

*Oct. 10th.*—Pulse 108. Temp. 100 5 a.m., 100 5 p.m.

*Oct. 11th.*—Early this morning had a rather severe rigor. Temp. 102 3-5 a.m., 100 4-5 p.m. Pulse 130. Rather more pain over seat of fracture. Ordered Emp. Bellad. to the back.

*Oct. 12th.*—Pulse 106. Temp. 99 1-5 a.m. 100 p.m. Has some incontinence, urine escaping involuntarily in bed.

*Oct. 16th.*—Pulse 88. Temp. 98 2-5. Has regained power over bladder and passes water voluntarily. Has also begun to regain some degree of power in her limbs.

*Oct. 18th.*—Improving. Is now able to turn over herself on either side—can move the toes and slightly raise either leg from the bed. Has more power in the left leg than the right.

*Oct. 20th.*—Urine passed easily and voluntarily. Bowels moved naturally without assistance. The bed sore and all the blistered surfaces are quite healed.

*Oct. 25th.*—Rapidly regaining power in the limbs. Was allowed to sit up in a chair for a short time to-day. Was ordered Pil. Rhei Co iij.

From this time improvement was steady and continuous in every respect, and by the 20th Nov. she was able to stand and walk with slight assistance. Rapid advancement followed this and she was soon able to walk firmly without assistance and feels perfectly well. The vertebral prominence is as distinct as it was at first but free from all tenderness and quite consolidated. The deformity gives an odd appearance as though the shoulders were unnaturally square and the head somewhat sunk between the shoulders—was discharged cured 24th December.

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*Case of Papillomatous Tumour of the Cervix Uteri, Removed by Galvanic Ecraseur.* By DR. FENWICK. Reported by J. D. CLINE, B.A., M.D., Assistant House Surgeon, Montreal General Hospital.

A. S., aged 28, married, by occupation a laundress, tall, stout, well-developed woman, was admitted into hospital on