pulse, and a moderate amount of pain, especially on pressure, and on the patient's lying on the right side. The tumor increased in size after I first noticed it quite rapidly, and was a source of much discomfort. I think it must have been as large as a moderate-sized cocoon when I sent patient to you. I had proved by free purging that it was not fecal impaction, it evidently was not a cyst or an abscess, and I was inclined to think it was a malignant growth. You wrote me that you thought it "either sarcoma or carcinoma," and gave an unfavorable prognosis, and I feared you were right; but I put the patient upon iodide of potassium, beginning with doses of ten grains three times a day, and rapidly increasing it until she took 3iss at a dose. When she became very uncomfortable from the effects of such large doses I changed to correspondingly large doses of Fowler's solution, but marked diminution of the size of the growth took place under the use of the iodide only, so I finally kept her entirely upon that, until the tumor disappeared altogether, which happy event took place in about three months. The growth was not to be found again for, I think, about three years, when it appeared in the same location, and was about as large as a billiard ball when my attention was called to it. This time the general condition of patient was much better, and the tumor disappeared more rapidly under the use solely of large doses of iodide. At this time I found a small hard round growth just under and adherent to the skin of the right side of the neck, which looked like the nodules found in cases of multiple sarcoma, about as large as a good-sized pea. This growth became somewhat smaller while the abdominal growth was disappearing.

"Since then there has been no reappearance of the abdominal growth, as I was assured to-day by the patient herself, and the general health is excellent. The growth on the neck is twice as large as it was three years ago, but is the source of no discomfort. If ever I am allowed to remove it I shall feel greatly interested to learn its histological characteristics as possibly furnishing information as to the nature of the abdominal growth."

There were neither the history nor the other appearances of syphilis in any of these cases. In most of them an operation would have been unjudicious. The remedies were given in the following doses:

Bichloride of mercury, $\frac{3}{2}$ to $\frac{3}{4}$ of a gr., daily; tinct. ferri muriatis, gtts. xxx, daily; iodide of iron, iii to vi grs., daily; iodide of potash, grs. xv to xxx,

daily; bromide of potash, grs. xx, daily; liq. potassæ arsenitis, gtts. ix to xv, daily, omitting one week in each month.

In the course of my practice I have *once* seen a case where no arsenic could be tolerated, and *twice* where the iodides could not be borne. I have had no success with chian turpentine. I am now trying chloride of lime (an old remedy) for glandular enlargements.

Clinical Memorandum.

A CASE OF CANCER OF THE PROSTATE GLAND.¹

BY H. H. A. BEACH, M.D.,
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THE rarity of this disease and the absence of symptoms usually associated with it make the case from which the specimen was taken an unusually interesting one. Especially so in connection with the question of prognosis in cases of senile hypertrophy. In its early history there is nothing inconsistent with the usual course of chronic prostatic enlargement, and at no time from the first has the patient presented symptoms that are not commonly exceeded by simple prostatic enlargement; while, on the other hand, extreme pain, hæmorrhage, and serious obstruction to the flow of urine have been absent. The diagnosis of malignancy was based on the rapid growth of so large a tumor and its location, independent of the absence of the more serious and usual symptoms.

The subject was sixty years old, and had always enjoyed good health. About two years ago he began to pass water more frequently than usual, and to have some pain at the end of micturition. Both symptoms have increased, until now the patient passes urine every hour. For the past six weeks he has taken no solid food, as it caused almost constant retching. He was emaciated and anæmic.

Upon examination there is seen just above the pubes a rounded, firm tumor the size of an orange projecting above the level of the abdomen, and suggesting a full bladder. By the rectum a large non-lobulated swelling occupies the usual situation of the prostate gland, bulges forward into the rectum, and extends laterally from the tuberosity of one ischion across the pelvis to the one of the opposite side. By palpation the growth seems to be continuous with the tumor over the pubes.

Urine, color pale; specific gravity, 1007; alkaline reaction; slight trace of albumen. The sulphates were increased slightly; other urinary salts diminished. No sugar or bile pigments. The sediment contained much free oil, and epithelium like that from the mouth or bladder; little blood.

During the patient's stay in the hospital he was given such diet as the stomach would tolerate, and his bladder allowed to rest undisturbed by operative interference of any kind.

Dr. R. H. Fitz, who performed the autopsy has kindly consented to describe the post-mortem appearances.

REMARKS BY DR. FITZ.

The specimen is certainly one of the largest prostates that one has the opportunity to see. The mass

¹ Case related and specimen shown at the meeting of the Surgical Section of the Suffolk District Medical Society, April 4.