ment with a few grains of blue pill, followed by a warm rhubarb and magnesia draught. I have seen the pain yield to quinine after the failure of veratrine, aconitine, chloroform, and a host of liniments with opium. Should, however, the quinine fail, the next best remedies would, I believe, be found in arsenic, iron, and cod-liver oil. External applications are not of much service.

COD-LIVER OIL IN THE TREATMENT OF NEURALGIA.

I was induced to make trial of this remedy as a last resource in a case of the most severe facial neuralgia which I have ever witnessed. The pain was so severe that it amounted to agony, the tears involuntarily flowing over the cheek. Iron, quinine, and arsenic, in full doses, had severally failed in affording more than mere temporary relief. The oil had not, however, been taken longer than a week when the pain became sensibly diminished; and, by a perseverance in its use for a few weeks, the disease, which had existed for many months, was perfectly cured.

This patient continued well for two years, when he again became the victim of a similarly severe attack. Recollecting the failure of other remedies in his former seizure, he begged that he might at once commence the oil, which desire was acceded to, and was attended with a like happy result. From the satisfactory termination of this case, I have been induced to prescribe cod-liver oil very largely in many forms of neuralgia, and, upon the whole, with decidedly good effect.

Among the more severe cases in which I have seen cod-liver oil act with especial benefit, I may enumerate one of ocular neuralgia, a very severe case of neuralgia of the tongue, many cases of facial neuralgia, several obstinate cases of sciatica, and two or three cases of neuralgia of the rectum, the exquisite suffering from which I have found it both speedily and permanently relieve. Indeed, in this latter form, whether in combination with, or independent of, hæmorrhoids, the oil appears to act most beneficially, and I can with great confidence recommend its use.

Since noting these memoranda, I find the value of cod-liver oil in neuralgia fully corroborated by Dr. Theophilus Thompson, in his valuable *Clinical Lectures on Pulmonary Consumption*.

Ipswich, September, 1854.

SOME REMARKS ON THE TREATMENT OF PROCIDENTIA UTERI.

By W. J. ANDERSON, F.R.C.S., Accoucheur to the St. George's and St. James's Dispensaries.

DESCENT of the uterus has been most appropriately divided by Blundell into three degrees: relaxation, prolapsus, and procidentia. When the womb protrudes, the disease is called procidentia; when it remains at the outlet, prolapsus; where it scarcely subsides below the level of the brim, it then constitutes what is denominated a relaxation. Relaxation may degenerate into prolapsus, and prolapsus again into procidentia; but neither of them should do so under proper treatment; rest combined with local astringents and constitutional remedies, will to a certainty, if assiduously persevered in, effect a cure. It is true that procidentia is a very different affair. We have here the uterus protruding externally, dragging down the vagina, in fact turning it inside out, and carrying the bladder with it; micturition is of course interfered with, and the severe local irritation, as well as ulceration, accompanied with sharp attacks of hæmorrhage, which is often present, must necessarily affect the general health. If this distressing complaint be left to itself, the tumour may become permanently fixed in its unnatural position, precluding the possibility of cure, and affording very small hope of relief. Extirpation of the womb has been advised as a radical cure; and we find the following expression in Blundell's *Obstetric Medicine* (p. 797): "It has been proposed to cut into the vagina, and take the womb away altogether. I do

not believe that extirpation of the womb would always be either impossible or fatal; yet it is too dangerous an operation to be thought of for the purpose of ridding the patient of the disease; besides which, if the prolapsed womb were troublesome, and were extirpated in consequence, the probability is that other parts would descend,—that the bladder or intestines would come down. I can, therefore, by no means recommend that operation; which was proposed by the French." Burns again says, that "if the uterus cannot be reduced, and be much diseased, it has been proposed to extirpate the tumour"; and then with the greatest propriety makes the following remarks: "This has been done, it is true, with success, but it is extremely dangerous; for the bladder is apt to be tied by the ligature, which is put round the part; and as the intestines fall down above the uterus into the sac, formed by the inverted vagina, they also are apt to be cut or constricted. As a palliative, Richter advises the use of a suspensory bandage." (*Principles of Midwifery*, p. 184.)

Artificial constriction of the vagina has been recommended as permanently curative, especially by Dieffenbach, who was in the habit of excising portions from the sides of the vagina, and bringing the parts together by sutures; protrusion alone is prevented by these means, and even this is not always accomplished; for Blundell, with straightforward honesty, mentions a case in which he used an awful instrument of torture, termed "the lantern pessary, but not to be recommended to your use"; this thing had numerous large holes, through which the vagina protruded, became strangulated, and sloughed. "But mark! Notwithstanding there had been so much inflammation of the vagina, and though the patient had been confined to the horizontal posture afterwards, to give her a chance of a radical cure, no such cure was in that way produced." Before the period of child-bearing is past, nothing can warrant such a proceeding; a hard unyielding cicatrix or cicatrices are formed, which must almost to a certainty give way during a subsequent labour, giving rise to mischief which will probably be irremediable,—vesico vaginal or recto-vaginal fistula, one or other, if not both, being far from unlikely to occur. This operation has lately been revived; but it certainly appears a rude mode of getting over a difficulty, and strongly reminds me of a piece of farriery related to me by a medical man. My friend had a pet pig, who had borne many litters, and brought them up in a respectable manner; she was, however, afflicted with prolapsus ani, a complaint both uncomfortable to herself and unsightly to her master's friends. Under these circumstances a farrier was called in, who excised portions of the congested mucous membrane, returned the gut, and with a needle and thread stitched up the anus, in spite of which the animal recovered, and the cure was permanent.

The present plan of the perineal pad, though much used, certainly has many disadvantages. In the first place, a considerable degree of pressure must be employed on the perineum, a part liable to be chafed from the great amount of perspiration which always goes on there, and which must necessarily be vastly increased by a waterproof pad; again, the vulva being covered partially or completely in a similar manner, the vaginal discharges are also directed down to this part, and the vulva is heated and irritated, which alone is often sufficient, independent of any other cause, to keep up leucorrhœa, and must therefore perpetuate and augment the discharge which always attends these cases. There is also an objection to the abdominal support in some of these appliances, inasmuch as any pressure upon the intestines must, more or less, interfere with digestion; and though removing the superincumbent weight must certainly tend to assist any mechanical means of support, the advantage gained appears quite overbalanced by the probable injury which may be incurred. I do not say but that this instrument may be, and assuredly is in many cases, of inestimable value; frequently a pessary cannot be borne or retained; or the uterus may be permanently fixed in any situation, giving rise to incurable prolapsus or procidentia, when of course a pessary could only produce

irritation, and do no possible good. Under such circumstances the pad and belt, modified according to the nature of the case, may be employed; and be it clearly understood, that it is not against the *proper* but against the *indiscriminate* use of this contrivance that I am speaking.

Very efficient relief can be afforded in most cases by means of pessaries, the principal varieties of which consist of the stem, ring, and ball pessaries. The first of these is more adapted to cases where there has been extensive laceration of the perinæum, or inordinate relaxation of the parts; the second is useful for married women in mild cases, but not in severe ones, for then it is almost sure to come down, and frequently gives much pain from its turning edgeways. The ball pessary is an exceedingly useful instrument, and possibly the most efficacious of all; it scarcely ever produces pain or irritation, and generally affords perfect support and immediate temporary relief in some of the worst cases; at first it cannot always be retained where there is much relaxation, and on this account a belt should be worn with a string attached to the tape of the pessary, in order to prevent its dropping out, and to avoid the necessity of wearing a napkin. After a time it produces a certain amount of irritation, or rather stimulation, sufficient to cause an increased constriction of the sphincter vaginae, marked by pain and difficulty in removing and introducing the instrument; astringent injections now assist this tendency to cure, and increase the constriction of the vaginal mucous membrane, as well as lessen the discharge. The object here is to show what these instruments *can* do, and therefore the most unfavourable cases are mentioned, where every obstacle is placed in our way; where the duration or nature of the malady, and the circumstances of the patient render the treatment difficult, and shut out the possibility of perfect rest in the recumbent posture, so essential and beneficial in the most trivial examples of this complaint.

CASE I. Mrs. F., aged 51, was admitted 7th March, 1854. She had suffered on and off from procidentia uteri for the last twenty-three years. It came on after her first confinement, and she had had nine children altogether. Four years ago she was delivered of her last child, and since then the uterus had never perfectly returned; it would sometimes go back partially at night, but never completely, and gave rise to most distressing bearing down, accompanied with dragging pains. Micturition was accomplished with difficulty, from the bladder being prolapsed. The catamenia had ceased for two years. The tumour consisted of the uterus and bladder, with a considerable portion of both the anterior and the posterior walls of the vagina; it was dry and somewhat sensitive, but had no appearance of ulceration. With some trouble it was returned, and a full sized boxwood ball pessary was introduced, which gave immediate relief, enabling her to walk home with perfect comfort. Her business was that of a shirt cutter, and required her to stand the whole day; in addition to which the daily bread of her family mainly depended upon her labour, rendering the necessary rest quite impossible. She was, as might be supposed, somewhat weak and debilitated; for which I gave her tonics, and as soon as possible an astringent injection. At first the pessary frequently came down, but by degrees it could be retained the whole day, being removed at night and replaced in the morning; this at the commencement gave rise to no pain, but by the beginning of June pain was experienced from constriction of the sphincter vaginae, and from that time up to the present she says that she has experienced greater comfort than she had done for years.

CASE II. Harriet H., aged 25, a domestic servant, was admitted 1st May, 1854. This patient was delivered last Christmas of a healthy female child in a lying-in hospital, where she remained for three weeks. She stated that she had a bad time, and returned to her mistress' house, where she was laid up for two months longer; she then resumed her work and the womb came down, and had remained in the same state up to the present time. A napkin had been worn constantly, giving some support, but chafing and

irritating the tumour; there was much pain in the back, great bearing down, and profuse discharge. The tumour consisted of the same parts as in the last case, but was moist from the discharge, and the mucous membrane over the os uteri was much abraded. The reduction of this tumour gave considerable pain, but the moment the ball pessary was introduced she was able to stand up without any uneasiness, and felt completely relieved. The perinæum had been ruptured to some extent during her labour. Infusion of cascarrilla with nitro-muriatic acid was administered internally, but no local astringent was used until the 26th, when the constriction above mentioned was noticed, and decoction of oak bark was employed as an injection. In this case the pessary never came away, but in spite of hard household work it was firmly retained, affording great relief. She did not suckle her child, and menstruation occurred very regularly; and up to the present time she has enjoyed comparative comfort.

During the treatment of this case I was most particularly struck with some of the disadvantages of my favourite boxwood ball pessary; though I look upon it still as a most valuable and useful instrument, I cannot shut my eyes to its palpable defects. The form of the pessary is perfect, and it is most admirably adapted for giving efficient support in these severe cases, but it causes great pain in passing the orifice of the vagina; again, the wood itself becomes soaked and foul from the discharge, and in addition to this, being hollow and perforated, it allows the fluid to pass into its interior. Now to suppose that this always runs out freely is a fallacy, for I have frequently, after menstruation, found the instrument full of foetid sanguineous fluid, in spite of the numerous apertures, which often become blocked up with tenacious mucus; and between the catamenial periods the same event occurs with the leucorrhœal discharge, giving rise to a very disagreeable odour. The discharges, of whatever nature they may be, do not, as a general rule, pass through, but escape between the external surface of the instrument and the internal surface of the vagina; if the pessary fitted firmly enough to prevent this, it must produce injurious pressure, and probably sloughing, if left in for any time. Such being the case, it occurred to me that an instrument might be made of the same shape, able to give the same kind of support, but sufficiently elastic to avoid all pain when passing in and out of the vagina, equally light if not lighter, and incapable of becoming saturated with the discharges, or of retaining them in its cavity. For this purpose, I employed Mr. Bigg, of Leicester Square, to make an instrument of vulcanised India-rubber filled with air, which might be called the "air-ball pessary"; this is calculated to answer all the good purposes of the other and avoid all its imperfections; it is light, elastic and firm, fills the vagina without producing injurious pressure, and is beautifully clean, from the fact of its being waterproof even to its string, and therefore when washed is as fresh as new.

16, Welbeck Street, Cavendish Square, August 19th, 1854.

CHLORIC ETHER:

ITS PROPERTIES AND USES, ESPECIALLY IN CHOLERAIC AND OTHER FORMS OF DIARRHŒA AND IN CHOLERA.

By GEORGE B. MEAD, Esq.

[Continued from page 820.]

It will be seen by comparing the formulæ of the two preparations, chloric ether and chloroform, that in chemical composition there is considerable similarity between them. Their physiological effects upon the animal economy are also analogous; the former being less powerful in its effects either as a stimulant, antispasmodic, or anæsthetic; yet they are identical, the difference being rather of degree than kind.

It may be advisable to mention that in consequence of the great volatility of the ether, it should be carefully preserved in a capped bottle: otherwise the chloride of ethyle