ment in June and July last. He had effusion around the ankle, which, although yielding to pressure, would not give the non-elastic pitting indicative of oedema, until the third day after its appearance. He could bear no weight on his foot, and the pain was distressing. Sanguineous patches appeared in various parts, and passed off in different periods of time, varying according to the area of extravasation. From careful examinations made on several occasions, both whilst in his ordinary health and during this disturbance of function, I was able to determine a slight decrease in extent of hepatic dulness, and a more decided increase of the splenic. The temperature, taken always between 4 and 5 P.M., ranged during eighteen days between 98.2 and 100.4 deg., being highest on the third day. The urine was alkaline; average specific gravity, 1.020; daily quantity, 19 ounces; it contained no albumen, nor sugar. The treatment consisted of a jalap purge; afterwards, the ammonio-citrate of iron; bathing the ankle with water at about 60 deg. Fahr.; and moderate support with a bandage. He slowly recovered, and was well on the twentieth day.

The next case is peculiarly interesting, as affording an example of the descent of the diathesis through the female offspring; the female never exhibiting hæmorrhagic symptoms, as remarked by Mr. Christopher Heath.

On April 14th, 1870, the husband of the eldest sister of the child, the subject of the last case, brought his child, aged 16 months, to the surgery. The boy had fallen against a chair, and there was considerable extravasation in the cellular tissue of the forehead. The bleeding under the surface continued until the 19th, by which time the integument was separated from the structures beneath by an interval of at least an inch, for an extent of six inches across. After this date, the swelling slowly diminished until May 20th, when it had disappeared. The treatment consisted of aperients, pressure, and fomentations.

On August 11th, the boy had again fallen, and, knocking the upper lip against the teeth, had caused a lacerated wound of the mucous membrane. It was bleeding fast. I applied solid nitrate of silver. There was no bleeding for five hours; but it began in the evening, and continued all night until 9 A.M. on the 19th, when gallic acid caused temporary cessation. A purgative was administered. At 4 P.M., the hæmorrhage was still unabated. The skin, lips, mouth, and throat, were quite pallid. Two free sanguineous stools had occurred. I applied lint soaked in tincture of perchloride of iron and sprinkled with gallic acid. The bleeding ceased for three-quarters of an hour. At 7 P.M., there were small purple patches about the body—one on the forehead, which might have been caused by the fall, but which was not visible on the previous day. The child was very restless, and intolerant of pressure; he appeared to be sinking. I ordered a teaspoonful of the following mixture to be taken every hour: Tincture of larch, ʒij; spirit of chloroform, ℥xl; water, ʒij. On August 20th, he had passed a restless night. Blood was still oozing. I applied the same styptics as on the previous day. At 4 P.M., the child was stronger; the dose of tincture of larch was doubled. At 7 P.M., the hæmorrhage ceased, having continued almost incessantly for fifty-three hours. The medicine was given until the 29th; but he was not well until the middle of September.

SPONTANEOUS INVERSION OF THE UTERUS.*

By WEBSTER ADAMS, Esq., Norwich.

ON the 21st of April last, I was summoned to the house of Mrs. K., to attend her in her accouchement. On arrival at the house, I found the patient a young healthy-looking woman, about 26 years of age, 5 feet 6 inches in height, and dark-complexioned. She complained of pains in the back and other symptoms of labour. I made an examination, and found that the pains were spurious. Consequently, I administered a full dose of tincture of opium, and left directions for the nurse to send if any change occurred. Nothing, however, happened until the morning of the 22nd, when I was sent for about 9 A.M., and went immediately. The pains had completely changed; and my patient, I had no doubt at this time, was suffering the natural pains of childbirth. I made another examination now, and found the os uteri soft and dilating; the head presenting. There was no hæmorrhage; and Mrs. K., to all appearance, was doing well. The pains went on; and, after about an hour and a half, the child was expelled. No ergot was administered. The uterus did not contract for some little time after the birth of the child, probably a quarter of an hour. After that time, however, it began slowly to do so; and she complained of a great bearing down, as she termed it, which, upon examining, I believed to

be the placenta descending. I accordingly requested her to give way to that feeling, and strain slightly. She did as I directed her; and immediately, without any traction upon the cord, the uterus became inverted, and came down outside the vulva, the placenta being attached to the fundus. No hæmorrhage occurred at this time. Immediately the patient sank into a state of collapse, with cold ashy sweats. She was pulseless, to all appearance, and had a livid countenance and cold extremities. The uterus was immediately, or after the lapse of a few minutes, returned, after removing the placenta, when a gush of blood followed, which was checked by pressing the uterus firmly, and freely applying cold. Stimulants were freely administered, Liebig's essence of beef, brandy, etc. Cold water was copiously employed over the abdomen, and mustard poultices to the calves of the legs. Unconsciousness continued for several hours, when at last consciousness began to return, and the pulse became more full and perceptible, the extremities warmer; and she began to slowly return to her consciousness and feeling, as she expressed herself afterwards.

April 23rd. The pulse was about 90, soft and compressible. There were no head-symptoms, no pain, nor sickness. She was ordered to continue her beef-tea and wine and water. She had had a few hours' good sleep during the night, and was considered to be doing favourably. I visited her once or twice during the day, and she still continued improving.

April 24th. She had slept pretty well during the night. The pulse was about 90, still and soft. She countenance was a little pale; the lips were slightly blue. She told me that she felt better. The stimulants were ordered to be continued.

April 26th. She still continued to improve, and had had relief from the bowels. The tongue looked clean. No febrile symptoms of any moment were present. I ordered her a simple saline mixture, with ten-minim doses of spirit of nitrous ether.

She continued daily to improve, and at the end of a fortnight was able to leave her room. She has been taking a tonic up to the last week—viz., disulphate of quinine and tincture of perchloride of iron—from which she says she derives much benefit. She has no bearing down, no loss, no pain, no fever, and is daily recovering her usual strength.

This case is the only one which I have had since my experience began in midwifery. I have attended a very large number of cases, and have had several unusual ones; but this is the only case of inversion which I have seen in a practice extending over nine or ten years, averaging three hundred and fifty to four hundred cases annually.

REPORTS

OF

MEDICAL AND SURGICAL PRACTICE IN THE HOSPITALS OF GREAT BRITAIN.

UNIVERSITY COLLEGE HOSPITAL.

CASES OF RECURRENT AND MULTIPLE CALCULUS: LITHOTOMY, MEDIAN AND LATERAL, AND LITHOTRITY.

(Under the care of Mr. ERICHSEN, Senior Surgeon to University College Hospital, Holme Professor of Clinical Surgery.)

THE three following cases of stone in the bladder are interesting from the fact of their being instances of multiple and recurrent calculus occurring at different ages. To them is added a case of lithotritry occurring at the same time.

CASE 1. *Lithotomy by Median Operation: Fifty Calculi removed: Atony of the Bladder: Cure.*—J. D., aged 54, a French master, was admitted on June 27th, 1870. He always had good health. There was no history of gout, rheumatism, or syphilis. Seven years ago, the patient observed that he passed gravel, and that very often he could not pass urine, or that the stream suddenly stopped. He used to have pain in the testicles, hypogastrium, loins, and penis. The pains increased on sudden and quick movements. He used to pass urine very frequently during the day and night—sometimes as often as twenty times during the night. During the last seven years the patient had experienced the above symptoms, but they had been more or less intermittent. He said that he had passed about a hundred calculi during that time. He had been under a treatment laid down by the late Dr. Rayer of Paris, consisting mainly in the administration of carbonate of potass.

On admission, the patient appeared stout, but unhealthy. He had a

* Read before the East Anglian Branch.