

of the Best Colleges for Medical Teaching in America and that the Fees are cheaper than some other good Colleges and that suits my circumstance for I am a very poor young man and no matter how much I may know of Theory of Medicine I can't practice in W. Va. without a Diploma from a good College like the one you have in ——— you offered to take my friend for \$50 dollars and you will do a poor young man a favor if you will take me at the same Rate for I have that much money I can pay you in cash as soon as I get there My Friend will Come with me and we can stay together at the same boarding house the report is here that the yellow fever is in ——— but I am not afraid of any disease for I have had the Small Pox very bad. Tell me what books I will have to study at your College and when me and my friend must come We come by ——— I have gone through with Gray's anatomy and the Electric dispensary and midwifery please tell me how long I will have to stay and when I can get my Diploma and if I have to pay extra for it.

In haste Yours Respectful

——*—*

And here is the prompt reply that was sent to this Wheeling student, showing that the style of his English composition was no bar to admission at ——— Medical College:

———, AUGUST 20, 1883.

Mr. ———,

MY DEAR SIR:—Your favor of the 18th to hand. I have one more special beneficiary to allow; so I will take you on the same terms as I offered your friend. Am anxious that your State should have a better representation in ——— than it has had in the past. The other information you ask is contained in the catalogue I mail herewith. If you begin your medical course this fall, you can graduate February, 1885. That is as soon as any respectable school can graduate you, unless you have already taken a course. There is no place where you can learn more medicine for the same amount of money than in ———. I came here in '77 with a very light pocketbook to study medicine, and, contrary to my expectations, I had a little left after graduating, and was given no beneficiary privilege either.

The cushioned seats for our new amphitheater have arrived from the factory. They are all numbered, so that students on matriculation reserve their seats for the ensuing session, those matriculating first having choice. If you desire a seat near the front, you had better remit me the matriculation fee (\$5), leaving the balance of \$45, and I will matriculate you, select the best seat possible, and mail you your matriculation ticket and number of seat, so when you arrive you will not be crowded back so far that you will be unable to see well the demonstrations and experiments.

Hoping to hear from you in a few days, I am,

Yours truly, * * *

This exhibit shows the prostitution of medical college work to base purposes at "the medical center of the South and West." I have made the blanks to hide the identity of the actors in the comedy, because this college has accepted my friend Rauch's

"Minimum Requirements" for a medical college to be held in "good standing;" and, no doubt, its faculty are ready to swear by the West Virginia schedule of requirements also! So much for mere promises of reform and a higher standard!

Finally, in exerting my efforts in advocacy of the cause of sanitary progress, I should commit a serious blunder if I neglected to bespeak the assistance and co-operation of the ladies. Woman gave Massachusetts the first State Board of Health in the United States, and from that beginning—in 1869—twenty-eight States have followed the example. There is yet much work for her to do, and none can do it as well as she; and no cause possesses a stronger claim upon her sympathies and affections. As science advances, she gradually acquires her true position in the scale of social life. Of the world's inhabitants, 750,000,000 universally hold woman in a state of bondage and degradation; 250,000,000 alone allow her to approach her proper sphere by acknowledging the marriage contract, paying deference to her influence, and promoting her intellectual culture. How much had the mind of man to be cultivated before it could give expression to that sweet sentiment of Campbell!—

"And say, without our hopes, without our fears,
Without the home which plighted love endears,
Without the smile from partial beauty won,
Oh! what were man? a world without a sun."

A CASE OF PHANTOM TUMOR.

BY C. N. COOPER, M.D., BATAVIA, ILL.

Mrs. W., aged 44, and mother of four living children, consulted me about March 1, 1882, with reference to her expected confinement. She ceased menstruation the previous July, but having a slight show in September, since which time there had been no sign of menstruation. She is the subject of extreme prolapsus uteri, which for two years has caused the os to present at the vulva whenever she is upon her feet for a considerable time. This condition still exists. Mrs. W. is confident that she is pregnant, for she has felt motion for nearly three months, and her breasts have enlarged, appear lively and contain a fluid resembling thin breast milk. Her abdomen is not as large as usual at this period of gestation, and sometimes becomes quite small for her. At other times the distension appears to be mostly on one side—always the left. I informed the patient that she was probably somewhat mistaken as to the time of her confinement. I thought it quite possible that her menstrual crisis was upon her, as she informed me that for a year previous to her supposed pregnancy she had been quite irregular as to time, often going six or eight weeks. She expected to be confined about the last of April, but the time came and went with no change in her condition. During the last week of May, by request, I made a thorough examination to ascertain if possible her true condition. The breasts were full, elastic and contained milk. The abdomen was considerably distended, covered with $1\frac{1}{2}$ inches of fat, and as resonant as could be expected in the unimpregnated state. The left half was more distended and resonant

than the right. I found no indication of a tumor of any kind except the distension of the left half of the abdomen, but palpation gave absolutely negative results. I could discover neither foetal heart nor placental souffle with stethoscope. The cervix uteri was thick, long and elastic. The body of the uterus seemed large, but with two fingers in the vagina I could not force it up so as to be felt above the pubis. I did not introduce a probe, thinking it barely possible that a recent pregnancy might exist. My diagnosis was phantom tumor, though I could not persuade my patient that she was not pregnant.

I saw the patient again during the first week in July, when she informed me that although she had previously been mistaken, she was sure the motion she now felt was that of a child, for it was very strong and perfectly natural, except that she seldom if ever felt it when lying down. This was ominous, but she confidently fixed the time of her confinement at the first week in September. Indeed, her size and every other subjective symptom seemed to bear her out in her idea, yet I did not change my diagnosis. During August she suffered much from neuralgia in her sides and back. Her urine became scant, and her feet and limbs quite oedematous. I prescribed the potassium salts of br. iod. and acet., also citrate of iron and quinine. This treatment gave her marked relief, yet she was becoming very nervous. On the night of Sept. 2d I was called in some haste, and found her in apparent labor. Her pains were severe and expulsive, constraining her to pull with considerable force upon her husband's hands. She said her "water broke" early in the afternoon, after a ride of five miles over a somewhat rough road, and was still discharging during some of the pains, which were now coming about every five minutes. So natural was the appearance of the labor that I felt with some chagrin that I was the mistaken party, and that, whatever might be the period of pregnancy, it was about to terminate. Upon examination, however, I found the external parts moist, but not at all relaxed. There was no dilatation of the os, and the cervix was as long and firm as when I examined in May. The uterus was also apparently unchanged, and not at all affected by her pains, though the contraction of the abdominal muscles was very strong. I at once put $\frac{1}{4}$ grain of morphine into her arm, and gave her 10 grains of pot. br. and 4 drops of tr. gelseminum. In a few moments her pain all ceased and she became as flat as she had been since the birth of her last child. By palpation I satisfied both myself and her that she had no tumor of any kind. I prepared her a mixture of pot. br. and gel. tr., to be given occasionally until my return, and left her sleeping quietly. On the following day I found her very comfortable, but weak. I directed her to resume her tonic mixture and remain quiet for a week. Within a month she had regained her strength and resumed her household duties. Her breasts had shrunk away to their natural size, and there was no return of any of the indications which had so long existed.

During the first week in October her menses reappeared, and she has since been more regular than at any previous time since the birth of her youngest

child, who is now over four years old. I cannot think that this could have been a case of uterine hydatids. The uterus could at no time be felt above the pubis. The great thickness of fat rendered the examination quite difficult, yet I am confident that the abdomen did not at any time contain a tumor with either solid or fluid contents. What the patient supposed to be amniotic fluid was doubtless free limpid urine, unconsciously ejected by the abdominal contractions. In other nervous affections patients often pass large quantities of limpid, odorless urine. Had there been a cyst of any kind accidentally ruptured, it would doubtless have refilled. That she should have mistaken intestinal flatus and muscular twitching for foetal movements is not strange when she supposed herself pregnant. The same strong mental impression, doubtless, caused the menstrual suppression. It is well known that girls who have been indiscreet and imagine themselves pregnant, sometimes cease to menstruate until they have become satisfied of their mistake. In view of all the facts in the case, I am convinced that I was correct in my first diagnosis. I attribute the abrupt and final termination of the case to the strong mental impression received in the supposed labor, supplemented, perhaps, by the profound influence of the anodynes given at the time.

Batavia, Ill., Oct. 18, 1883.

MEDICAL PROGRESS.

MEDICINE.

MOTOR LOCALIZATION IN THE CEREBRAL CORTEX OF MAN.—M. M. Charcot and Pitres (*Revue de Médecine*) have just completed a critical and clinical study of this doctrine and have passed in review, in greater or less detail, 185 cases, of which 36 cases, gathered from various sources appeared to be contradictory to the general application of the doctrine, and which have led them to the following conclusions:

1st. All the cortical lesions of the cerebral hemispheres in man do not cause interference with voluntary motion, and consequently the cortex of the brain should be divided into two distinct portions, the *non-motor zone*, where destructive lesions never produce permanent paralysis, and the *motor zone*, where destructive lesions always produce permanent paralysis in the opposite side of the body.

2d The non-motor zone comprises:

(a.) The whole of the prefrontal region of the brain (orbital lobe, first, second and third frontal convolutions).

(b.) The whole of the occipito-parietal region (occipital lobe, superior and inferior parietal lobes).

(c.) The whole of the temporo-sphenoidal lobe.

3d. The motor zone comprises only the frontal and ascending parietal convolutions, and the paracentral lobule.

4th. The paralyses induced by destructive lesions of the cortex take on different clinical forms according to the seat and extent of the lesion. Total hemiplegias of cortical origin are produced by extensive lesions of the ascending convolutions. Partial paral-