told her that nothing could be done for her except by surgical means. To this she firmly refused to submit.

Remembering unexpected successes in the past, I cautiously held out some hope from massage. I was cautious, because I had never before attacked a case with such a mass of adhesions and with the organ so seriously misplaced. I warned her, too, that it would take some time to accomplish noticeable results. The results have, however, been all that one could ask—absorption of the plastic material, loosening of the adhesions, restoration of the uterus to its normal size and position, and finally, what to my patient has been the source of greatest satisfaction, a pregnancy six months along.

It is doubtful whether a mere operation, such as had been suggested to this woman, would have given her much relief. At least my observation does not make me at all enthusiastic for such work. Mechanic separation and suspension of the uterus would most certainly not have brought about the complete restoration of size, position and function that was thus accomplished, as it were, physiologically. I should say that in this, and in all my cases of this kind, I used an occasional douche of hot water, tamponage and faradism. It is not wise to neglect remedial resources of value for any one method of treatment, as long as they are not incompatible.

Case 2.—Mrs. E. K. The patient consulted me because of her sterility. She was 28 years of age; had been married six years, and had never been pregnant. Menstruation was always scant, but with very little pain; it began at 18 years of age. Her general health has always been good.

An examination revealed a very small uterus—nothing else abnormal. Two years before this the patient had been told that the sterility was due to the small mouth of the uterus, and had submitted to an operation for relief. This operation had been successful in enlarging the os, if it had ever been necessary, but not in relieving the sterility. My diagnosis was: sterility due to an "infantile uterus."

Massage seemed in this case the one thing that held out most hope of stimulating the uterus to growth and activity. After the third month of treatment there was a decided increase in menstrual flow, but no appreciable increase of size of organ. After ten months she became pregnant and is now a happy mother. This woman, besides submitting to the operation for enlarging the os, had taken various compounds containing saw-palmetto, viburnum, etc., but without any results. I used massage alone, with results given above.

Dr. Westerschulte, in the JOURNAL of Jan. 28, 1899, says that "cases hitherto considered incurable or only accessible to operations, have been cured in comparatively short time." I do not know how long a time he means by "comparatively short time," but I have found the length of time a serious objection. Patients become tired and impatient; I do not mean they tire of one séance, but of the number necessary. The successful results, however, justify even a comparatively long period of treatment, and it may be I shall learn that a more complete knowledge will make the time I have hitherto used unnecessary.

Before closing, I would repeat, for emphasis, from Dr. Westerschulte's paper: "For success with pelvic massage an accurate diagnosis is necessary, and whatever manipulation is applied is to be done lightly and without using force."

Differentiating Test Between the Eberth and Colli Bacilli.—Gorbunoff recommends the following simple method: Two test tubes are filled with liver bouillon tinted violet with an infusion of litmus. One is inoculated with the bacillus coli and the other with the bacillus typhi. Both are kept at a temperature of 37 degrees C. for twenty-four hours, when the first tube will be found tinted reddish, while the tube with the bacillus typhi is colorless. Grains of blue will be seen on the bottom, which color the contents unevenly when shaken and soon settle to the bottom again.—*Gaz. degli Osp. e delle Clin.*, February 9.

SYPHILIS OF THE NERVOUS SYSTEM AS THE GENERAL PRACTITIONER SEES IT.

Presented to the Section on Cutaneous Medicine and Surgery, at the Forty-ninth Annual Meeting of the American Medical Association, held at Denver, Colo., June 7-10, 1898.

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Syphilis of the nervous system is undoubtedly a disease of common occurrence, but, as the general practitioner sees it, in the majority of instances it might be considered a rare as well as most formidable one—rare, for the reason that he does not recognize it; and formidable, because in its very nature it is such, and made more so through failure of proper recognition, permitting the stage of exudation to enter far into that of degeneration, long before the true character of the malady is brought to light.

If we might be permitted to judge from our own observation, we would be led to say that in the vast majority of cases of syphilis of the nervous system coming under the observation of the general practitioner, it is not recognized until too late for the neurologist or syphilographer to do more than make a correct diagnosis or write a death certificate. This being our conception of the condition, what is to be done? Our answer is: nothing, save to more thoroughly educate and acquaint the general practitioner, if possible, with the pathologic changes which syphilis produces, and at the same time give him a clearer insight as to the general as well as the special symptomatology of the disease.

It is well for him to remember, first, that in man there is not a single organ or constituent part that is exempt from the ravages of syphilis, and that syphilis and hysteria—whatever that may be—go hand-in-hand both as simulator and imitator, and as such, may be mistaken for almost any disease which humanity may have fallen heir to. He should know that absence of skin lesions and chancre or evidence of its former existence counts for naught in women presenting history of frequent abortions with subsequent symptoms of an invaded system, for the reason that syphilis by conception is a common accident. Have him understand that absence of knee-jerks in young persons without other symptoms being present in the nervous system is strongly suggestive and is well worth his timely and careful consideration, no matter how negative the history of syphilis may be. He should become an expert in traversing the entire lymphatic system, recognizing blindfolded as it were inguinal epitrochlear and postcervical adenitis without hesitancy.

It would do him no harm if examination of the hemoglobin and blood cells were made, in order to ascertain the degree of anemia, which is almost invariably found in syphilitic subjects who have not been subjected to antisyphilitic treatment, regardless of the age of the disease. Now the headaches, leg aches nocturnal in character with bony enlargements, diseased nails with either past history or present, falling off of the hair in spots, with copper-colored discolorations about the skin and iritis, should not be forgotten.

He should bring to mind and keep ever in view the fact that syphilis of the nervous system may be found

at almost any age of the disease, and that Rev. Mr. —— may be a most virtuous and devout individual of today, but possibly a common renegade and libertine of earlier years.

His failure to recognize and properly diagnose is in many instances not worse than his treatment, for he has been taught that mercury and the iodids cure syphilis, but he has forgotten—if he ever knew—that the long-continued use of either mercury or of the iodids without interruption, given in large and increasing doses, is capable of adding insult to injury. He does not call to mind the fact that in certain individuals who have taken largely of the iodids we have, as a result of such administration, formations of ulcers in various places throughout the skin, frequently intractable to all forms of treatment, and that any agent or agents capable of producing such pathologic changes might be schooled to act upon the nerve structures in a similar manner. It would be just as well for him to ask the question: Since mercury sometimes acts untowardly, producing necrosis of the bony structures and general disintegration of the soft parts, why might it not enter tissues known to be better protected anatomically than the skin and do like damage to tissues known to be far more vulnerable if abused?

Let him know further that the only way we may ever hope to lead the syphilitics to health in safety with our present knowledge of the disease lies in the old principle of nutrition and elimination, and that this can only be brought about through the higher knowledge of dietetic and hygienic conditions, coupled with a more earnest study of physiologic laws, which do and must ever govern mankind in his afflictions.

The mantle of iniquity woven upon the hapless loom of one's own shortcomings should not be thrown upon and be forced to be worn by the helpless, unprotected and innocent shoulders of another. Hence, it might be well for those who instruct to ever bear in mind that a chain can not be stronger than its weakest link, and that the maker is measurably responsible for the job.

LIPOMA OF THE LABIUM MAJUS.

BY HENRY MARSHALL FENNO, M.D.

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Kelly, in his excellent work on "Operative Gynecology," says that lipoma or fatty tumor is one of the rarest gynecologic affections; no writer has yet recorded more than a single instance in his own practice.

Dr. Boldt, in Keating and Coe's "Clinical Gynecology," speaks of a case where he removed a lipoma weighing ten ounces which was attached to the left labium majus by a pedicle two inches long; he says that the tumor was not altogether of fat tissue, the lobules of the latter being enveloped with a fibrous connective tissue; hence the designation "fibrolipoma." Kelly says of a case which he saw in the Episcopal Hospital, Philadelphia, that an ovoid tumor, three inches long, hung from the middle of the right labium majus by a slender pedicle two inches in length.

My own case was a mulatto girl, Sylvia A. C., 28 years of age, married, having one child, a girl, 9 years old. About four years ago she was confined a second time, giving birth to a still-born child. Soon after the birth of this child she noticed a swelling on the left labium majus which slowly but steadily increased in size, until, becoming alarmed, she came to my office to consult me in regard to the matter. Upon making an examination I found the growth to be a lipoma attached to the left labium majus by a pedicle, one and a half inches long, and three-quarters of an inch thick. After a few days of preparation treatment, I removed the tumor at the patient's residence, Dec. 7, 1898, assisted by Mr. O. J. Bryan, who attended to the administration of the anesthetic (ether). After thoroughly cleansing the tumor and adjacent parts, I passed a needle armed with a double ligature of braided silk through the base of the pedicle, tying it each way; the upper ligature in this way included a small artery which passed through the upper central portion of the pedicle into the growth; the tumor was then excised; there was no hemorrhage, the ligature controlling the bleeding completely.

The tumor was fibro-fatty and measured three inches in length, by one and a half inches in breadth and one inch in thickness, and weighed two ounces; the patient remained in bed twenty-four hours, and on December 12, came to my office, where I removed the ligatures. In one week more, December 19, everything was nicely healed up and the patient was able to be about her work as usual, doing a heavy washing on that day.

Society Proceedings.

San Francisco County Medical Society.

March Meeting.

Dr. C. G. LEVISON presented a report of a case of

RESECTION OF RECTUM AND BLADDER; COLOSTOMY; CURE OF ARTIFICIAL ANUS; RECOVERY.

The patient, a man of 65 years, married, and the father of several healthy children, gave a history of a fall about two and one half years ago; he struck on his back and sustained also a Colles' fracture of the right arm. He fell with the legs extended and the impact was upon the coccyx; the bladder was full at the time. After the fall he suffered from pain in the back for some three months, and complained that the bowels did not move so freely as had formerly been the case. Constipation was progressively worse; blood and mucus finally appeared in the stools. He consulted Dr. Levison for relief from the discomfort of the difficult evacuations; had lost no weight. Examination of the rectum disclosed a fungus growth quite occluding the lumen of the rectum, and extending two inches above the sphincter. The finger could not be passed through this growth, which was hard, painful and bled easily on handling. The diagnosis was cancer of the rectum.

On July 28, 1898, colostomy was performed in the left iliac region; the gut was sewed to the peritoneum over a spur formed by a glass rod pushed through the mesocolon. The gut was later opened by means of the actual cautery. The patient did well, temperature not rising above 100. Later the gut and rectum were disinfected by means of hydrogen peroxid through the fecal fistula; the pelvis was elevated by a sand pad under the abdomen. The parasacral incision was made and the sacrum removed with the chain saw. Peritoneum opened, the growth was found to involve the rectum for about two inches. About five inches of the rectum and sphincter, the prostate, and a portion of the bladder wall were removed. The only complication during the recovery was the failure of the stitches in the bladder wall to hold. This had been expected, owing to the considerable amount of bladder wall which had been removed. It was later decided to close the artificial anus, which was quite perfect. The gut was thoroughly disinfected both above and below the opening, and the opening was then closed with clamps. Dissecting the gut from the peritoneal wall was found to be a matter of much difficulty, but was at last successfully performed. A portion of the gut was then resected