turpentine subsequently persevered, in with only such intermissions as its irritant effects necessitated.

None of the cases were cured; none had their invading progress decidedly arrested. One case, caught in the most initial stage—a few small epithelial granulations—progressed steadily week by week, under the eyes of a dozen interested observers, in spite of the regular administration of the Chian essence and the local application of the ointment by tampon. Some patients for a few weeks reported themselves as better, and appeared more cheerful; one especially was noted as returning quite hilarious after a week's trial of the new remedy; half believed that the pain and hæmorrhage were less, but, on more close investigation, the greater or less amount of bleeding was found to be correlative with the greater or less duration of horizontal rest, especially at the menstrual nixus.

In my first series of cases, the Chian turpentine appeared to mitigate pain, moderate hæmorrhage, and to temporarily create a more hopeful and brighter condition; but, in the second series, these desirable effects, *ceteris paribus*, were less and less apparent, and, therefore, it has failed to reveal to me any quality of specificity in pronounced uterine cancer.

In the weary treatment of malignant disease, whether of the uterus or mamma, in both public and private practice, the drug retains some popularity, and there is no reason why it should not be countenanced as the solatium of a forlorn hope to a desperate sufferer—always bearing in mind the probability of strangury when it is applied locally to the uterus, and of eczema when it is applied to the mamma.

The wisdom of the profession regards cancer as a disease of inherent lethality, evincing the greatest variety in its evolution, natural progress, and decay; and that as yet, and probably for ever, the only remedy it can countenance, as a possible cure, is early and complete extirpation. On the other hand, there are many advanced cases of uterine cancer where surgical operations, once, twice, thrice, or even five times repeated, may be resorted to with a relief sufficient of immediate suffering sufficient to justify such procedures in the opinion of the most conscientious of operators.

REPOSITION OF COMPLETE INVERSION OF UTERUS AFTER FIVE YEARS' DURATION.

By ARTHUR W. EDIS, M.D., F.R.C.P.

Assistant Obstetric Physician to the Middlesex Hospital; Physician to the Chelsea Hospital for Women.

MRS. D., aged 29, married at 21, mother of two children, widow, had suffered from more or less continuous uterine hæmorrhage since her last confinement in December 1877. At times, the loss amounted almost to flooding, especially at the menstrual periods, when it would last for nearly a fortnight. Her general health was fairly good, and seemed to be less influenced by the constant drain upon her system than might have been anticipated. She suffered from no unusual pain beyond a sense of dragging in the loins, and pain extending up to the back of her head, worse on walking or standing. Attempts had been made to prevent this "falling of the womb" by the insertion of a ring-pessary, as also to reduce the displacement by means of air-ball pessaries, the patient, on one occasion, being treated for two weeks consecutively, remaining in bed and following out strictly the injunctions given. She was seen in the early part of August 1882 by Dr. B. Arodeckne Duncan, who diagnosed the displacement, and asked me to see her in consultation with him.

On examination *per vaginam*, a soft, velvety, globular mass, sensitive to the touch, and bleeding readily, was found occupying two-thirds of the vagina; it was adherent by a surface about the size of a six-penny-piece to the posterior vaginal wall. The uterine sound could only be passed about half an inch beyond the rim of the cervix, which could be felt encircling the pedicle of the tumour. On conjoined manipulation, the fundus could not be detected in its usual position behind the pubes, but only a cup-shaped depression on deep pressure. The nature of the case was so evident, that it was considered unnecessary to examine *per rectum*, or to pass a sound into the bladder to confirm the diagnosis. As the menstrual period was just pending, it was arranged to wait until this was over before commencing efforts to reduce the misplaced organ.

On August 22nd, at 9.30 A.M., the patient having been kept in bed for a few days and the bowels carefully regulated, Aveling's uterine repositr was carefully adjusted. The adhesion of the fundus uteri to the posterior vaginal wall was torn through with the finger,

scarcely any hæmorrhage resulting. A morphia suppository was inserted *per anum*, to allay any pain likely to be caused by the pressure of the instrument.

The patient was seen at intervals of about three hours during the day, and the amount of pressure carefully regulated. Scarcely any inconvenience was experienced, the pulse and temperature remaining normal. The urine was drawn off with a catheter. At 10 P.M. the pulse was 72, the temperature 99°, the patient very comfortable.

August 23rd, 9.30 A.M. The patient slept fairly well with the aid of a morphia suppository; pulse 72, temperature 99°. The bulk of the stem was found to be buried within the rim of the cervix, and was, with some little difficulty, removed. The vagina was syringed with Condy's fluid diluted, and the stem readjusted. 9.30 P.M. Pulse and temperature normal. The patient felt very comfortable; stem *in situ*.

August 24th, 9.30 A.M. Forty-eight hours from commencement of efforts at reposition; pulse 96, temperature 99°. The patient had a comfortable night. The bulk of the instrument was completely within the uterus, the stem firmly gripped by the now contracted os uteri. After washing out the vagina, on examination, the partly inverted fundus could just be felt within the uterus. It being that possibly the concavity of the bulb of the repositr prevented complete reinversion, a small India-rubber ball, about one inch in diameter was passed into the uterus, and the repositr reapplied. 9.30 P.M. On examination, the bulb of the repositr was found to be external to the os uteri, evidently not exerting pressure upon the fundus. The ball was therefore removed, the vagina washed out, and the bulb of the repositr readjusted on the still partially inverted fundus uteri. Pulse 96, temperature 100°. A morphia suppository (*Gr. 1-6th*) was inserted *per anum*.

August 25th, 9.30 A.M. On examination, the bulb of the repositr was found to be completely imbedded in the cavity of the uterus. The apparatus was removed, and the vagina washed out as before; pulse 96, temperature 99°. On passing the finger within the cervix, the fundus uteri could no longer be detected. The patient was kept quiet in bed, and an enema administered. 4 P.M. Dr. Duncan and myself examined most carefully, but failed to detect any remains of inversion. The uterine sound passed upwards and forwards three and a half inches, and the fundus could be felt in its normal position by conjoined manipulation. A mixture of ergot and cinchona was prescribed, and the patient kept in the recumbent position for nearly a week subsequently. She convalesced rapidly, and, when heard of some months afterwards, reported herself as "quite well, the periods regular, not profuse nor painful." She has since married again, and remains perfectly well.

REMARKS.—The reinversion was completed within seventy-two hours; practically, it was all but accomplished in forty-eight hours. During the last twenty-four hours, owing to the tenderness produced, the elastic pressure was lessened. One disadvantage of the bulb being conical in shape is that, after the process of reinversion is well advanced, the cervix contracts around the stem of the bulb, rendering the extraction of the latter difficult. If the bulb of the instrument were altered in shape, so as to be of an uniform thick-

ness for at least four inches, only slightly conical, so as to prevent the os uteri contracting around it, its withdrawal would be greatly facilitated.

CLINICAL MEMORANDA.

SPONTANEOUS GANGRENE OF ARM, FOLLOWING PRESUMED EMBOLISM.

At the beginning of September, 1880, Mary M., aged 70 years, had a very painful and oedematous condition of the right lower extremity. Infiltration of the subcutaneous tissues increased for several days, when, after saline and diuretic treatment, puncturing at intervals, and keeping the limb covered in cotton wool in the horizontal position, these symptoms subsided, and in the course of a few weeks the patient resumed her normal health, and could walk about as usual, the limb being kept bandaged for some time longer. No history of the case could be given; there were no abnormal cardiac sounds, no intrapelvic tumour or swelling or other cause of vascular obstruction detected. The popliteal pulsation was scarcely perceptible, that of the posterior tibial extinct.

From this condition convalescence continued uninterruptedly, when, about Christmas, an attack of acute diarrhoea and vomiting (not attributable to errors in diet) occurred, from which, in a few days, she recovered.

In the early part of the spring following, her left forearm became very painful with the burning sensation characteristic of incipient gangrene, the digital extremities presenting a purplish white hue. No pulsation could be felt, the integuments of the forearm were quite cold, the case turning out one of spontaneous gangrene, accompanied by excessive pain for many weeks, alleviated only by anodynes. The forearm from about the middle third, in an oblique direction upwards and outwards, became black and shrivelled below a line of demarcation, when amputation was resorted to, the stump healing with a slight protrusion of the radius, which was afterwards excised. The patient has since done well, and, for her age, recovered her usual good state of health. I have given these bare details of a case of some interest, and will leave others to form their conclusions as to the etiology of its phenomena. J. H. CRISP, Lacock, Wilts.

THE TREATMENT OF SPERMATORRHOEA.

OBSTINATE cases of spermatorrhoea and frequent nocturnal emissions constantly come under the care of the practitioner. Too frequently the medical man consulted simply tells the patient that, if he break off the pernicious habit of masturbation, which has probably originated his malady, he will soon quickly recover. But, in fact, in most cases, the habit has already been abandoned before he comes to seek advice; and these cases do not get well for months or even years afterwards, unless proper measures be taken. Knowing that he has left off this bad habit, and that he nevertheless does not improve, his complaint being made light of by the regular practitioner, and being greatly depressed in mind, he seeks the advice of the quack, who is always ready to benefit by these cases. I will give an outline of the treatment I have followed, and which I have found most successful in several such cases. The treatment should be—1. Moral, 2. Hygienic; 3. Medicinal. 1. *Moral.* a. The pernicious habit of masturbation, which has probably been the origin of the complaint, must at once be discontinued, or no good can result from any treatment. b. The thoughts should be directed from himself by his having regular work and exercise. c. The anxiety of mind which ensues should be allayed as much as possible, and a happy state of mind instituted. 2. *Hygienic.* a. The patient should have regular but not excessive mental employment, and bodily exercise in the form of walking, riding, or outdoor sports and games. b. Cold sponging of the genitals night and morning for some minutes, or as long as can comfortably be borne, is a most important agent in giving tone to the relaxed organs. c. The patient should have a hard mattress, and as little and as light clothing as possible at night. Care should be taken not to lie on the back, which may be prevented by wearing a knotted towel over the spine, or by some other device. d. No quantity of liquid should be taken before retiring to rest, and the bladder should be emptied the last thing. 3. *Medicinal.* A mixture containing tincture of perchloride of iron and tincture of nuxvomica should be given twice or three times a day; also a pill containing a fourth or a third of a grain of extract of belladonna with three grains of camphor should be given at first every night, and then every other night, immediately before going to bed. If these lines of treatment be adhered to, the patient, whether suffer-

ing from real spermatorrhoea or simply from frequently returning nocturnal emissions, will steadily improve, and the emissions will occur less and less frequently, till, in the course of a few weeks, or possibly months—for a malady of long standing (as this usually is) is never cured immediately—they will cease altogether, or only occur at such intervals as may be deemed normal, and in which there is no harm whatever.

H. COUPLAND TAYLOR, M.D., Todmorden.

PATHOLOGICAL MEMORANDA.

FIBRINOUS DEPOSIT IN THE HEART AND PULMONARY ARTERY.

I WAS much interested by the discussion at the Pathological Society of the question of fibrinous deposits in the heart and pulmonary artery. I have long been of the opinion, as the result of numerous *post mortem* examinations in cases of death occurring after severe injuries, that the immediate cause of death in almost all cases of "traumatic shock" is to be attributed to *ante mortem* deposits of fibrin in the right heart and pulmonary artery. This may not be so true of cases that are immediately or very soon fatal, by reason of the excessive amount of organic lesion immediately produced by the injury, as in cases where death supervenes after more or less interval, and where the nature and amount of the original injury are quite insufficient to account for subsequent death. Injuries to bones seem to have a peculiar influence in producing the condition; and I have seen strong healthy young men die from simple fractured ribs, without complication, in whom the *ante mortem* clot was the only thing present to account for death. I am induced to write these few lines, hoping that the subject may attract further attention from the profession. FRANKLIN GILLESPIE, M.D., Surgeon-Major, Aldershot.

OBSTETRIC MEMORANDA.

OCCIPITO-POSTERIOR PRESENTATIONS.

THE case of the above that occurred in the British Lying-in Hospital, under the care of Dr. Fancourt Barnes, in which Tarnier's forceps were used, and reported in the BRITISH MEDICAL JOURNAL for February 3rd, 1883, has made me desirous of making a few remarks on these very often troublesome presentations. It may be noticed that the exact cranial position in that case, whether third or fourth, was not given, which is of some importance, as my experience is that the fourth position is the more difficult one of the two to manage. In such cases, I have lately followed the practice of Smellie, who advocated the position of the head being rectified by raising, and rotation of it into an anterior one before traction is applied; and by this plan I have, I believe, of late preserved the lives of four infants. This method was brought to my notice by Dr. A. F. Stevens of Stoke Newington, to whom I shall be always grateful for the knowledge of it, in a discussion which followed the reading of a paper on the use of the forceps by Dr. Ducat of Highbury, at the Æsculapian Club in November last.

Between November 26th and December 22nd, 1882, I came across, in my own practice, the large number of four of these presentations, but only one since, on March 2nd, 1883, in a friend's practice, in which instance the same plan of rectification was successfully carried out. In three of my cases, the labour having come to a standstill, and the forceps being absolutely requisite, the positions were altered by Smellie's method, and the fourth was rectified by nature and manipulation. Of the three altered, all the patients being under the influence of chloroform, the first was a multipara, with her eighth child, the head being in the fourth position. The forceps, applied in the ordinary manner, failed to move the head; the position was therefore changed into a first one by raising and rotating it, and delivery was then effected with the greatest ease in a few seconds. The second one, also a multipara, had always been obliged to have the forceps used in her confinements, and had been so delivered by myself without any difficulty in September 1881, but on this occasion, December 14th, 1882, the forceps failed. The position was then discovered to be a third, and was altered by the same method into a second, and delivery was then easily and quickly over. The third was a primipara, aged 27 years, with the head in the fourth position, which was straightway changed into a first, and the difficulty at once ended. It is certainly necessary to