

to get good results the operator should have full charge of and take the entire responsibility of the after treatment.

I desire to record my indebtedness to Staff-Surgeon Fitzgerald, R.N. (in charge of the Royal Naval Hospital, Esquimalt), and to Dr. Davis of Nanaimo, for their valuable advice and assistance.

## CASES IN PRACTICE.

BY EDWARD EVANS, M.D., LACROSSE, WIS.

### *Case I.*—VOMITING OF PREGNANCY CURED BY LOCAL TREATMENT OF CERVIX.

Mrs. S., aged 27, healthy ; good personal and family history ; six weeks pregnant, fourth pregnancy. Vomiting for past six weeks, getting worse all the time. Appetite fair, but vomits all food ; vomits during night if she sits up in bed. Treated during past six weeks without benefit by two or more physicians. There seems to be no evidence of any gastric lesion. Bowels costive. Heart, lungs and urine normal. Uterus anteverted. There is flexion of the cervix, which is large and abnormally hard, with a slight left laceration ; the os red, eroded and tender. I applied Arg. Nit. (g. xl. to oz.) to os and cervix, and put in a boroglyceride tampon. This stopped vomiting for ten hours, when she had a fright, which produced symptoms of abortion (pain and hemorrhage) ; these were overcome by rest and opium. After a few days, on vomiting recurring, the treatment with arg. nit. and tampon was repeated (in all four times), and in the course of ten days vomiting had ceased and she went safely to full term. During first pregnancy she vomited the whole nine months ; in second, vomiting stopped by local treatment in third month ; aborted in third pregnancy.

### *Case II.*—TYPHOID FEVER RELAPSE—PNEUMONIA OF RIGHT BASE IN PRIMARY ATTACK AND RELAPSE—RECOVERY, FOLLOWED BY SLIGHT PARESIS.

M. F., aged 30, farmer, entered St. Francis Hospital Oct. 9th, 1889, with a history of being very sick for the past eight days, though going about part of the time, and coming in eight