

tion in spinal inflammation is improper, because of the peculiarity of its action. It induces an anæmia of the arterial distribution, — an ischæmia, properly speaking, — but the blood thus driven from the arterial side accumulates on the venous side." Sponging the spine with water as hot as the patient can bear it, the sponge being drawn rapidly along the whole length of the spine for ten or fifteen minutes morning and night, with the daily application of an irritant to the same surface, does good in either the acute or chronic forms of the disease under discussion. Peripheral irritation surely has some effect upon the nutrition of internal organs, especially when these organs are placed in direct anatomical relation to the surface. The results published by Strumpf, of the treatment of spinal sclerosis by the faradic brush, are strong proofs of the power of mild peripheral irritation.

Galvanization has been proved to act upon the cord itself, and is one of the best agents that we have in the treatment of the chronic form of spinal troubles. Unfortunately, in private practice in the country it is impossible to use it in every case with that frequency and perseverance necessary to produce good results. In one case it seemed to aggravate the symptoms; in the few others in which it was used it was undoubtedly a help. Dry cups, placed on each side of the spine, once or twice daily, are means which should not be omitted in the treatment of any form of spinal congestion or inflammation. In addition, the patient should be placed in the best possible condition as regards his surroundings, diet, clothing, amount and nature of exercise, avoiding dorsal decubitus, but resting upon the side, or with elevation of the body, shoulders, and head, as may be determined by trial to give the most relief.

There are other remedies of known value, but the above have been applied in the treatment of the cases considered in this paper.

FIBROMA OF THE VAGINA.

BY EDWARD T. CASWELL, M. D., PROVIDENCE, R. I.

In the number of this journal for July 19, 1883, Dr. Davenport, in his report on Recent Progress in Gynæcology, refers to an article of Professor Kleinwächter's upon Fibromata and Myomata of the Vagina, in which the latter states that he has been able to collect but fifty cases of these tumors recorded in medical literature, and adds to these three of his own. As eight days previous to the above date I had operated upon a case of fibroma, which had been the first of my own experience, and as from the above statement I conclude that such growths are at the least not common, I venture to place it on record.

The patient was a young lady, who was soon to be married, and who had been aware of some obstruction in the passage for about two years. Latterly the obstruction had seemed to increase. There had been no pain, and no disturbance of the menses. Some inconvenience was experienced in walking, and some in sitting. On examination I found a tumor in the middle line of the anterior wall, over the course of the urethra, as large as a pigeon's egg, its anterior extremity being about three quarters of an inch back of the meatus. It was not sensitive to pressure, and had a slightly elastic feel. An operation was advised for many reasons, not the least of which was the relief from anxiety that it would afford the patient in view of her approaching marriage.

A single incision in the middle line enabled me to easily enucleate the tumor, which measured in its long diameter about one and a half inches, and about three quarters of an inch in each of its other dimensions. Under the microscope it proved to be a fibroma. There was but little hæmorrhage, and the wall of the urethra was uninjured. Two or three sutures of catgut, with a small piece of drainage tube, some absorbent cotton, and a napkin, was all that was required in the way of dressing. Carbolyzed injections were freely used, and the catheter passed for three or four days. The tube was removed on the third day. The recovery was uninterrupted, save for a slight hæmorrhage on the day after the operation, which was checked by an injection of hot water. The wound was entirely healed by the eighth day, and the patient dismissed on the tenth. Except for the slight discharge of the first few days the young lady was conscious of no departure from her usual condition of health.

REPORT ON PROGRESS IN THE TREATMENT OF DISEASES OF THE THROAT.

BY F. I. KNIGHT, M. D.

TUBERCLE OF THE LARYNX AND LUNGS WITH CANCER OF THE STOMACH IN THE SAME PATIENT.

DR. SCHIFFERS¹ showed the larynx at the Medico-Chirurgical Society at Liège. The patient had suffered from pulmonary tuberculosis and from gastric troubles. The posterior third of the left vocal cord was swollen and immovable; the right cord also was paralyzed. At the post-mortem examination, besides the usual tubercular lesions in the lungs, a cancerous tumor was found in the stomach near the pylorus, causing such a narrowing of the orifice as hardly to admit the tip of the little finger. The mesenteric glands were swollen and often caseous. The larynx presented a large tuberculous cavity affecting principally the posterior part of the left vocal cord.

ANEURISM OF THE AORTA CAUSING BILATERAL PARALYSES OF THE VOCAL CORDS.²

The physical signs of aneurism were not well marked, but the laryngoscope showed complete paralysis of both abductors of the vocal cords. Tracheotomy was performed without relief to the dyspnoea. Autopsy showed an aneurism, as large as the fist, of the descending aorta, flattening out the left recurrent nerve, but the right nerve was at some distance, and apparently unaffected. The cardiac plexus, however, had been compressed between the trachea and aorta.

Two similar cases are recorded in the Pathological Society's Transactions by Drs. Bäumler and George Johnson,³ but in these cases there was no note of any pressure on the cardiac plexus.

ARREST OF ACUTE CORYZA.

According to Dr. Gentilhomme⁴ sulphate of atropia (from a quarter of a milligramme to one milligramme) given as a pill has an immediate effect on the first stage of coryza, often arresting the progress of the disease. It also produces great relief when the coryza is confirmed, but its action is less remarkable than at the

¹ Ann. de la Soc. Med. Chir. de Liège, June, 1882, and London Medical Record, October 15, 1882.

² Whipple, British Medical Journal, May 13, 1882.

³ Vols. xxiii. and xxiv.

⁴ Rev. Med. Française et Etrangère; London Medical Record, October 15, 1882.