CASE.—On the 8th instant, I was summoned to Mrs. Rust, of Wilden, near Bedford, in labour for the third time. I found her of leucophlegmatic temperament, and naturally delicate. There had been so much hæmorrhage that the woman was nearly exhausted. On examination, I detected a globular, softish, spongy mass, immediately over the os uteri, which was flabby, and sufficiently dilated to introduce four fingers. A pain came on, and with it, a fearful gush of hæmorrhage. I was now certain that it was a case of placenta presentation. Perceiving that the woman was getting weaker, I determined immediately to remove the placenta, directing the administration of some brandy and water, and a full dose of ergot. I then introduced my hand, carefully peeling the placenta from its attachment to the uterus, removed it, divided the funis, and immediately the hæmorrhage ceased. Uterine action not coming on for some time, I repeated the secale, occasionally passing my finger around the inner surface of the os uteri, and shortly I had the pleasure of perceiving my patient rally. In about four hours from the time the placenta was removed, the fœtus was naturally expelled. The woman is doing very well. Success in these cases, in my opinion, depends upon prompt interference.

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P.S.—I have pursued this plan in two other cases, with the same advantage to the mothers as in the above case, and in one of the cases the child was saved; but I regret that records of the particulars were not preserved.

ON THE ADMINISTRATION OF CAMPHOR IN CHLOROFORM.

By WILLIAM DAVIES, M.D., Senior Physician to the Bath United Hospital.

In common, no doubt, with many other medical men, I have often felt it to be a matter of much regret that we do not possess a convenient mode of administering camphor in full doses. From the statement of the Messrs. Smith, of Edinburgh, and also from the comment made thereon in a late number of the Journal, I was led to suppose that the difficulty alluded to had no longer any existence, in consequence of the solubility of camphor in chloroform, and its non-precipitation on the addition of water or other ordinary vehicle. I am sorry to say, however, that the result has been by no means satisfactory. I ordered a solution to be made in the proportion of a scruple of camphor to a drachm of chloroform. The solution was perfect, and the camphor was not liberated on the addition of water; but immediately on being dropped into water, it sank to the bottom in the form of a globule, and though, by means of brisk agitation, it became diffused through the water, yet it rapidly re-accumulated at the bottom of the vessel, nor could this result be avoided except by adding so much mucilage as to render the draught unpleasantly thick. Nor is this the only difficulty, as in pouring the mixture

from the bottle into a glass, some of the camphor becomes deposited on the sides of the bottle, and also attaches itself to the glass out of which the draught has been taken, so that the patient does not get the prescribed quantity of camphor.

If any reader of this Journal knows how the difficulties here mentioned are to be overcome, he will do good service by communicating the fact in its pages.

CLINICAL ILLUSTRATIONS.

ON CORRODING ULCER OF THE UTERUS: CASE AND REMARKS.*

By EDWARD BALLARD, M.D., of Leamington,
Late Senior Physician to the St. Pancras Royal General Dispensary, and Medical Tutor in University College, London.

REMARKS.

Nature of the Affection of the Uterus.—The great question with respect to *corroding ulcer of the uterus* is, whether or not it is connected with cancerous disease? That the ulcer is very obstinate in its character, very indisposed to heal, and presents a tendency to deep destruction of tissue, are points which all are agreed upon; and the fact that these characteristics are equally possessed by the ulcer from cancerous disorganization, has led to the suspicion that corroding ulcer is but one form of malignant disease. The partisans of this opinion overcome the difficulty arising from the absence of tumour, by the assumption that all trace of cancerous deposit is removed by ulceration as fast as it occurs, the removal proceeding *pari passu* with the deposition. On the other hand, it has been maintained, that analogy furnishes us in lupus, and other diseases, with examples of deeply spreading ulcers, altogether distinct from cancerous disease, and that unless distinct proof can be adduced of the presence of cancerous tissue, we must not argue respecting it from the character and position of the ulceration alone. It may be, that the case which I have recorded, will assist in throwing a little additional light upon this disputed point of pathology. I would place together four points as worthy of notice, with a view to its elucidation. First, that there was present, in my case, a considerable amount of ordinary *inflammation*. This was obvious after death, from the colour of the parts of the uterus adjacent to the ulceration, of the ecchymoses scattered though the congested portion, and from the condition of the parts of the bladder and vagina adjacent to it. Secondly, that some kind of *foreign deposit* was present near the surface of the uterine ulcer, and infiltrating the tissue which formed the base of the bladder, pressing upon the termination of the ureters, and causing their distension with the urine. Thirdly, that in this tissue were discovered, by the aid of the microscope, *cells similar to those which are met with in cancerous growths*.

* Continued from page 158.