irregular for some months previous to the attack, have since been quite normal.

CASE III. *Obstruction from Fæcal Masses; Constant Sickness and Vomiting; Use of Salines, Atropia, and Galvanism; Gradual breaking down and Removal of the Accumulations; Recovery.* S. L., aged 50, when placed under my care, was suffering from severe tormina, constant retching and vomiting, and obstruction of seven days' standing. The pulse was frequent and feeble, the countenance anxious, and the skin covered with perspiration. Three distinct tumours were to be felt in the belly; one in the upper part of the ascending colon; one at the corner, between the ascending and transverse colons; and the third in the transverse colon itself. These were moveable, and presented the other features of fæcal masses. They differed in hardness, the central one being much the hardest of the three. The diet, saline draughts, atropia, aperient injections with the rectum-tube, and after several days galvanism, were employed as indicated in my paper. The vomiting rapidly ceased, and the patient was soon able to take food well. In three days, the bowels began to act, and continued to do so two or three times daily; the evacuations were small in quantity and fluid. The tumours in the belly gradually decreased in size, and finally were dispersed.

In the discharges, the gritty and insoluble components of the fæculent concretions were readily distinguished; they were composed of small pieces of bone, undigested tendon, etc. The patient was an old dyspeptic, through whose stomach the harder portions of the food were apt to pass undissolved.

Galvanism in this case was used daily, but very gently, for a fortnight, and was passed through the colon in the neighbourhood of the swellings. When the galvanic current was powerful, the suffering was acute, and could not have been maintained without risk of undue exhaustion. Therefore the utmost care was required in its administration; and no attempt was made to secure the immediate expulsion of the fæcal masses.

In the third week of the treatment, the intestinal canal was clear of obstruction; and the patient, though very weak, was convalescent. He made a good recovery.

CASE IV. *Simple Constipation of long standing, in a Healthy Subject; Failure of Dietetic and Ordinary Modes of Cure; Use of Atropia; Recovery.* J. J., aged 27, a strong healthy young man, living in the country, applied to me in April 1862, on account of constipation. His bowels had for years been obstinate, and for eighteen months he was obliged to take aperient medicines daily; otherwise he would pass three or four days without going to the closet, and would then suffer much pain at stool. So long as he continued taking aperients, his appetite and general health were good. He had several times been under medical care, with temporary advantage; and had endeavoured to rectify the evil by diet and exercise, but unsuccessfully.

I directed him to sponge with salt water once daily, in the morning; to rub the belly vigorously; to take abundant exercise (without fatigue); to omit from the diet, tea, coffee, and stimulants, with the exception of a glass and a half of claret mixed with water to dinner; to take cocoa to breakfast, porridge to supper, and vegetables and fruit in moderation. The medicinal part of the treatment consisted of the saline draughts and atropia, as indicated in this paper. A moderate degree of atropism was induced. The improvement was slow, but very marked. In three weeks he was able to discontinue his medicines, but has ever since persevered more or less closely with the regimen and diet. It is now eighteen months ago; and he has not during that time, except at rare intervals, been troubled with constipation.

CASE V. *Obstruction; Slight Stricture; Fæcal Accumulation; Severe Tormina, Sickness, and Vomiting; Salines, Atropia, and Enemata; Recovery.* (I saw this patient, whose case I will relate very briefly, in October of last year, in consultation with Mr. Ross Jordan.) W. C., aged 35, had suffered for five days from obstruction, severe tormina, and incessant retching and vomiting. There were tenderness, distension, with dull percussion in the left iliac region. There was obvious accumulation in the descending colon. Salines, atropia, and enemata, were employed, with the result of gradually unloading the bowel, and restoring the healthy character of the evacuations, with the exception that the stools continued to be slightly flattened.

It appears that a year ago he had sought advice, on account of indigestion, from a quack, who gave him four doses of some drug (probably lobelia), which purged him very severely, causing much pain, and discharge of blood and mucus. Since then, the bowels have continued to trouble him; and the symptoms point to a slight constriction—the consequence, probably, of inflammation—about the sigmoid flexure.

Original Communications.

TWO CASES OF BELLADONNA POISONING.

By C. P. COOMBS, M.B.Lond., Beckington, near Bath.

A LITTLE boy, aged 3, was brought to St. Mary's Hospital one evening in January 1864, with delirium of a very peculiar character. About two hours before admission, he had swallowed some eye-lotion which had been supplied by the ophthalmic department of the hospital. As appeared afterwards, the lotion contained atropine; but I cannot say how much was swallowed.

The child's face was flushed; the pupils were largely dilated. He muttered, cried, and sometimes laughed. The movements of the arms and head were at once suggestive of perverted vision. In attempting to take hold of a cup, his hand would grasp the air at some distance from it, etc. Emetics were given, and the stomach thoroughly emptied. The child was then put into a warm bath, and a dose of castor-oil administered, which acted in the night. When I saw him again at 9 the next morning, he was comfortably taking his breakfast, and was sent home the same day.

My second case was that of a boy aged 4. About 3 P.M. on the 22nd of November, 1865, he was playing with some other children, and struck his head against a table; soon after which he told his mother that he felt giddy and was going to fall. At 4 P.M. I saw him, and found his face flushed and pulse full, and his body in constant motion. He could not stand by himself, because of the ungovernable movements of his legs. There being no reason to suspect poison of any kind, I did not administer emetics, but gave some calomel.

At 8 P.M. I saw him again. He had no more control over his limbs than he had in the afternoon, striking his legs against a wall by which he was lying, and trying to put his hands in his mouth to bite them, and snatching at the air. His pupils

were largely dilated and unalterable; and I do not think he could see anything held close to him. He could not speak distinctly; and deglutition was much impaired.

In the night, he was sick twice, and the bowels were relieved once. He had no rest at all.

In the morning, at 8, I saw him again. He could then speak, and knew what was said to him. His face was not flushed. I gave him some calomel and jalap, which acted freely; and with each motion there was marked amelioration of his symptoms. At 1 P.M., when I saw him, he was well, with the exception of some irregularity in the movement of his legs.

At my second visit (five hours after the commencement of the symptoms), I was struck by the resemblance of the case to the one reported above, and made careful inquiries as to what he had eaten, and whether he had access to deadly nightshade or any of the poisonous solanaceæ; but could obtain no clue. But, on the second day, he confessed to having drunk something out of a bottle, which I found to contain belladonna lotion; and, by a rough calculation, he must have had about twenty grains of the extract.

REMARKS. In both these cases, the treatment was all but *nil*; and so they seem to confirm the opinion expressed by Dr. Skinner at Liverpool (as reported in the JOURNAL of November 18th, 1865), that Nature acts well in such cases. They also point to the stimulant, rather than sedative, action of belladonna.

INVERSION OF THE UTERUS.

By JOHN BIRCHENALL, Esq., Macclesfield.

DR. MARION SIMS' cases of inversion of the uterus, recently reported in the JOURNAL, reminded me that a similar misadventure occurred in my own practice about thirty-five years ago.

My patient was a single woman, about 25 years of age, rather tall and spare, of substrumous diathesis, fair complexion, and nervous temperament. It was her first pregnancy. The pains of labour came on early in the morning; and at eight o'clock A.M., I found the head of the child occupying the pelvic cavity; the os uteri thin and considerably dilated; and the pains, which were brisk, recurring every two or three minutes, until 11 o'clock, when delivery was accomplished in the natural way. After the lapse of some ten or twelve minutes more, as the uterus had contracted, and the placenta was unexpelled, I made gentle traction by the cord (which I had been accustomed to do when there was nothing to contraindicate it) for the purpose of exciting the expulsive efforts. Though no force was employed, this was immediately followed by a shriek on the part of my patient, and the simultaneous protrusion into the vaginal orifice of the undetached placental mass, overlapped on its lower margin by the smooth and livid edge of the inverted uterus. In the dilemma, I sent for an experienced accoucheur; but, as he was not in the way, I proceeded carefully to detach the placenta. This was easily effected, as there was no adhesion. I then replaced the uterus within the pelvis, and, grasping the fundus within the ends of my fingers and thumb, gave a moulding pressure to the organ, which, to my great gratification, after a few seconds, receded by a sudden involution, and everything returned to its normal condition. There was no hæmorrhage, nor any subsequent inconvenience, to retard the recovery.

My patient continued in perfect health, nursing her child during the few months she remained in Macclesfield; but, as she left the town before her infant was weaned, I had no opportunity of ascertaining the subsequent functional condition of the uterus.

Transactions of Branches.

BATH AND BRISTOL BRANCH.

ON THE TREATMENT OF RETENTION OF THE MENSES FROM OCCLUSION OF THE VAGINA AND UTERUS.

By W. MICHELL CLARKE, Esq., Clifton.

[*Read October 25th*, 1865.]

THERE was admitted into the Bristol General Hospital, under the care of Dr. Martyn, on December 31st, 1864, a young woman, who was suffering from retention of urine; her age was 28. Upon attempting to pass a catheter, the house-surgeon found that the vagina was completely occluded, and the patient was transferred to me.

She gave the following history. Eight years previously she was delivered of a still-born child, which was, at the time of its birth, in a state of putrescence. She was a long time recovering, was confined to her bed several months; and, when at length she was able to get up, she discovered that her vagina was perfectly closed. She had not menstruated since the date of the confinement; but at her catamenial periods, she had been accustomed to have a good deal of bearing down pain, and a sharp stitch in her side, which were usually relieved by diarrhœa. In the intervals, her health was good, and she never experienced any vicarious discharge of blood. For the last four months, however, she had suffered from gradually increasing difficulty of micturition until on December 9th, she found herself unable to pass urine at all, and since that date she had had the catheter passed several times, the introduction of the instrument having been, I believe, attended with considerable difficulty. I found that the orifice of the urethra was much dilated, so that the difficulty arose from no narrowness of the canal; but the catheter required to be depressed very much at its outer extremity, in order to its introduction. Why the urethra was so much dilated, I cannot tell, as my patient was a single woman, and not, I believe, in the habit of indulging in sexual intercourse. In similar cases that have been recorded, of complete occlusion of the vagina, there was no doubt that the urethra had taken the place of the vagina in coition.

After emptying the bladder, I found a large tumour in the abdominal cavity, corresponding in size and shape to the pregnant uterus of the fifth or sixth month; and there was, moreover, a smaller tumour projecting from the right side of the larger, which felt like a fibrous growth. The principal tumour gave no sensation of fluctuation, but communicated a soft doughy feeling to the hand.

The vagina was completely closed at its orifice by an extensive cicatrix, which drew the urethra and rectum together, and it seemed not easy to say to what depth this cicatrix extended; but after a very careful examination, I could not discover the smallest perforation; there were two very small openings, but they only admitted a probe a very little way.

On introducing the finger into the rectum, a large tumour was felt pressing back upon that viscus, and occuping the most of the pelvic cavity; and this was further found to correspond with the swelling felt through the abdominal wall. I could have no doubt