

forty-two years of age ; there was no hereditary taint with malignant disease, so far as could be ascertained, and she had never suffered from any sickness except the present, which began eight weeks ago. Upon examination, a tumor, about the size of a hen's egg, was found in the region corresponding to the usual situation of the pyloric extremity of the stomach. The woman did not suffer very much pain referable to the stomach, nor had she ever vomited blood or coffee-ground material. But cancer of the stomach may be present without producing pain, and it sometimes occurs without vomiting, a fact which is often overlooked. When the cancerous disease is situated in such positions as not materially to interfere with the movements of the stomach, or is outside of where it will produce obstruction, vomiting may be absent.—*N. Y. Medical Record.*

THE TREATMENT OF VAGINISMUS.—M. Bouchut, of the Hôpital des Enfants Malades, writing on this subject, says that he has seen several young women who, after marriage, had at the inferior part of the vaginal orifice, near the fourchette, a small longitudinal fissure, which was very painful to the touch. The contact of the finger produced an acute pain just like that due to anal fissure. The same phenomenon supervened on attempting coitus, and checked its accomplishment. It is not correct to say that vaginismus is only seen in non-virgins, as M. Bouchut has observed it in a virgin, affected with lymphatic leucorrhœa, who had been ordered injections, but these had to be discontinued on account of the pain which the syringe caused. In this case a slight fissure of the hymen was the cause of the pain. M. Bouchut does not think that forcible dilatation of the vagina, as in a similar affection of the rectum, is the best mode of treatment, and recommends the following plan before having recourse to operative measures. He says,—“In many cases I have cured patients without operation and by the most simple means, such that every medical man may employ every day. These consist in the use of vaginal suppositories, containing cacao-butter, five grammes ; extract of rhatany, three grammes ; and of baths of bran-water. One suppository should be intro-

duced night and morning, then every day for an hour the patient should take a bath of bran-water.” In this way M. B. cured several cases of vaginismus without having recourse to an operation as disagreeable to the women as to their husbands.

POSTURAL TREATMENT OF SHOULDER PRESENTATIONS.—Dr. P. R. Maxon, of Syracuse, New York, thus describes his plan of treating shoulder presentations :—“Gravity is the principle invoked ; and I was led to the discovery in 1860 by placing a woman with prolapsed cord on her knees, with her head and shoulders low, as recommended by Dr. T. G. Thomas, of New York, in order to effect its reduction, and finding that while she was in this position an abnormal (abdominal) presentation was spontaneously converted into a normal one. Having reflected on this circumstance, I was induced a few weeks later, when called in consultation in a bad shoulder presentation, to try position as a means of rectifying it. I was very anxious in regard to the case, because the lady had lost three children already from ‘turning to deliver’ in shoulder presentation. Her regular attendant, Dr. G. N. Dox, of Geneva, New York, a physician of attainment and experience, happened to be the confrère in whose practice the case of prolapsed cord, above referred to, had occurred ; and instead of ‘turning’ himself, as had been so unsuccessfully attempted in the lady’s previous labours, he sent for me in consultation. Remembering the fate of the other children, and finding this one very large, I suggested the feasibility of correcting this shoulder presentation in the same manner as I had corrected the abdominal in the first instance. With his consent I made the effort in the following manner :—I folded several quilts compactly, laying them upon one another to the height of about one foot, and assisted her to kneel upon the quilts, with her head and shoulders resting upon the bed, and her face forward, so as to bring her body to an angle with the bed of nearly 90 degrees. I then pressed my hand gently against the shoulder, which readily receded, until I was enabled to clasp the vertex with my fingers, and with the assistance of the next pain to so ‘engage’ it that, when the patient was placed upon her left side and the quilts removed, a perfectly natural presentation presented itself. In a few hours the labour terminated in the delivery of a healthy boy, weighing ten pounds. Only a few moments were occupied in the process, and subsequent experience convinces me that shoulder presentations can generally be converted in this way into natural ones, without a resort to ‘turning,’ and with no risk for the mother or the child.”—*Lancet.*