I hold that endometritis would not have occurred in the great majority of cases, had not the flexion previously existed.

A patient at the present moment under treatment in the Rotunda Hospital is a good illustration of the truth of the foregoing statement. Mrs. —, aged 30, married ten years, has never become pregnant. She enjoyed perfect health up to and for some time subsequent to marriage; but within a few months after marriage, she began to suffer discomfort, and then actual pain, at each menstrual period. As time passed on, she became worse and worse, till her sufferings became so severe that she sought relief, and was admitted into the auxiliary hospital. On examination, the uterus was found to be markedly flexed; the sound penetrated with ease, but on its point touching the fundus the patient complained of severe pain. The uterus measured nearly three inches in depth; and a bimanual examination, which was easily made, also proved that the fundus was much enlarged. Doubtless, I shall not have any opportunity of proving, by a *post mortem* examination, that dilatation of the cavity of the uterus existed in this case; nevertheless, I am quite satisfied that I am dealing with a case of congenital ante flexion of the uterus, in which chronic endometritis of long standing has resulted in bringing about hypertrophy of the uterine wall, with dilatation of its cavity.

I have already, at page 189, sixth edition, of my *Clinical Lectures*, published my view of the "pathology and causation" of this affection. It is to this effect: that it occurs in women in whom either the cervical canal is contracted and the cervix conical, or in whom congenital ante flexion exists; that, before marriage, neither of these conditions has sufficed to cause any difficulty in the exit of the menstrual discharge, but that, under the influence of the excitement caused by sexual intercourse, a greater quantity of blood has been determined towards the uterus and ovaries; the mucous membrane lining the cavity becomes more swollen than previously, and a somewhat increased amount of blood is, at the menstrual period, secreted from its surface. The swollen condition of the mucous membrane at the os internum makes the originally narrow passage still smaller; the menstrual flow is retarded; and, as a result, small clots form, they plug the orifice, and are expelled with pain. Relief for a time may be obtained, but the same process recurs over and over again; and, in time, permanent irritation of the intra-uterine mucous membrane is excited, chronic endometritis is set up, and the cavity of the uterus now always contains a quantity of viscid mucus which slowly exudes. In some cases, by pressing up the end of the speculum, this can be forced out. In the end there is permanent dilatation of the uterine cavity, with hypertrophy, in many cases, of the uterine wall, while the constitution at large suffers seriously.

I do not wish to prolong this paper, and therefore omit all reference to many debatable points raised by Dr. Herman; but I must protest against the treatment of congenital ante flexion by pessaries of any kind. They seldom, if ever, do any good; at most, they give for a time some trifling relief by supporting the enlarged fundus. At the present moment, I have a lady under my care, married some years and sterile, who has worn a cradle-pessary for fourteen months, and she tells me she has not benefited in the least. Her case is identical with the one just related, only she is but three years married.

There is but one way of curing these cases; not by attempting to straighten the uterus, for that is impossible, but by division of the cervix so as to give free exit to the viscid contents of the uterus; and then treating the unhealthy intra-uterine mucous membrane. This latter proceeding in sterile women, or in virgins, is useless till a free exit is secured for the tenacious mucus during the intermenstrual period, as well as for the menstrual discharge.

In virgins, in whom dysmenorrhœa occurs as a consequence of congenital ante flexion, the course of the disease is the same; only the endometritis in them is induced by exposure to cold, prolonged fatigue, whether in dancing and riding among the upper classes, or among shop-assistants, dressmakers, etc., by excessive fatigue, bad air, insufficient food, etc. The treatment must be the same. Of course, I lay stress on general medical treatment as well, but this will prove useless unless the local disease be cured.

BRENTFORD.—In his report on the health of this district for the quarter ending 30th September last, Mr. Williams reports a death-rate of 16.8 per 1000, a rate almost exactly similar to that returned for the corresponding quarters of 1879 and 1880. The principal causes of death were diarrhœa, which caused nine deaths; phthisis, six deaths; and convulsions, five. Two deaths were registered as due to typhoid fever, one to measles, and one to whooping-cough. Of the 50 deaths which happened during the quarter, 22 were infants under one year of age. One case of small-pox was reported, though the district is now quite free from this disease, as well as from scarlet fever; but there still remain a few cases of whooping-cough, measles, and typhoid fever.

ANTISEPTIC INHALATIONS IN PHTHISIS.

By ROBERT SAUNDBY, M.D.Ed.,

Assistant-Physician to the General Hospital, Birmingham.

As the use of antiseptic inhalations has proved useful in phthisis in my own practice, and is supported by those who, like my friend, Dr. Sinclair Coghill, have special opportunities of estimating the value of treatment in this malady, I think it is important that we should try to improve the necessary apparatus as far as possible. I have been using for the last year an inhalation-respirator made for me by Mr. Best, instrument-maker to the General Hospital, of Sumner Lane, Birmingham, and which is figured in the accompanying woodcuts.

The naso-oral form, which I have employed almost exclusively is very well shaped, is light, comfortable, well ventilated, and worn by patients without complaint of inconvenience or fatigue. The antiseptic I have found most suitable is the oil of eucalyptus, in doses of five to ten drops poured on the flax twice daily.

I do not claim, nor do I think we can rationally expect, to cure any cases by them; but many of my patients have found great relief from their use, mainly in checking purulent secretion and allaying cough.

CURIOUS MALFORMATION.—A curious case of malformation has occurred in the practice of Dr. Simon Kovrig, of Szamosujvar in Hungary. The child, which was still-born, has a "Janus head." At a point corresponding to the centre of the normal forehead, commence two completely developed faces with four eyes, two mouths, and two noses. Posteriorly, there is an ear on each side, and at the point of fusion of the faces anteriorly a third undeveloped ear is to be seen.