vent him from moving a step further until dislodged from the position which it had assumed. He stated that twenty years ago he had injured the joint by falling from a considerable height; but, after a short confinement, had experienced no inconvenience until three months ago, when he again fell from a scaffold, and two days subsequently observed the moveable body.

On the 29th, the cartilage being secured over the head of the tibia, I made a free passage for its escape through the synovial membrane and cellular texture, pressed it through this track, and placed it at a little distance from the external puncture. No bad consequence followed; and on February 3rd, the fourth day after the operation, I removed the cartilage, which was of the size of a field bean, without the slightest difficulty or subsequent inconvenience.

When the safety and facility of this procedure are contrasted with the danger of excision, and the irksome confinement to bed of several weeks duration which is requisite for accomplishing the process by fixture, I think there can be no doubt that the profession are greatly indebted to Mr. Square for perfecting the subcutaneous operation, and rendering it available for all cases of the disease.

INDIRECT ADVERTISING. There is a growing feeling that the profession itself requires scrutiny into its organisation for the advancement of science and the diffusion of knowledge. It is more than suspected that men, under pretence of communicating information, are carrying on a disguised method of advertising and covertly advocating deceptive practices, and a glance at books and journals seems to justify such a view. Indeed, it appears to be understood that books, and even communications to journals, are often addressed to patients rather than practitioners, and that the object of authors is not so much a laudable effort to acquire character amongst their professional brethren as a desire to attain notoriety before the public. We have lately been dwelling on this subject, and it is not therefore necessary to enter more into particulars now, but in alluding to the causes and sources of quackery so much may not be out of place, especially as we have been catechised by a fastidious correspondent touching the matter. It is not for us to accuse our London contemporaries of harbouring quacks in their columns or affording an asylum to those who compose "original articles" out of materials purloined from others, merely to "keep their names before the public," but we may be permitted to remind them that journalists before now have been accused of such partialities. (*Dublin Med. Press.*)

A QUESTION FOR THE HOMŒOPATHS. "How is it that, when a man gets shaky and queer, the doctors, who ought to know best, always order wine; and, if the case is bad, brandy? Tell me that. If liquor's the *disease*, how can it be the *remedy*? In my last regiment, where we drank like fishes, we'd an assistant-surgeon from Kerry, a very larned man; and when he'd see a man lying on his bed wake, and pale, and nervous, he'd say, 'Cheer up, me man; we'll give ye something to support the system.' And then the patient might say, 'But I'm so *wake* and *spacheless*.' Then the doctor 'ud ask him, 'D'ye see tadpouls?' and if he said he didn't, he'd get a drink of brandy, and soon be better. But he was sure to be asked, 'D'ye see tadpouls?' and, if he said he did, they'd send for the priest to make his sowl; but he'd get the brandy all the same. Now could a dying man get brandy, if it wasn't for his health? And would it be good for his health, if it was the cause of his *disease*?' (*Blackwood.*)

Lectures

ON

DISEASES OF WOMEN AND CHILDREN.

DELIVERED AT THE SAMARITAN HOSPITAL.

BY

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LECTURE I.—ENDOMETRITIS.

GENTLEMEN,—English writers on uterine affections seem to admit of division into two schools: first, that which attributes most uterine diseases to inflammation of the substance of the cervix of the uterus and its consequences, and this school is best typified in the writings of Dr. Henry Bennet; secondly, that which attributes these same affections to inflammation of the lining of the uterine cervix, which school is well defended in the works of Dr. Tyler Smith.

Thus, in his last French edition, Dr. Bennet writes:

"Je l'ai dit au commencement de cet ouvrage que l'inflammation du col de l'utérus et ses suites immédiates, l'induration et l'hypertrophie, constituent une affection des plus communes, plus fréquentes même, que toutes les autres maladies."

And Dr. Tyler Smith, speaking of cervical leucorrhœa, adds:

"I need scarcely say that these changes, under the names of inflammation, ulceration, induration, and hypertrophy, have of late been treated of as distinct and independent affections. It has been sought upon this basis to raise a system of uterine pathology, of considerable pretensions. . . . It is my conviction, notwithstanding, that in the majority of cases in which morbid states of the os and cervix are present, *cervical leucorrhœa*, or, in other words, a morbidly augmented secretion from the mucous glands of the cervical canal, is the most essential part of the disorder; and that the diseased conditions of the lower segment of the uterus, which have been made so prominent, are often secondary affections resulting from the leucorrhœal malady."

The fact is, writers are not agreed either upon the order of the development or succession of uterine diseases, or on the names to be employed: hence a great source of confusion. Take, for instance, the following table, in which I have endeavoured to classify uterine diseases. (See Table on top of next column.)

Now, gentlemen, I believe that, in the main, Dr. Tyler Smith is right. I hold that very many of the uterine diseases we have to treat are secondary affections to inflammation of the mucous membrane of the uterus, rather than of its parenchyma; or, to follow the usual system of nomenclature adopted, to *endometritis*, rather than to *metritis*. But I go a step further; and I accuse the entire uterine membrane, cavity as well as cervix. To restore, therefore, endometritis to its just position in uterine pathology, is the principal object of these lectures.

Uterine Diseases.

	Living Women.			Autopsies.		
	Ashwell. In- patnt.	Out- patnt.	Bennet.	West.	Mayer.	Aran.
1. Diseases of Mucous Membr.						
Catarrh of Uterus	1	2	..	..	..	..
Endometritis	..	..	1	..	13	31
Do., with Ulceration of Cervix	..	..	..	3	..	..
Do., without Ulceration of Cervix	..	..	7	..	..	..
2. Induration						
Of Cervix	14	21	..	..	..	..
Of Parietes, with Ulceration of Os	..	..	..	5	..	..
Of Parietes, without Ulceration of Os	..	..	..	3	..	..
3. Inflammation						
Of Cervix	21	16	..	..	..	..
Do., with Ulceration and Hypertrophy	..	..	108	..	..	..
Do., with Ulceration only ..	..	..	103	..	..	..
Do., with Hypertrophy only ..	..	..	6	..	..	..
4. Menorrhagia.	15	61	4	11	..	..
All cases of Disease of Women	339	845	300	50	1261	100

ANATOMY OF THE UTERINE CAVITY.

Allow me first, however, as the consideration will greatly facilitate the description and *rationale* of the symptoms, to allude slightly to some of the anatomical peculiarities of the uterine cavity. These may, and are, probably, known to all of you; but still their enumeration, at the risk of repetition, is essential to the clear apprehension of my meaning.

The uterine cavity is twofold. 1. The larger cavity, or that of the cervix, is separated from the smaller by a constriction, which is produced by a small sphincter muscle. It can contain, in a healthy state, about a teaspoonful of fluid. The mucous membrane itself is full of folds, arranged superiorly and inferiorly upon a central raphe, constituting the penniform arrangement of the cervical canal. The cervical portion of the uterus is very dense, made up of fibrous and cellular tissue, and generally very vascular. The structure of the mucous membrane of the cervix has been well described by Dr. Tyler Smith, in his work on *Leucorrhœa*. Time will only allow me to epitomise on the subject.

The epithelium is *tesselated* or *squamous* over the os, as in the vagina; separated from the subjacent membrane by decomposition or maceration, it displays numerous papillæ or villi, usually single, sometimes divided. Each villus contains a looped blood-vessel, which inosculates freely with its neighbour. Within the os are the penniform rugæ, superior and inferior, covered with *cylindrical* epithelium. The villi exist as on the os, but are much larger; two or three villi arising from a single stalk, with vessels arranged as in the former case. In addition to these are several tubular glands and cysts, called ovules of Naboth, which secrete large granular corpuscles and laminae of cholesterine. These glands are identical with those found within the cavity of the fundus.

2. The second cavity is smaller, capable, in health, of containing only a few drops of fluid. The uterine body is said to be free from cellular tissue, but very dense, also made up of fibrous and muscular tissue; the last being, in the unimpregnated state, chiefly

distributed in a large posterior band. It is quite as vascular as the cervix, although an opposite statement is often made. But this vascularity is proved by direct injections, and the more important part played by the body of the uterus during pregnancy and menstruation. (Aran, page 393.) The mucous membrane of this cavity is stated by some writers to be purely elementary in character; but this is an error. The researches of Coste and Robin, published years since, however ignored by some writers, have proved that the mucous membrane of the cavity of the uterus not only is not *elementary*, but is *thicker* here than in any other part of the body. It is thickest at the body, and from three to five times as thick as the mucous membrane of the cervix. At the point of continuation with the cervix, it suddenly becomes thinner. The membrane generally is thicker during menstruation and early pregnancy. It is full of tubular glands and vessels.

It differs from ordinary mucous membranes, particularly in two respects: first, by the absence of cellular tissue between it and the parenchyma of the uterus. At this point it is adherent to it, although, on cutting through an uterus, the line of demarcation of the basement membrane is very evident. The membrane cannot be separated from the uterus by artificial means; but it is so separated by *natural* means during pregnancy. Gradually, as the ordinary mucous membrane becomes converted into decidua, a new mucous membrane begins to be formed between it and the uterus. This separation first becomes apparent as early as the fourth month, and constitutes the future mucous membrane when labour is over and the casting away of the old membrane or decidua is completed.

The second point of difference is in the abundance of fibro-plastic element within the mucous tissue, which herein almost appears to take the place of the cellular tissue found in ordinary mucous membranes. The epithelium is *cylindrical*, and for the most part *ciliated*.

The glands are tubular, arranged like fingers in a glove, side by side, about three to four *millimètres* long, becoming slightly flexuous towards the uterus. Each gland terminates singly upon the surface, or in company with two or three others in little pits. According to Robin, the Nabothian vesicles are only some of these hypertrophied glands, which have become closed up and full of contents. These glands secrete a whitish mucus, which can occasionally be squeezed out by pressure.

The *vessels* are parallel to the tubular glands, but freely anastomose one with another, and may be seen in congested subjects. Beneath the epithelium, they constitute a network, the meshes of which are arranged polygonally. This network is finer in the uterine cavity than in the cervix. Sometimes the vessels are dilated. Looking at it from the surface, we perceive the tubular openings in the epithelium; yet, if the epithelium has been by any means removed, these tube-openings are not seen.

"But the surface assumes a roughened and flocculent form; and a tomentose, apparently villous condition of the surface, is seen, occasioned by the loosening out and partial detachment of the capillaries, which freely ramify within this membrane." (*Cycl. Med.*, p. 636.)

The *Secretion of the Cavity of the Uterus* consists of—1. Alkaline plasma, greyish brown, semitrans-

parent, viscous. 2. Ciliated columnar epithelium, a few not ciliated; these are most numerous. 3. Fusiform and nucleated, sometimes nucleolated fibres; these come next in number. 4. Pale transparent ovoid cellules, nucleated or nucleolated, and containing granular matter or pus-globules. 5. Tesselated epithelium-particles, yellowish, containing molecular granules, the *débris* of tubular glands. 6. Blood-corpuscles.

The Secretion of the Cervical Cavity consists of alkaline plasma, like white of egg, usually transparent; cylindrical epithelium, in an altered state; pus-globules; blood-corpuscles; fatty particles. Dr. Tyler Smith speaks of mucous globules. M. Robin denies their existence, stating they are pus-globules.

Secretion of Nabothian Bodies. These are merely, according to Robin, dilated tubes, whose openings have become closed. Dr. Tyler Smith believes them to be distinct glands. Their contents are, according to the latter writer, "a white, pearly, coagulated matter, in which numerous granular corpuscles, mucus-corpuscles, and minute points of oily matter, are found." In some of these cysts, a considerable quantity of cholesterine is also detected by the microscope.

You will now understand from this description how, owing to the sphincter muscle between the cavities, it is possible for inflammation to be limited to either cavity; secondly, how commonly endometritis of the cavity, as compared with that of the cervix, from its close connexion to the uterus, is apt to be associated with metritis; lastly, how great the superincumbent weight of the cavity of the uterus must be when this is inflamed, and how readily it may give rise to anteversion or retroversion.

The Nervous Distribution is of great interest, as explanatory of the variety and localisation of pain felt in endometritis. "The neck or cervix and body of the uterus are supplied by different nerves, which take their origin from different parts. The neck is supplied chiefly from branches of the lateral hypogastric plexus. These branches, reaching the uterus, interlace with branches of the arteries to the parts, and then lose their plexiform character, and supply the neck of the uterus by fine branches." This hypogastric plexus, which extends from the inferior aortic plexus, is situated on the sides of the vagina, and in close connexion inferiorly with the sacral plexus, constituting with it what Dr. Beck calls the pelvic plexus. Inflammation of the neck of the uterus will thus produce pain in and about the pelvis, and especially at the lower extremity of the sacrum.

"The middle part or body of the uterus is supplied by a branch which comes from the inferior aortic plexus, and, running down by the side of the pelvis, receive no communication from the hypogastric plexus, but passes directly to the superior part of the body of the uterus. It divides here, supplying the portion between the insertion of the Fallopian tubes and the terminations of the previous branches." Now, the inferior aortic plexus extends from the root of the inferior mesenteric artery—i.e., in front of the third or fourth lumbar vertebra—to its division in the lateral hypogastric plexus, below the bifurcation of the aorta; i.e., to about the first bone of the sacrum. Pain will therefore, in inflammation of the body of the uterus, be felt at the top of the sacrum,

and about two vertebræ higher. Some pain over the hypogastrium, from sympathy, may also be felt.

"The fundus of the uterus, or the portion above the Fallopian tubes, is supplied with nerves (as seen in the dissection of the gravid uterus) by a branch coming to the ovary. This branch to the ovary comes directly from the renal plexus which covers the kidney, accompanies the spermatic artery, and, when about two inches and a half from the gland, separates from the artery, taking a slightly different course to reach the middle of this body. It then divides into four branches, three of which go to the ovary; the fourth goes to the fundus of the uterus, and divides again into two branches, which supply the anterior and posterior parts of the fundus. (Beck on *Nerves of Uterus*.)

Now, it is important here to notice that the renal plexus, which is situated about the last dorsal and two or three upper lumbar vertebræ, is made up by about fifteen branches, twelve of which proceed from the great splanchnic or semilunar ganglion, and three branches from the ganglion in which the lesser splanchnic ends, which assume a plexiform arrangement, with smaller ganglia upon them. Here will then be the chief local pain. Moreover, as the splanchnic nerves themselves appear to be made up of intercostal nerves as well as of branches from the thoracic ganglia, it is conceivable how pain in and about the upper part of the abdomen and back, and even the lower part of the chest, may be indicative of irritation of the fundus of the uterus.

I cannot proceed in this inquiry further. So much, by way of outline, was necessary to explain some of the symptoms to be alluded to in the sequel.

[To be continued.]

MEDICAL JOURNAL LITERATURE. Full one-half of American physicians extend to medical journals no encouragement, and many others patronize, in ignorant preference, foreign journals. (*Phil. Med. Rep.*)

THE ETHNOLOGICAL SOCIETY. There is worse company in many respects than a society of ethnologists. The information to be obtained from an intelligent pigeon fancier, or the breeder of canine, equine, or bovine varieties may be superior in one sense, that it is based on experiment, and can illustrate its conclusions by its products or examples. But the Ethnological *savans* have a superior field, and they only require an ethnological menagerie to surpass the interest of those social *soirées* where Mr. George discourses of his pups and their progenitors. If the ethnologist has no yard, stall, stable, or kennel, to which he can point to verify his calculations, he is, at least, concerned with the paragon of animals, of which the whole inhabited globe is a museum, and some day (such, possibly, is his dream of the future) he anticipates the construction of some grand laboratory for experiments on his obscure and refractory species. When that day comes we shall be better qualified to test his views on the unity or variety of our race. When he can turn Mongols into Caucasians, or Red Indians into Chinese, by judicious crossing and suitable diet, he will have raised ethnology to the same *status* as the pastoral arts have attained at the Baker Street Bazaar. Until that day arrives, his discoveries as to the effects of diet, climate, or parentage will not fill the omnibuses or turn London upside down. But in the meantime he may be content that his speculations are not wasted, and that they attract some attention, as here, beyond the sphere of their utterance. (*The Times*.)