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.,
Visiting Physician, Boston City Hospital.

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

in a negro. Dr. W. T. Briggs, of Nashville, Tenn., said he thought cancerous affections were not so common as in the white race.

If we can judge by the omission to mention the uterus as a seat of carcinoma by these gentlemen who practice where there is a large colored population and the meagreness of the literature of the subject, the situation in the case just reported is certainly exceptional.

Professor Baker, who first called my attention to this subject, I think, said he had not met with a case.

Dr. C. M. Green who examined this case with me, remembers having seen but one other.

Dr. D. W. Cheever told me yesterday that he could not recall having met with a case of uterine cancer in a negro.

Dr. H. H. A. Beach in a note writes me: "In my own operating, I do not recall but two cases of epithelial disease among negroes, one of the lip and one of the labia majora, the former was a male subject."

The rarity of cases like the one reported is, I trust, sufficiently shown to excuse me for having taken your time by giving the details of one which when occurring in women of our own race, we are unfortunately only too familiar.

Reports of Societies.

THE OBSTETRICAL SOCIETY OF BOSTON.

CHARLES W. TOWNSEND, M.D., SECRETARY.

MEETING April 12, 1890.

Dr. STRONG reported

CASES ILLUSTRATIVE OF SOME OF THE MORE UNUSUAL FORMS OF BLADDER DISEASE AMONG WOMEN.¹

Dr. DAVENPORT said that in many mild cases of urethral irritation the passage of a steel sound gave the same satisfactory result as with similar treatment in cases of mild urethritis in the male. He had never seen the villous condition spoken of by Dr. Strong. He mentioned a case where there was a vesical polypus hanging by a delicate pedicle.

Dr. ABBOT said that he was prompted by Dr. Strong's report of his cases to speak of several cases of cystitis which he had successfully treated with salol.²

Dr. ABBOT also said that he had recently tested the power of salol in a case of severe acute gonorrhœa in a man, in which the dose of five grains was prescribed to be taken every two hours. The treatment was begun at the end of the second week of the attack. At the end of the third day the patient himself reduced the dose to two and a half grains every two hours, on account of the relief he had experienced, and at the end of five days of the use of this remedy the discharge was reduced to a small drop with almost complete relief to the scalding micturition.

Dr. ABBOT referred to the rapid elimination of this antiseptic by the kidneys, and mentioned an instance within his personal knowledge, in which a medical friend had taken a dose as an experiment, and detected its presence in his urine by a chemical test fifteen minutes after.

Dr. MINOT was reminded by one of Dr. Strong's cases of a patient, thirty-five years old, unmarried, who

was always well till May 24, 1889, when she found she was unable to pass water. At the end of eighteen hours Dr. Minot catheterized her, and then found a large fibroid tumor of the uterus, which did not, however, press on the urethra, and he was puzzled to account for the retention. The patient had remained well till yesterday, when it was again necessary to draw off the urine. The tumor had increased considerably, but still formed no obstacle to the introduction of the catheter. He supposed that the retention was a reflex phenomenon, but had never before met with such a symptom in cases of uterine fibroids.

Dr. RICHARDSON said that he had seen one similar case in a cook where four or five attacks of retention had occurred.

Dr. ABBOT had twice been called to cases of sudden inability to pass urine and found a fibroid of the uterus.

Dr. CHADWICK said that he was becoming more and more convinced that most cases of bladder trouble yield to general treatment, and that very few require local treatment. An examination is, however, essential in all cases. Caruncle, he thought, existed in a large number of cases without producing symptoms, hence its removal is not likely to give relief where there are symptoms of bladder irritability. There is no more common cause of frequent micturition than retroversion of the uterus, although it is doubtful how it acts.

A recent case he had treated for cystitis when he found the cause to be stone in the bladder, the symptoms were very non-suggestive.

Dr. BLAKE thought that the symptom of sudden retention of urine in patients with uterine fibroid may not be so very uncommon, as he had taken care of two such cases, both patients being cooks, and he wondered whether the occupation had anything to do with it. In one of these cases it was necessary to pass a male catheter eight or ten inches before reaching the bladder.

Dr. STRONG in closing said that he agreed with Dr. Chadwick that very few cases require local treatment, but that an examination was in all cases necessary. Caruncles he found to be very common in the outpatient department of the Massachusetts General Hospital, occurring in perhaps one out of five patients. The small caruncles just inside the meatus are the ones that give trouble, the large external ones generally give rise to no symptoms.

Dr. BLAKE mentioned a case of excessive irritability of the bladder which has lasted for two years, reducing the patient very much. The cause in this case was a urethral caruncle.

Dr. GREEN read a paper entitled

THE INFLUENZA EPIDEMIC AS OBSERVED AT THE BOSTON LYING-IN HOSPITAL.³

The reader asked whether any of the members had seen labor brought on by an attack of influenza.

Dr. C. E. STEDMAN said he had a patient in the eighth month of pregnancy who had a severe attack of influenza, but it did not bring on labor.

Dr. STRONG had a patient who had influenza and miscarried at seven and a half months.

Dr. GREEN had a patient with influenza one week before confinement which occurred at the expected time.

Dr. EDW. REYNOLDS spoke of cases supposed to be in labor, where it was found that the influenza was the

¹ See page 53 of the Journal.

² See page 57 of the Journal.

³ See page 66 of the Journal.