would or could right herself. One gentleman asked what was to be done in cases of preternatural presentations. It is a curious fact that, in puerperal fits, the presentation is never preternatural—at least, it has never been so in my practice, and I am not aware of a single case on record. Nevertheless, if such cases should occur, it is clear that, if the child could not be delivered without manual help, manual help must be employed, let the circumstances assume what form they might.

I am far from wishing to establish or uproot a principle: I simply wish to state my practice and its results, not knowing how soon I may be called upon to change it altogether, which I should not hesitate to do if, in my judgment, the case or cases imperatively demanded it.

CASE OF RETROVERSION OF THE UTERUS PRODUCING RETENTION OF URINE, SUCCESSFULLY TREATED BY A NEW PESSARY.

By NATHANIEL COATS, Esq., Sirhowy Iron Works, near Newport, Monmouthshire.

THE person was Mrs. L., aged 28, the mother of five children, and having had one miscarriage. She was very healthy, and had at the breast an infant nineteen months old. She saw the menses when the child was twelve months old, and once since; but considered that she had not seen them for four months. I was called to see her on the evening of February 26th, 1857. She was then suffering from retention of urine. Her employment, that of keeping a public-house, caused her to be constantly on her feet. She was not aware of being pregnant; but was, no doubt, about three months advanced. Her symptoms were relieved by the catheter.

The following day (February 27th), she passed urine naturally, and continued to do so until March 1st, when she again had retention of urine, which was relieved as before. She then went on well until March 6th, when she again had retention, and was again relieved by catheter.

March 7th. She had retention. I had kept her in bed, and tried to replace the retroverted uterus, but to no purpose, the retention still coming on. I then considered that if I could make anything to press on the fundus of the uterus and not on the neck, it would be likely to benefit her by taking off the pressure on the urethra. I therefore made the instrument, ex-

cepting the oval India-rubber air-cushion, and applied it at 1 P.M., on March 7th. It was easily introduced, and gave no pain. At 8 P.M., I saw her again. She had passed a little

urine. I passed the catheter, and drew off about half a tea-cupful of urine. The bowels had been relieved without any difficulty.

March 8th. She slept well, and passed urine at half-past nine A.M., and at one P.M. with ease: when out of bed, she felt more comfortable than before the introduction of the instrument.

March 9th. The patient was down stairs attending to her business. She had passed urine, and the bowels were also moved. She informed me that she had been up and down stairs several times without having the bearing down pain which she had prior to the use of the instrument.

March 10th. She slept well, and also passed urine freely.

March 13th. She removed the instrument last night, and cleansed it, and replaced it herself, and was very glad to do so, as it gave her great comfort.

On the birth of her first child, which was born alive, she had no unpleasant symptoms; nor at that of her second. When between two and three months advanced, she was assisting her sister-in-law to paper a room, standing on a chair, with the paper held over her head, she felt as if something had slipped or given way in her inside. A little time afterwards she had retention of urine, and the catheter had to be passed on several occasions, and at about four months she miscarried.

With the third, fourth, and fifth children, she did not suffer from retention, and the children were all born alive. With the sixth, when between two and three months advanced, she had retention of urine, and the catheter was obliged to be passed on many occasions. She had great difficulty in passing urine until the fourth month, when it ceased, and she went on well. The child was born alive.

REMARKS. I have now given the history of the case, and hope the treatment will be as successful with other practitioners as it has been with me. I have sent a sketch of the instrument, and have also forwarded one to Mr. H. Bailey, 418, Oxford Street, London, who, I have no doubt, will be happy to forward any gentleman one. I should like to hear, if any gentleman should have occasion to use one, whether it succeeds with him as it has with me.

CASE OF NEURALGIA OF THE ISCHIATIC NERVE, TREATED BY DR. ALEXANDER WOOD'S NEW METHOD, OF APPLYING THE OPIATE DIRECTLY TO THE PAINFUL POINTS.

By GEORGE LINDSAY BONNAR, M.D., Cupar, Fife.

ON July 30th, 1857, I was called to see Mrs. P., a stout active lady, of a sanguineo-nervous temperament, who had been, since the preceding May, more or less troubled with shooting pains, from the region of the left hip, down the posterior aspect of the thigh and leg of the same side, in the course of the great ischiatic nerve and its peroneal branch. The pain had a periodic character, with an evening, and latterly a morning, exacerbation as well.

I prescribed the saccharated carbonate of iron in repeated daily doses, nourishing diet, and an anodyne draught in the evening, to anticipate the time of the usual increase in the severity of the attack.

Various erythematous patches appeared in different parts of the limb: they were painful to the touch, but readily yielded to the employment of liquor plumbi diacetatis and tincture of opium mixed, largely diluted, and frequently applied.

The pain along the course of the nerve, after various degrees of occasional mitigation, gradually increased in severity, generally maintaining its periodic character, notwithstanding the application of various remedies, external and internal, until the usual means recommended in such cases were well nigh exhausted.

A strong embrocation, composed of compound tincture of camphor and Fleming's tincture of aconite, was rubbed into the hip and down the limb, morning and night; at first, with a very slight improvement, which, however, soon disappeared. The parts were repeatedly subjected to fomentations of hot turpentine, until the skin became too tender and fiery for the application; this in some measure mitigated the pain for the time being, but never overcame it. Acupuncture was also persevered in, not only over the hip, but all along the course of the nerve, even to the ankle, to which part the pain had gradually extended; and, from the decided improvement which took place, I had reason

to hope that the continued use of this remedy would be productive of a cure. But, no! like all the other efforts to this end, it proved abortive, and, in the long run, had no effect even in temporarily lessening the pain. The modified cautery was also put in requisition, at a temperature considerably above 212° Fahr., sufficient in many parts to raise the skin in small blisters; but this remedy, generally powerful in relieving deep seated pains, failed to give any other than a very partial and evanescent benefit. I proposed to vesicate the surface, and apply morphia to the denuded part; but, from an unalterable prejudice, my patient would not on any account submit to have the skin broken.

Meanwhile, almost every internal remedy which seemed calculated to effect an improvement in the patient had been administered. The iron treatment was followed by the iodide of potassium with sarsaparilla, which was for some time persevered in. Arsenic was given to the utmost limits prudence would allow; but no improvement took place. The patient's strength was much impaired by the continual pain, which latterly had become excruciating; her limb was useless; her rest broken; her very existence made miserable. The least motion of the leg, the slightest turning of her body, brought on a paroxysm of agony; so that, in those intervals of comparative ease which she sometimes had, her enjoyment of life was destroyed by the constant anticipation of a sudden attack of acute suffering.

The only recommended remedies to which I had not had recourse during the persistence of this attack were croton oil internally, and, failing this, colchicum. But there were decided objections to both, as well as to any drastic purgative whatever; for a short time previously the patient had laboured under a very severe attack of dysentery, and was excessively weakened thereby, and this had left such a peculiar irritability of bowels for a long time after the severity of the disease had passed away, that I was afraid to employ any remedy which might possibly reinduce such a state.

It was now the beginning of October, and fully two months since the disease had manifested itself in a degree so severe as to require medical aid. As all that had been done had given only very casual relief, and the disease had gained ground steadily and surely, the relatives got anxious, in which state of mind I also shared, and it was agreed to consult Dr. Alexander Wood, of Edinburgh. Accordingly, I wrote to him, having been made aware, previously, of his proposed new method of treating neuralgia by the direct application of opiates to the painful points, and he saw the patient on October 5th.

Judging it to be a case of pure neuralgia, and well adapted for treatment by his new method, he proceeded at once to put it into practice. Having ascertained which was the most painful spot, by means of careful pressure along the seat of pain, just where the nerve escaped through the notch from the pelvis, he inserted the perforated steel nozzle of a small glass syringe, into the graduated body of which had previously been put twenty minims of Battley's sedative solution; and after the instrument had penetrated about an inch and a half, the fluid was sent home with gradual and firm pressure. The effect was instantaneous. The patient immediately began to saw the air with her hands, as if in a deep dream; in a few seconds they dropped powerless; her breathing became long and deep, and she lay in a profound sleep. This continued until an early hour next morning, when she awoke refreshed and reinvigorated, as if from a night's natural rest—the first she had had for many a long week: to her great delight, she was completely free from pain, and able to move her limb very readily without uneasiness. This was, however, too sudden and too complete to be expected to last long; there was still an acute twinge of pain when the thumb was pressed firmly down on the spot; but the patient was so delighted with the general effects of the treatment, that she readily—nay, anxiously, submitted to its frequent repetition.

Oct. 6th, 7 A.M. Twenty minims of Battley's solution were injected into the hip, which did not seem to produce the same immediate effect as last night's application.

Oct. 6th, 8 P.M. The patient had slept most of the day. The pain had disappeared; it was very obtuse at the hip on pressure, and more acute down the limb, but not at all of that lancinating character it was before. As the peroneal nerve seemed to be the part in which there was most pain, ten minims of Battley's solution were there injected, and the patient was left for the night.

Oct. 7th to 10th. The same treatment was continued morning and night, injecting at the one visit into the hip, and at the other into the leg, choosing the most painful parts, as indi-

cated by pressure. The quantity was increased to forty minims daily.

Oct. 11th. The remedy was intermitted; but the pain, on the day following, threatening to return a little more severely than before, it was resumed for four days more, at the end of which time the pain had entirely disappeared (even on testing the state of the nerve by a smart blow) from the regions of the hip and leg, and was confined to the region of the external malleolus. The treatment was discontinued from this date, with the exception of two occasions, October 20th and 23rd, when on the former twenty, and on the latter thirty, minims were injected in front of the tendo Achillis, where the pain lodged very severely, but was relieved by the injection.

After this, the pain seemed to spread itself all over the dorsum of the foot, where at times it was very severe. Instead of further employing this new cure, which seemed to be now inapplicable to the case, from the very superficial seat of the pain, and the great extent of surface over which it spread, I recommended the cold douche every morning, and to be continued each time as long as it could be borne by the patient. This was faithfully persevered in, and after a short period the pain became much modified, and of quite a chronic character; in fact, it seemed to degenerate into a kind of nervous rheumatism of the part, and indicated the changes of weather in regard to rain, frost, thaw, etc., by those peculiar gnawing sensations which all martyrs to rheumatism so well know by their experience.

At this date (August 1857), nearly two years after the occurrence of the above case, the patient enjoys very excellent health, and never experiences the slightest throb or pain in the limb. She told me jocularly, not long ago, that she almost forgets which limb it is which was affected.

REMARKS. I have allowed a sufficiently long time to elapse since the case occurred to do away with all doubts as to the permanency of the cure; and my conviction is now, as it was at the time, that in the application of anodynes to the seat of painful nervous affections, by this novel method, we have added to our therapeutics a mode of employing powerful remedies, for which the profession and suffering humanity stand much indebted to the talent and ingenuity of Dr. Wood. Since the above case, other instances have come under my observation and occurred in my practice which serve to corroborate my opinion of the value of this mode of treating neuralgic affections; but I prefer giving the details of the foregoing case alone, as it seems to bear such unequivocal testimony to the value of the remedy as could only be weakened by adducing other and less perfect cases alongside. In it, I had the opportunity of fully testing the powers of the other remedies usually recommended in similar cases, save those from the use of which I was precluded by special circumstances, as alluded to in the narration: all of which appeared abortive. During the process of cure by injection, all other means were suspended, except a recurrence to the use of an iron tonic, for the purpose of repairing the energy of the system, much spent by previous suffering. Indeed, the simple efficacy of the one mode of treatment put in juxtaposition with the usual routine of blistering and dosing, which constitute the other, admits of strong contrast, but no comparison.

The instantaneous effects of the first application of the narcotic surprised me much. I confess that I should have felt very considerable alarm at the sudden plunge which the patient made into the depths of narcotism, had not Dr. Wood assured me that he had seen the same in other cases, and that it had never been followed by any unpleasant result. This constitutional effect of the remedy subsided almost as suddenly as it had been evoked; for it was scarcely manifested in any other form than drowsiness on the second occasion, and subsequently not at all, while its local effect seemed to undergo no diminution. There was here exemplified the most perfect adaptation of cure to disease; for, while a host of sympathetic constitutional symptoms became developed because of this local affection, as soon as the remedy had been applied directly to the diseased point, and had proved effectual there, the general system, relieved from an incubus, rapidly improved, the appetite returned, and every disturbed function resumed its normal condition, while the limb itself, which had become remarkably atrophied, gradually assumed a firm and full appearance, like its opposite.

For a full account of the application of the remedy, with cases, I beg to refer to an admirable paper by Dr. Wood, in No. 203 of the *Edinburgh Medical and Surgical Journal*, April 1855.