

ters upwards and forwards barely 3 inches without pain. The patient is rather anæmic. She was ordered ergotine suppositories and a chalybeate tonic, and after a rest in the hospital was dismissed on March 23, 1884, as an unsuitable case for operative interference.

CASE V.—M., æt. 48, was admitted on April 9, 1884, complaining of a continual sanguineous discharge and pain in her back. Her illness dates from a miscarriage she had 7 years ago. Patient has had six children and two miscarriages.

*Condition on admission.*—Patient is very anæmic looking; a systolic murmur is present in all the cardiac areas. Abdomen occupied inferiorly by a rounded, moveable, almost fluctuating tumour, which extends 5 inches above the upper edge of symphysis pubis. The tumour is more developed toward the left than toward the right, although on the whole it is centrally placed. A bruit is heard immediately above the symphysis. Per vaginam the cervix is reached with some difficulty. It is considerably undone, the lower os being traversable to the examining finger which passes in  $1\frac{1}{2}$  inches, cervix passes right into tumour which is moveable. No part of the tumour is contained in the pelvis. April 23, patient left hospital owing to domestic affliction.

*Observations.*—The foregoing cases differed considerably in symptoms and conditions. In case 3 there was no hemorrhage, but the patient applied for relief on account of the bulk of the tumour. There was, however, no evidence to show that the mass was growing fast, and the absence of bruit indicated no great vascularity in the tumour. The difficulty and the risks of removal, when the cervix was undone, and the tumour found to grow so deeply between the layers of the broad ligament, appeared to me so great that I declined to interfere by operation, and accordingly the patient left. I have not heard from her since. Indeed such cases present insuperable difficulties to removal, partly because there is nothing from which to make a pedicle, and partly on account of the enormous adhesions which are found round the mass when the broad ligament is opened up and the downward and outward growth of the tumour occurs. The same remarks apply to cases 4 and 5, only that in regard to them the bleeding was an urgent symptom. But in case four the hemorrhage though still pre-

sent, appeared for several months past to be steadily diminishing; accordingly, I contented myself with recommending ergotine and iron, in the hope that the patient's strength might be kept up until the menopause was fully established, when there is every reason to expect the tumour would shrink and give little further trouble. But case five presented so much distressing bleeding that operation was seriously contemplated. The case did not present a good one for hysterectomy as though there was no pelvic adhesion and no considerable opening out of the broad ligament, the length of the cervix was so encroached upon as to render it all but impossible to get such a pedicle as a clamp could secure. Accordingly I had made up my mind to try the effect of the removal of the ovaries in the hope of inducing a premature arrest of menstruation, and thus removing the most pressing symptom, viz: dangerous flooding. The sudden illness of a daughter of the patient led her to leave the hospital unexpectedly. She was to return if the bleeding continued to be serious, meanwhile she was to employ ergotine and quinine pills. She has not as yet applied for readmission.

### ON RAILWAY SPINE.\*

BY J. CAMPBELL, M.D. L.R.C.P., ED., SEAFORTH, ONT.

The ever-interesting and ever-important subject of what now generally goes by the name of "Railway Spine" has, during the last year, been attracting renewed interest. This has been owing in a great measure to the publication of Page's work "On the Injuries of the Spine and Spinal Cord." Mr. Page has been for a number of years a surgeon to one of the greatest railway corporations in England, and, therefore, has had a very extended experience of all possible railway injuries, and particularly of cases of so-called "railway spine." He contends that cases of what are commonly called concussion of the spine do not exist, except in the imagination of the surgeon making the diagnosis. By "concussion," he means the cord receiving an injury of such a nature as to give rise to pronounced symptoms, without, at the same time, the vertebrae, ligaments or membranes receiving any hurt. It is well known that Mr. Erichsen has been a strenuous advocate of the theory that the great majority of cases of railway injuries having for their symptoms

\*Read before the Canada Medical Association, Aug., 1884