hours afterwards he visited him, and dressed the injured fingers in the following way:

Firstly, the pledgets of lint, stiffened with dry blood, were soaked in water and gently removed. No foreign body of any kind was found. The fingers were thoroughly cleansed, the nearly separated portions were brought into juxtaposition and retained *in situ* while a circlet of boric lint was applied. Each finger was laid upon a bed of absorbent cotton-wool tissue, which just met on the dorsal side; then a lilliputian bandage of thin, soft calico was put around, with moderate pressure, and the turns of bandage were brushed over with the gum acacia mucilage of the British Pharmacopœia. Finally, each finger was put into a cradle of gummed paper, which was moulded while soft, and then dried in the gradual heat of an oven. These light and simple shields kept the fingers apart, and guarded them from further accident.

The wounded fingers were not undressed until eleven days had elapsed from the date of the accident; and when exposed to view the healing was found to be complete, and the fingers were of their natural size (though of course a little shorter than before the injury). The tender cicatrices were protected for a few more days with ordinary plaster, and the work was finished.—*Med. and Surg. Rep.*

CANCER OF THE UTERUS.

The following is taken from a clinical lecture by William Goodell, M.D., published in the *Medical Bulletin*, August, 1885. The patient was thirty-nine years of age, and had five children, the youngest eleven years of age.

There are three forms of cancer which may attack the uterus: scirrhus, epithelioma, and encephaloid, but there is no doubt that they merge one into the other. The practical question is not so much, is the tumor scirrhus, epithelioma, or encephaloid cancer, as it is a question whether or not the growth is malignant. There is only one thing about this differentiation, and that is that epithelioma is more amenable to treatment than either of the other forms. In the vast majority of cases when cancer attacks the uterus it takes the form of epithelioma. There are some cases which seem to begin as scirrhus, and ultimately break down into the epithelial form.

There are certain popular fallacies about cancer of the uterus. One is that it is always accompanied with pain. Carcinoma of the neck of the womb does not always produce more pain than most women experience at each period. It is only when the disease advances toward the internal os that pain is felt. When it ascends and invades the cavity of the womb the woman's sufferings are very great. You see in our practice in the dispensary the same thing. We hook tenacula into the cervix and apply powerful caustics without eliciting any sign of pain. Under some circumstances, just as cartilage, which is normally insensible, may become excessively tender, so the cervix of the womb will, under certain circumstances, become very sensitive, and the slightest touch will cause the patient to flinch; but, as a rule, in cancer limited to the neck of the womb there is no pain. There may be leucorrhœa and that will certainly be if there is an open sore. This is a very common delusion. Old physicians have said to me, "O, no, doctor, it cannot be a cancer, there has been no pain." The idea of cancer is associated in their minds with lancinating pain, which cuts like a knife. When carcinoma invades external portions of the body which are well supplied with nerves, these pains are present. The sensitive portion of the womb begins at the internal os, and the lining membrane is very sensitive.

Another fallacy is that there is, in every instance, the cancerous cachexia. This is a great mistake. My impression is that one-half of the cases which come to me do not present the cancerous cachexia. Instead of being lean, bony, and scrawny, with the leaden hue of the countenance, many of these cases present a buxom appearance, with rosy cheeks. It is my experience that such cases are less amenable to treatment, and operation is less liable to be followed by temporary benefit, than in those cases which present the appearance of the patient before us. In our patient, if the disease were limited to the cervix, I should expect that the operation would do a great deal of good.

Again, cancer may exist without bleeding. Before ulceration occurs it is not present, and even in the vegetating form it may be absent, although there is usually some discharge. This discharge need not be offensive, and this is another point which it is well to bear in mind.

I wish now to give you a little history of this case. She comes from a distance, and was brought here by her husband in great distress of mind. She had been told that she had a cancer. My own rule, to which exceptions are very rare, is never to tell a woman that she has a cancer. I speak of it as a bad ulceration. Many of my patients have known in their hearts that they have a cancer, and know that I know it, and yet the word "cancer" never passes our lips. Many women say to me, "Now, Doctor, if I have a cancer do not tell me." I advise you to adopt the rule which I follow. I do not want you to lie about it, but never tell a women that she has a cancer if you can get out of it.

This woman came in a very painful state of mind. As a drowning man will grasp a straw, so she was willing to embrace anything that would do her good. She tells me that she has five children and cannot bear to think of leaving them. I said to her, "While I cannot cure you, I may be able to do something which will do you a great deal of good." She jumped at the idea, and I have not disillusionized her. She thinks that I am going to do more than I can do.