

would therefore urge upon the profession in Ontario that Warburg should get a fair trial: (1.) In obstinate cases of remittent or intermittent malarial fevers. (2.) In intermittent neuralgia. (3.) In septic fevers from whatever cause, and (4.) In spasmodic asthma, especially when it assumes malarial regularity in the return of its paroxysms.

I would not desire to see Warburg's tincture substituted generally for quinine, for it is very unpleasant to take, and expensive, but it should be in every doctor's office or on the shelves of the drug store where he gets his medicine, and used either where ordinary methods fail to relieve, or when a prompt, powerful, and certain effect is wanted. Several objections are urged against the tincture.

(1.) It is said to produce exhausting perspiration. I may answer that this may be the case in tropical climates, but not here. I have used it in all classes of cases, but never observed anything more than moderately free diaphoresis.

(2.) That it is no better than quinine with stimulants and aromatics. This may be true, that is all the tincture is, quinine with stimulants and aromatics; but I contend, that we at present know of no combination of stimulants and aromatics that can equal Warburg in intensifying, and at the same time modifying the action of quinine; till we can find a superior combination, let us use Warburg. No one who has used it fairly, will fail to admit that it acts with much greater power and certainty than quinine alone.

It becomes an interesting question, why is quinine in Warburg's tincture more potent than quinine alone? The answer seems to me to lie here. In the tincture quinine is readily and quickly absorbed, and being powerfully stimulant, waking the malaria-dulled nervous forces to activity; they more promptly and readily react to the quinine, which, I think, may be regarded as simply the physiological antidote of the malarial poison. Be the cause what it may I trust Warburg may get a fair trial, and hold its place till a better preparation is brought forward.

OVARIAN TUMOR, OPERATION, RECOVERY.

BY J. E. BROUSE, M.D., BROCKVILLE, ONT.

Although in the active practice of the profession since 1861, my only experience of ovarian tumour,

and the operation for its removal, occurred on the 19th of February, 1881, when I was present at two ovariectomies by the celebrated specialist, Dr. Thomas, of New York. In each instance the tumour was colloid, and both the women died shortly after removal from the table. The gravity of the operation, and the improbability of an inexperienced surgeon, without the help of skilled assistants, and a specially trained nurse to take charge of the patient; being able to conduct so formidable an undertaking to a successful issue, so impressed me, that I determined, in the unlikely event of being consulted in such a case, never to attempt the operation but to send her to one more skilled than myself, and who had often performed it. But as the sequel will show, I was fortunately forced into doing what I had thought never to attempt.

In Jan., 1883, Mrs. H. brought her daughter, A. H., æt. 24, to my office. She said her daughter was unwell every two weeks, and was "bloated." She was of a dark complexion, very much emaciated, face drawn, and anxious worn look. Tailoress by trade, worked at it for the past nine years. Has done little machine work, as it always caused pain in her side. Menses appeared at fourteen; nearly always regular: once went two weeks over time; discharge lasts three to four days, pain severe one day before ceasing, with appearance of flow, which is less than normal. Health good until a year past; during winter and spring of 1882, she had at times, pain in left iliac region, obliging her to unfasten her skirts to ease it. May, 1882, she noticed that her abdomen was enlarging, and it increased so much as to cause her corsets to project, and she was compelled to tie the bottom part down. The growth gradually increased until September, her menses meantime appearing regularly; that month, however, she was unwell twice, and became so every two weeks until December, when menses ceased entirely. When she became unwell every two weeks, the pain, formerly preceding each monthly period, left her. In December she had to enlarge her dresses. Complaints of loss of appetite, constant nausea, and frequently vomits what little food she eats. During the past six months she has lost flesh fast. On examination there was enlargement of the abdomen, globular in shape; percussion note dull on left side from pubes to three inches below sternum, and two