

and movable, as a rule, and benign. True cancer is immovable because it infiltrates.

Here is a man who had epithelioma of the penis that was removed a year ago, and now he comes back with a similar growth in the groin. What I wish to call your attention to is this fact: If you cut into this tumor and prepare microscopical slides from the different portions of the tumor and give them to a pathologist to examine, he will give this report: One section contains epithelial cells all over it. And he would pronounce it an encephaloid. If another section made from the thickened skin were given him, he would say epithelioma of a malignant type. If I cut still farther up he would say sarcoma; and if lower down he would say fibroma. This illustrates the great caution necessary in making a diagnosis. If the glands are involved it is a carcinoma. If the epithelial tissue is involved it is an epithelioma. All these types can be and are present in the same growth.

The nature of a cancer, therefore, depends upon the nature and arrangement of the cells in the particular section examined, remembering that the element of benignity or malignancy simply refers to whether the irritant, which is the cause of the growth, has been completely removed from the system or not.

The therapeutics of cancer is, to say the least, in a very unsettled state. Many as may be the remedies for the local treatment of cancer, these only act by the local destruction of infected cells—at times successfully removing them, while at other times causing an infiltration of tissues by the added irritative process. Hence, the conflicting reports as to the efficiency of all caustics, pastes, etc.

The real and efficient treatment must depend upon altering the nature of the tissues so as to make them resist or in other ways be unsuited to the development of what may be the cause of this disease. Until such a preventive or alterative treatment is found, we must acknowledge that the treatment of the disease is still to us a hidden secret.

The advancing steps of bacteriology and experimental pathology offer the only hope in this direction. Already we have learned by these methods the inoculability of cancer, demonstrating, as it were, positively its infectious nature. And inasmuch as the prevention and cure of other infectious diseases have been found, so must the same lesson bring us to the discovery of what would be a great boon to humanity—the cure of cancer.—*Medical Bulletin.*

## COCYGDYNIA, REMOVAL OF THE COCCYX. — CLINICAL LECTURE.

BY E. E. MONTGOMERY, M.D.

The second patient you also saw one week ago. She presents the following history: She is 33 years of age, married, father and mother living, and in good health. She has three sisters and a brother, all of whom are living and well. She had the common diseases of childhood, small-pox at 11, rheumatism, pneumonia, and grippe. Menstruated at 9, was regular until 12, when she says the flow stopped for two years. After this period she was regular. She was married at 18, and has had seven children, the youngest is 6 years old. Instruments were used during the first labor, when she was badly lacerated, also during the last. She has had one miscarriage. Twelve years ago while working, she slipped and struck the coccyx against the corner of a lounge, which caused a fracture. This united without treatment, but projected somewhat forward. She had a subsequent injury some two years ago, since which she has suffered much distress. The history of this patient is interesting from several points of view. In the first place, she gives a history of menstruating at 9 years of age. This is an evidence of precocity, as women usually do not menstruate until from 13 to 17. It is well to remember, however, that there are cases upon record in which menstruation has taken place during the first year of the life of the individual, and the child at three years of age has been fully developed, showing all the evidences of a developed woman.

Pain in the coccyx is not an infrequent symptom, and may occur as a result of conditions independent of the coccyx itself. In this patient the trouble is undoubtedly due to the injuries she has received, as there is a history of two injuries, and as we introduce a finger into the rectum and move the coccyx with it, we recognize a distinct grating of bone, as if two bare surfaces were in contact. Pain may also arise from an inflammatory condition of the sheath of the muscles attached to the coccyx, or in those of the ligaments, from thickening of the periosteum of the bone, or in some cases as a reflected pain from diseased conditions of the uterus. It is not an infrequent thing to find a patient complains of pain in the coccyx or anus as a result of a retro-displacement of the uterus. So, too, we find similar conditions in what is known as painful metritis, where the cervix is large, heavy, projects backward and is situated low down. Such patients complain of pain in sitting, also in walking, and moving