one which has some years since been distended by pregnancy? Of course, it will be answered that in that case the obstruction will be its own evidence; yet it may not be so very apparent as to be indisputable. It will appear from the examination of one of the tables now presented that the arching of the fundus is greatest in the uterus of a woman who was *said* not to have borne children; even greater than in one, which is the largest, had borne children, and had small fibroids inclosed in the walls.

I hope that some of the Fellows present may be able to add to our knowledge on the matters alluded to; but I venture to suggest that a Committee be appointed, to carry out investigations and collect information, and finally to form a report which may enhance the value of the *Transactions* by the record of facts. With regard to the uterus now under consideration, I think that, as there was some difference of opinion among the gentlemen engaged in the trial, the same committee should examine it and report in due time.

THE TREATMENT OF SICKNESS FROM UTERINE IRRITATION.

By EDWARD COPEMAN, M.D., F.R.C.P.,
Senior Physician to the Norfolk and Norwich Hospital.

It would seem from recent correspondence that the "novel treatment" of sickness during pregnancy is not unlikely to be of service in other cases of sickness from uterine irritation, and to have a more extended application than I had previously contemplated.

In a letter received on January 15th, a brief account was given me of a case which occurred to my friend Dr. Image of Bury St. Edmund's, which is as follows:—"I send you a short note of this case, as it is one in which you were highly interested in the beginning of the year, and which you came over to Bury to see. Mrs. — recovered perfectly from her attack of puerperal fever, and, after some six weeks' attendance, I ceased my visits, and saw no more of her. But, about six weeks ago, she sent for me, as she had been suffering for about a fortnight before each catamenial period with most distressing sickness, which lasted up to the period. The period was preceded by very great pain, then something burst, the menses began, and pain and sickness abated. I made an examination a week before the period. She was then beginning to have pain, and there was considerable sickness and bowels confined. I found the uterus retroflexed, plugging the rectum like a ball-valve; its cavity was four inches in length. I, with the uterine sound, replaced it in its natural position, and introduced Hodge's pessary. The next day, sickness and pain had vanished. The period came on without pain. She has menstruated again since then, and has had no pain and no sickness. Remarks on this case are superfluous."

Dr. Image considers this case to be fully confirmatory of Dr. Graily Hewitt's explanation of my "novel mode of treatment", lately published in the *JOURNAL*; and so it is as far as displacements of the uterus are concerned; but this does not seem to me to explain the whole matter; for such a state of things does undoubtedly occur sometimes without any displacement, and other causes must in such instances be sought for. Is there any one essential cause of this peculiar form of obstinate vomiting? My present belief is, that there is such a cause, and that it consists in some kind of tension about the cervix uteri, causing a want to expel something from the uterus which cannot easily be accomplished. Displacements may undoubtedly occasion this peculiar kind of irritation, and obstruct expulsion of anything of which the uterus may require to rid itself; but many other things may do the same through an influence upon the nerves which supply the genital organs, both ganglionic and spinal. I can even imagine that pressure from an impacted rectum on the sacral and coccygeal ganglia may occasion it, just as we know that when, during labour, we want to excite uterine contraction, we can often accomplish our object by pressure with the fingers upon the hollow of the sacrum.

The instructive case referred to possesses other matters of interest than those I have already stated, and I will give a few particulars of what happened previously. On January 28th, 1874, this lady consulted me on account of pelvic pain and an uneasy bearing-down feeling, causing frequent desire to urinate. She had been married some time, and was very anxious for a family, but had never been pregnant. She was stout and apparently in a good state of general health; but, on examination, I found she had anteversion of the uterus, but there was no account of menstrual sickness at that time. I treated her for a while, and she appeared to get quite well, and soon afterwards left Norfolk to reside in the neighbourhood of Bury St. Edmund's. After

some time, she communicated to me, to her, pleasing intelligence that her wishes regarding a family were likely to be realised. She was confined in January 1875, and was soon afterwards attacked with puerperal fever of a very serious character, for which illness I was summoned on February 4th in consultation. Owing to the most unremitting attention and care of her medical attendant Dr. Image, who spared neither pains nor trouble to save her life, she recovered. On passing through Norwich afterwards, she called upon me to report herself well, and to express her thankfulness at having escaped the great danger of her illness after childbirth. From that time, I heard nothing of her until the letter now referred to, informing me of the new phase of malady therein described.

On reviewing the subject, as it were, at a glance, I cannot help thinking that the retroversion described by Dr. Image, in a person disposed, as this patient was, to displacement in more than one direction, might have been produced in the first instance by a constipated state of the bowels, and afterwards aggravated by the efforts and pain in expelling the menstrual flow, so as to become a very prominent cause of the troublesome sickness which ensued; but, at the same time, I believe that the introduction of the sound into the uterus, so as to dilate to some degree the cervix, was an element in the cure which materially aided in producing the good effects of rectification of the position of the uterus.

N.B.—For eight days after my visit, she had twenty minims of spirit of turpentine in egg and milk every three hours, and the vagina (and uterus if the injection reached so far) was washed out three times a day with strong mixture of Condy's fluid and water for the same length of time.

NOTES ON THE WOUNDED OF THE ROYAL SPANISH ARMY MADE DURING A SHORT VISIT TO THE NORTH OF SPAIN.

By J. FLEMING, M.D., F.R.C.S. Edin.; Surgeon, Army Medical Department.

THERE are two large military hospitals and one civil in San Sebastian. The permanent military one, that of St. Elmo, is a very old building, and was used for the treatment of our wounded in 1836, under the medical charge of Sir A. Taylor, M.D., now of Pau. It contained about two hundred sick, all medical cases and cases of venereal disease, and they all appeared well cared for. In one ward, in a row, lying on the floor on mattresses, and amongst the other patients, I was amused at seeing nine young soldiers; and, on inquiry as to the reason, I found they wished exemption from military service, and were under observation for epilepsy. The Kursaal, a fine large modern structure close to the sea, and, in times of peace, used as a theatre, casino, and general place of amusement, is now converted into a temporary hospital for wounded soldiers only. It is capable of accommodating about 250; but, at the time of my visit, there were only 117 cases of gunshot and shell wounds, including three officers. They all appeared to be as comfortable as circumstances would allow; but, as might be expected, some were in great agony, and many were suffering from suppurative or irritative fever, either from lodged bullets or gunshot-wounds of the various joints, or from other causes. There were cases illustrating gunshot-wounds of nearly every region of the body, excepting the abdomen, penetrating wounds of the latter being usually attended with fatal results in a short time.

There were only three or four cases of chest-wounds penetrating the lungs with bullets lodged, and which were accompanied by considerable emphysema and spitting of blood; nevertheless, they appeared in a fair way of recovery. There was one doubtful case of chest-penetration: a bullet entered to the inner side of the insertion of the right deltoid, and made its exit between the two heads of origin of the left sterno-mastoid. The medical officer in charge was of opinion that the chest was penetrated; but it appeared to me that the ball glanced off the humerus, thence to an adjacent rib, around the external surface of which it coursed, and then, passing across the upper part of the sternum, made its exit at the spot already mentioned, without injuring in its passage any important structures. Wounds of the extremities, especially the lower, were most numerous, and it was a matter of wonder in many cases how it was that the bones and important vessels escaped injury in the passage of the bullets.

It is very probably a provision of Nature that our blood-vessels, nerves, and nearly all our bones, are of a rounded form, a form which permits bullets or other missiles to glide off rather than penetrate. This partial immunity may also have been owing in some degree to the peculiar form and construction of the projectiles, which were, I under-