

to the sensibility of the ulcer, a solution of from two to six parts of the tartrate is to be made in one hundred of water, a few drops of ammonia being added to prevent precipitation. Pledgets of charpie are then soaked in it and applied to the ulcer night and morning, and covered with a thick layer of cerate. This by means of tepid water must be so removed as to leave none of the charpie adherent to the ulcer. After cicatrization has begun, the lotion needs only to be applied in the evening, simple cerate being substituted in the morning. An opiated cerate may be alternated with the simple if the application is painful at first.

BOSTON DISPENSARY.

GYNÆCOLOGICAL CLINIC.

[SERVICE OF W. H. BAKER, M. D.]

CASE I. Mrs. W., born of Irish parents, thirty-two years of age. Miscarried the seventh month of her first pregnancy; has given birth to three children since. About ten days after her second confinement she was about her work, but she felt pain and bearing-down sensation in the pelvis, and each succeeding labor increased the trouble to such an extent that she was obliged to seek medical advice. She presented herself at the Boston Dispensary six weeks after the birth of her last child. On examination Dr. Baker found subinvolution of vagina, forming cystocele and rectocele, for which he advised operations on the anterior and posterior walls of vagina as the most speedy method of cure, but the patient was unable to give time to the operation, being obliged to take care of an invalid husband and three children. A block-tin retroversion pessary, after the model of Hodge, was adjusted, which was free and loose in the vagina allowing the finger to pass readily all around it. Patient was told to report in a month or so, or sooner if she experienced any inconvenience from the instrument. Nothing more was heard of her for a year, at the expiration of which time, she having returned, the pessary was found to fit so closely in the vagina that the finger could not be passed around it as before. The vagina had so far recovered its tone that a much smaller pessary was required, and introduced. Mrs. W. for the whole year had derived the greatest amount of relief, having been able to attend to her work without any discomfort whatever. Dr. Baker remarked that in the majority of cases, if the pessary be properly adjusted to the parts, it will be found necessary from time to time to substitute a smaller instrument, and that by thus relieving the vaginal walls from their part in the support of the uterus, an opportunity is afforded these walls to recover their original tone and normal condition, when they will be able to give their proper support to the uterus without mechanical aid. This illustrates the point so often insisted upon, that for a pessary to do the greatest amount of good, and afford the greatest relief, it must not fit closely, but must be sufficiently loose in the vagina to allow the finger to pass freely around on all sides.

CASE II. Mary C., Irish, aged fifty. Occupation, domestic. Came to this country nine years ago. The year she came here her menses stopped; always healthy previous to this time. Has had two children; first, ten months after

marriage; second, one year and nine months after first, this child still-born. Labors short, but severe. About seven years ago, without any known cause, a small tumor, about the size of an egg, appeared at the vulva. This was soft, feeling, as she said, like "a little bladder," and bled a little. She went to the Dispensary and had a ball pessary introduced, with directions to remove it at night, and replace it in the morning. This she did for three or four days; then she bought a large rubber ball, about two and a half inches in diameter, just as large as could be pushed past the vulva. She had some difficulty in passing her water, it not flowing freely, although no pain whatever was complained of. This was due, probably, to the great size of the ball pressing on the urethra, causing a constriction. After this ball had been worn about three years without the slightest discomfort, she began to have a constant foul-smelling discharge. The stench was so great that she could not remain long near any one, and it was difficult for her to keep a place. She managed to have a separate bedroom to herself. She was ashamed to consult a physician, though she felt that this filthy discharge was telling on her health. Sick and discouraged she finally visited the Boston Dispensary March 3, 1876, after having worn the ball for seven years. Dr. Baker removed the ball. In it was a rent about an inch long, and through this the secretions of the uterus and vagina had found their way into the interior of the ball; here they underwent decomposition, forming the foulest of foul fluids. With certain motions of the body, a portion of this offensive liquid was squeezed out into the vagina, keeping up considerable vaginitis. Dr. Baker sent her to the Free Hospital for Women on East Springfield Street, and there on March 20th operated on her for cystocele. I saw the patient April 10th and found the vagina in a fine healthy-looking condition, the parts almost healed, and the patient feeling and looking much better than when I first saw her. This case is interesting from the fact that so large a foreign body had remained in the vagina for seven years without doing more harm; and that a short time devoted to a cure in the beginning might have saved her several years of discomfort and pain.

CASE III. Mrs. S., of Irish birth, twenty-five years of age, came to the Boston Dispensary a short time ago, and reported that she had had intercourse with her husband, who the next day left for the West. Finding that he had gonorrhœa, he wrote to her asking if she was troubled the same way. This led her to consult Dr. Baker. On examination he found a suspicious-looking ulcer confined entirely to the posterior lip of the cervix uteri; the base of the ulcer was not indurated, but bled at the slightest touch with the cotton stick. Patient reported that previously intercourse caused slight bleeding. Dr. Greenough was asked to see the case; he considered it non-specific. A portion was sliced off for microscopical examination. So profuse was the hæmorrhage, after the cut, that styptic cotton was applied to control the bleeding. Patient was ordered tonics, and told to report again in a short time. Three weeks brought her back with the cut surface of the cervix uteri healing over well. Another piece was sliced off, and styptic cotton applied. The specimens were submitted to Dr. Cutler for examination, who reported them prolific in young cells, though there was nothing decisive in their

character. Dr. Baker thought it due to the friction of the posterior lip on the posterior wall of the vagina, resting as it did on the floor of the pelvis, probably starting from some slight endometritis. There was a muco-purulent discharge from this abraded surface, which doubtless caused the symptoms of gonorrhœa in the husband. It is evident, therefore, that the slightest causes may sometimes set up urethritis in the male. O. H. MARION.

LETTER FROM PHILADELPHIA.

MESSEURS. EDITORS, — The comments which have been elicited by the paucity of Philadelphia medical men among those who will address the International Medical Congress, or open the special discussions, have frequently led to the remark, "It is the fable of the old man and his ass over again." Perhaps this may be true, for if Philadelphian names had been in majority upon the programme, the comment would probably have been, "Philadelphia has taken the lion's share." But since taking too much would have been worse than taking too little, the matter is better as it is. This dearth of Philadelphian names is not accidental. After some discussion, the medical commission decided to take but a modest share of the programme. This is the result not only of the proper feeling which gives guests prior consideration, but is the outgrowth of a very natural fear that if a large number of Philadelphia men were given active part in the exercises, there would be dissatisfaction. It is true that there are brilliant medical men in this city who by this arrangement are left in shadow; men who would perhaps have added to the celebrity of Philadelphia as a medical centre. On the whole, however, the programme seems to be wisely arranged, and, it is to be hoped, gives general satisfaction. I have no additional news to give you concerning the congress. The corresponding secretaries are constantly receiving replies to foreign invitations. Several leading men of England and the Continent whose presence at the congress was anticipated, have announced their inability to come.

The hospital of the centennial exposition, which was to have been one hundred feet long, has been reduced to sixty, and some of the conveniences which would have made the building more comfortable during the hot months have been set aside because of lack of funds. The commission are now \$1,500,000 in debt, notwithstanding the \$1,500,000 voted by Congress. This deficit will undoubtedly be more than covered by the entrance fees. Ten thousand dollars per diem for one hundred and eighty days (the duration of the exhibition) will put \$1,800,000 into the treasury of the commission. The anticipation is that far more than twenty thousand persons will visit the exposition daily during its continuance. It may be that additional hospital conveniences will be erected so soon as the authorities realize, as they undoubtedly will, that there will be more extended calls upon the officers of the medical service than they are now inclined to believe. There will be a male and a female ward, but no provision has been made for a class of cases which will be certain to be well represented, namely, confinement cases. Statistics show that during the Paris exposition there were seven hundred and eighty cases of labor on