extensive pleuritic effusion, not only in preventing a fatal result from impending suffocation, but also in expediting the restoration of the patient; the simplicity, painlessness, and freedom from danger of the operation by the aspirator being well exemplified. It also illustrates the necessity of not delaying the operation until the lung has become totally unfitted for free expansion, and displaced organs have become permanently fixed by pleuritic adhesions. The interest of the case is further increased by the considerable and long continued elevation of the temperature, and the prolonged quickness of the pulse. In the chart, extended over a period of five weeks, a range of temperature is indicated between 103.6 and 98 deg. Fahr., and a pulse between 120 and 100. When the temperature and pulse are reviewed together, and with the emaciation and temperament superadded, the deposition of tubercle is indicated, and the fear that the pleurisy was diathetic, and not purely inflammatory, predicated.

A CASE OF EPITHELIOMA OF THE BODY OF THE UTERUS TREATED BY DILATATION, THE CURETTE, AND LOCAL APPLICATION OF TINCTURE OF IODINE.

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MRS. T., aged 56, widow of a naval officer, had been married twenty years, but had never been pregnant. Menstruation was regular up to her fiftieth year, when it ceased, without inconvenience or irregularity of any kind. For four years she continued to enjoy good health. About this time, she became subject to sudden and frequently repeated attacks of uterine hæmorrhage, occurring at intervals of six or eight weeks. Sometimes the discharge continued two or three days; at others, six or eight days, or even longer. During the two years that this discharge had continued, she had consulted different medical men, who differed considerably as to the cause of the hæmorrhage.

I saw this lady for the first time on January 10th, 1873. She appeared to be in pretty good general health, though she thought herself thinner than she was three months before. For some time she had had a constant feeling of depression, without being able to account for it—a condition most unusual to her. She had no pain of any kind, excepting an occasional shoot through the groins and along the lower part of the abdomen. These pains were not frequent; and when they did occur, they quickly passed away. Her only trouble was the frequent vaginal hæmorrhages. Pulse 98; temperature 99; no cough, perspirations, or shiverings.

On a careful examination of the abdomen, nothing could be seen or felt save a small round body immediately behind the pubic arch, which could be readily pressed down into the pelvis. There was no enlargement of the glands of the groins. The vagina was perfectly healthy as far as the touch could be a guide. The os and cervix uteri were also healthy and natural to the touch. The body of the uterus was, however, a little larger than it ought to be at the patient's period of life. By placing the right hand on the round body above the pubes, and the left index finger against the os and cervix uteri, the uterus could be accurately measured, and freely moved in any direction without pain or inconvenience, there being no thickening or deposit of any kind in the pelvis. The sound passed with ease three inches and three-quarters. When the fundus was touched by the end of the sound, a sharp shooting pain was experienced, such as she had felt before through the groins. The case being regarded as one of polypus, the sound was gently moved about the cavity without detecting anything beyond a general unevenness of surface. On withdrawing the instrument, the hæmorrhage was so profuse as to necessitate the plugging of the vagina with cotton-wool saturated in tincture of perchloride of iron. This free hæmorrhage, associated with the nodular surface of the uterine cavity revealed by the sound, the occasional shooting pains through the groins and pelvis, and the faintish smell imparted to the finger while examining the uterus, these facts, when in association, pointed to the case as one of probable malignant disease of the body of the uterus, rather than polypus. The loss sustained on this occasion was considerable, and the patient did not recover from its effects for ten or twelve days. As her means were limited, she was admitted into a private room in the Chelsea Hospital for Women on January 22nd, 1873.

January 24th. A tangle-tent was introduced, as large as the os and cervix would admit.

January 25th. On withdrawing the tent, a free flow of blood followed, intermixed with small granular bodies. These, under the microscope, proved to be little masses of cells of a peculiar shape, being for the most part bottle-shaped. These facts supported the opinion as

to the malignant nature of the disease. The cavity was washed out with perchloride of iron, and three fresh tents introduced.

January 26th. The cervix being now fully dilated, she was put under chloroform. The anterior lip being fixed with a vulsellum, the left index finger was passed into the uterine cavity, which was lined by nodular growths differing considerably in size, there being no healthy surface recognisable. About half way up the uterus, there could be felt what appeared to be a number of these nodules strung together, forming a band across the cavity from side to side, divided to some extent into an upper and a lower part. My colleague, Dr. Aveling, examined the case with me.

The nodules or vegetations were soft and friable, bleeding freely at the slightest touch. We were both of opinion that this was a well marked case of malignant disease of the body, chiefly submucous, as far as could be made out. Holding the uterus fixed by the vulsellum, I scraped out the cavity freely with Sims's curette until every nodule had been removed, leaving a smooth uniform surface throughout the cavity. When this had been accomplished, all hæmorrhage ceased. The cavity was well wiped out with dry cotton-wool, and then swabbed with the compound tincture of iodine; a suppository was put into the bowel, and the patient removed to bed. She felt faint and depressed for a few hours after the operation, but this soon passed off. For ten days, there was a free discharge of dark grumous fluid from the vagina, which was washed out twice daily with carbolic acid lotion. The patient was well nourished, and had a moderate amount of wine and stout daily. A mixture of quinine, iron, and Fowler's solution, was taken thrice daily; a chloral draught at bedtime when necessary.

February 19th. A month had passed since the operation, without any return of the hæmorrhage; neither had there been any vaginal discharge for the last ten or twelve days. The shooting pains in the groins had not been noticed during the last three weeks. The vagina, os, and cervix uteri, were all healthy, and in much the same state as before the operation. The sound passed three inches without detecting any irregularity of surface, such as was noticed when first examined; and, notwithstanding the freedom with which the instrument was moved about in the cavity, there was no hæmorrhage. The general health had improved; she felt herself again, and was anxious to go to the country. She was discharged at her own request. External palpation showed that the round body, which was noticed behind the pubes when first examined, had to a great extent disappeared.

On a careful review of the whole case, the age of the patient, the sudden appearance of hæmorrhage after menstruation had ceased for four years, the alarming hæmorrhage which followed the examination of the uterus by the sound, the microscopical appearances of the cell-growths, and the general physical signs observed by Dr. Aveling and myself, cannot, I think, admit of any doubt as to the case being one of malignant disease of the body of the uterus. The results of treatment have so far (July 1873) been satisfactory; but there is every reason to fear that time only is necessary for the reappearance of the disease. Should this case again come under my notice under circumstances so favourable—viz., freedom from complication with surrounding parts, the cervix uteri, groin-glands, etc.—I must confess that the question of gastrotomy, with a view to the removal of the entire organ down to the cervix, ought not to be overlooked.

ON THE CONSTRICTOR ACTION OF THE INTERCOSTAL MUSCLES.

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AMONGST the various actions which have been attributed by different observers to the two layers of intercostal muscular fibres, no note appears to have been taken of a function which may, I think, be fairly assigned to them, namely, the indrawing or constriction of the walls of the thorax. It is probable that the supposition of the rigidity of the bony levers (the ribs) has in some measure prevented the recognition of this action; and the fact that constriction of the chest-wall takes place only during forced breathing, would prevent it from being remarked in experiments upon the ordinary respiration of animals.

In Traube's remarkable series of vivisections (*Gesammelte Beiträge zur Pathologie und Physiologie*), there are, indeed, indications that, in the difficult breathing produced in rabbits by section of the inferior laryngeal nerve, the lower ribs are drawn inwards, probably by the action of the diaphragm; and the same influence is to be remarked in the cases given by Mr. Le Gros Clark in the *Proceedings of the Royal Society*, vol. xx, p. 125.