pain. During past three months several uterine hemorrhages.

May 23d. Hysterectomy, with removal of cuff of vaginal wall.

Discharged June 16th.

October, 1896 (sixteen months after the operation). No return of the disease. Good health.

CASE III. May 31, 1895. Pregnancy complicated with carcinoma. E. S., white, aged twenty-eight years, married.

Family History: Negative.

Duration of Symptoms: Three months.

Marital History: Five children. No miscarriages.

Menstruation began at thirteen; flow moderate, lasting four or five days; regular until January last; not painful. More or less pain in the lower part of the abdomen since February. Had never missed a menstrual period. Had no feeling as if she was pregnant.

May 31st. Hysterectomy. Uterus contained a five months' fetus.

Discharged June 20th.

October, 1896 (sixteen months after the operation). No return of the disease. Good health.

CASE IV. January 19, 1896. K. D. W., white, aged thirty-seven years, married.

Family History: Grandfather died of cancer.

Duration of Symptoms: Months.

Marital History: One child. No miscarriages.

Menstruation began at twelve years; flow normal in amount, regular; slight dysmenorrhea.

January 19, 1896. Hysterectomy, with removal of cuff of vaginal wall. On the right side the disease had extended to the pelvic wall.

Discharged January 22d. Died of sepsis.

CASE V. January 25, 1896. F. R., white, aged forty years, married.

Family History: Great-grandmother, grandfather, and mother died of cancer.

Duration of Symptoms: Two years.

Marital History: One child. One miscarriage.

Menstruation began at sixteen years; flow normal in amount, always irregular, lasting five days; no dysmenorrhea.

January 25th. Hysterectomy, with removal of cuff of vaginal wall.

Discharged. Died of shock.

CASE VI. March 12, 1896. N. B., white, aged thirty-eight years, married.

Family History: Negative.

Duration of Symptoms: Two years.

Marital History: Never pregnant.

Menstruation began at fourteen years; flow profuse, regular; no dysmenorrhea.

March 12, 1896. Hysterectomy. Pathologist found that the disease was confined to the cervix.

Discharged April 15th, well to all appearances.

October 12, 1896. This patient's physician writes that the disease returned in the vault of the vagina and now involves the bladder.

CARNEY HOSPITAL.

CASE I. September 30, 1895. S. E. F., white, aged fifty-three years, married.

Family History: Negative.

Duration of Symptoms: Five months.

Marital History: One child. No miscarriages.

Menstruation began at eleven years; flow moderate,

lasting three days, regular. Menopause eighteen months ago.

Operation September 30, 1895. Hysterectomy.

Discharged November 8th, well to all appearances. The pathologist reported that a margin of healthy tissue had been left outside of the disease.

May 16, 1896. The abdomen was reopened and neither by sight nor feeling could any return of the disease be made out.

A NEW METHOD FOR THE PREVENTION OF THUMB-SUCKING IN CHILDREN.

BY G. H. MONKS, M.D., BOSTON.

A GENTLEMAN recently asked me to devise some means by which his child, a little girl of about five years, could be cured of the habit of sucking her thumbs—a habit which had persisted for two years or more, in spite of all efforts to cure it. The ordinary methods, such as applying bitter substances to the thumbs, wrapping up the hands or thumbs, tying the arms to the sides, etc., had been tried without effect. The little girl was desirous of breaking herself of the habit; but apparently when she was tired or sleepy, she could not control herself, and one thumb or the other would go into her mouth. The teeth of the upper jaw were becoming somewhat prominent as the result of the habit. On thinking the matter over, it seemed to me that some method would have to be devised which would make it physically impossible for the child to get the thumb anywhere near the mouth.

I thought I could best accomplish this by immobilizing the elbows at a very obtuse angle; and I therefore applied a silicate of potash bandage to each arm, reaching nearly from shoulder to wrist. After the bandages had hardened, they were split at the sides, and removed. They were then carefully covered and lined with cotton flannel, the ends of the flannel being left long enough so as to project well beyond the upper and lower ends of the silicate bandages. The flannel was then stitched in such a manner that it would not shift its position. These two long tubular bandages could then, like gauntlets, be pulled on and off, as the parents wished.

In about two weeks, the father assured me that the experiment was so successful that the habit was completely broken, and that the child showed no further inclination to put its thumbs into its mouth. The immediate and complete success of the expedient seems to justify a publication of the case.

CASE OF SARCOMA OF THE NECK TREATED BY THE COLEY ANTITOXIN.¹

REPORTED BY HOBART E. WARREN, M.D.

MR. S., forty-five years old, married, entered St. Margaret's Hospital on June 5, 1896, for operation. History of slowly growing tumor in the submaxillary region. On entrance firm, adherent mass in right sterno-mastoid and submaxillary regions. General condition fair.

June 6th. Operated on by Dr. J. C. Warren, and greater part of mass removed. Submastoid regions could not be satisfactorily cleaned out. Wound closed. Healed by first intention, except opening maintained for drainage of lymph.

¹ Read before the Suffolk District Medical Society, November 14, 1896.