lowing are extracts from communications of successive later dates.

"July 16th, 1856. I am pleased to inform you that I am progressing very well. The liquor pepsinæ quite agrees with me; especially in the form of mixture which you recommended, as I have a *little* acidity and flatulence. I do not make much, if any, more water than the usual quantity; certainly not so much as I have taken of fluids. Specific gravity about 1030. No particular thirst; skin acts properly; appetite good; I sleep well."

"August 20th, 1856. I am pleased to inform you that I am much better, being considerably improved in strength. I have no symptom of indigestion, my stomach performing its functions well at all times, and my appetite being good, without being ravenous. The urine is 1028, and about 60 ounces in 24 hours, and containing less sugar. Pulse 80 to 85. Skin acts naturally, with the natural smell under armpits, etc. *Indeed I am much stronger.* I consider the mixed diet you allowed has, besides its greater agreeableness, done me good; and my stomach now can digest anything. My bowels are perfectly regular, and I sleep well. I have no pains in my head."

"Nov. 24th, 1856. I sleep well, and soundly, and walk from two to four or six miles every morning, according to weather; besides this, I am engaged in helping a professional friend." (Here he describes his habits of diet, a mixed one, with porter, brandy-and-water, and light pale sherry.) "I have taken the liquor pepsinæ, with the iron and quinine, three times daily; and lately only twice. My appetite is remarkably good; my bowels are regular, not the least costive. Though I feel so much better, I wish to go on with the pepsine, etc. Two days I was without it, and did not feel so well. The increase of weight since taking your medicine was eleven pounds a fortnight ago, and I feel on the increase. I can eat anything; pork pie or any meat to breakfast. I do not make more water than an ordinary person, certainly not so much as I drink. Specific gravity 1030; and yet, with the liquor potassæ test, there does not seem to be any great amount of sugar. Though I do not wrap up at all, I do not feel the cold as I used to do. I feel deeply grateful to you. So well do I feel that I think of recommending practice after Christmas. There is one symptom worthy of remark; and that is, that I *feel better* after a hearty meal, such as breakfast and dinner, both of which I eat heartily."

The foregoing are but a few specimens culled out of a great number. I make no further comments, as the facts speak for themselves to all rational physicians, and to my professional brethren in general; but I would merely add, as a standing caution, that the benefits of the remedy are not to be expected from its random or empirical use, but only when such use is grounded on a scientific review of all the important functions of the body in each individual case.

ACETATE OF POTASH IN RHEUMATIC FEVER.

By JOHN R. NICHOLSON, M.D., Redditch.

FREQUENTLY the remedy most successful in the treatment of disease in hospital is not the best adapted for use in private practice. In the latter case, a new set of conditions arise. For the necessary discipline of a well-ordered hospital ensures due attention being paid to ventilation, temperature, diet, nursing, and frequent observation of the patient, all greatly modifying, directly or indirectly, therapeutic effects; but these conditions can only be partially, if at all, secured in the homes of the class which form the bulk of a general practice. Disappointment very often ensues, therefore, to the general practitioner in the use of remedies founded solely upon the *dicta* of heads of hospitals, and he becomes wary of risking his reputation on such.

Dr. Sandwith has given, in the JOURNAL for February 7th, the results of fourteen cases of rheumatic fever treated in hospital with acetate of potash. Twelve cases of this disease have come under my professional care in the preceding two years; of these, nine were treated with acetate of potash, and in all of them the remedy was completely successful in speedily eradicating this painful affection.

The ages of the patients varied; one was aged 11; two were under 20; four were aged from 20 to 30; one was 36; one above 40. Their conditions varied in as great degree, from the well-to-do farmer to his labourer; from the manufacturer to the mechanic; the youngest patient was the daughter of a

needle manufacturer in comfortable circumstances; and her parents informed me that she had twice previously suffered. This was the only case in which any symptoms of heart disease made their appearance; and in her they rapidly yielded to treatment by calomel and leeching, acetate of potash being given at the same time.

The period of treatment varied in the different cases from ten to twenty-eight days, the average being fourteen days; and, excepting in the girl above mentioned, no leeching or blistering was required.

On one point Dr. Sandwith does not, I think, sufficiently insist. It is my practice *always* to commence the treatment by giving a pill of calomel and rhubarb, followed by the common black draught. By this means the diuretic action of the acetate of potash is determined more speedily and effectually, a mild diaphoresis being established at the same time. The formula for administration, though slightly differing from that of Dr. Sandwith in detail, is essentially the same. I prescribe the acetate of potash in doses of ten to fifteen grains in a mixture containing bicarbonate of potash and orange syrup, to be taken with lemon juice in the effervescing state. This forms an agreeable medicine to the patient, who is apt to complain of the saline taste of the acetate of potash given alone. I am satisfied, from frequent and mortifying failures in its administration, that these beneficial effects are not to be attributed to the lemon juice solely; but, given with the acetate of potash as above, it undoubtedly promotes and assists the action of that remedy.

The advantage in chronic rheumatism was not so marked as Dr. Sandwith obtained; yet when combined with the nitrate of potash and spirit of nitrous ether, acetate of potash undoubtedly exercised some influence over that disease, but not to the extent expected.

PROLAPSE OF THE UTERUS.

By JOHN BASSETT, Esq., Birmingham.

[Read before the Birmingham and Midland Counties Branch, February 12th, 1857.]

I PROPOSE to relate to the Society to-night the particulars of four cases of prolapse of the womb, and subsequently to make some general remarks upon the causes and treatment of this displacement.

CASE I. A. H., single, aged 28, a housemaid, consulted me in April 1854, for a bearing down, which she stated had been troubling her for some months, and was gradually getting worse. She attributed it to frequent running up and down stairs. On examination, I found the womb protruding through the os externum; it presented a bright pink appearance, and was about the size and shape of a pear. There was no heat, abrasion, or discharge. Her general health was not particularly disordered, but she did not consider herself strong. Rest and an astringent injection were ordered; and in a few days a pessary was applied. This not proving sufficiently large, another was substituted. Complete relief followed, so that she was enabled to resume her occupation. I saw her on several occasions subsequently, and once or twice removed the instrument to clean it. At the end of two years she was so far recovered as to be able to dispense with the use of the instrument.

CASE II. Mrs. G. consulted me in August 1853, for a bearing down. Her history was that she was twenty-eight years of age; that she had been married four years, and was the mother of two children, the youngest of whom was three months old. She had never been a particularly strong woman, but since her last confinement had been quite unable to walk about. She suffered from a bearing down after her first confinement, but not to a serious extent. When she consulted me, she complained of lumbar and hypogastric pains, with so much weight and bearing down, as entirely to prevent her from walking. She had a furred tongue, impaired appetite, increased heat of skin, an accelerated pulse, scanty, high-coloured urine, and a costive state of the bowels. On examination, I found the vagina hot and swollen, the uterus enlarged and low down, and the passage moistened with a copious mucous discharge: a large fissure existed in the perineum, which resulted from laceration in her first confinement. The examination did not give much pain. I prescribed rest in the recumbent posture, a lead and poppy injection, a saline aperient mixture, and a fa-

rinaceous diet. In a week some improvement in the symptoms had taken place: the pain, heat, and discharge, had diminished. The medicines were ordered to be continued, the diet improved, and an alum injection substituted in lieu of the lead and poppy. At the end of the month, the uterus had decreased in size, and the vagina contracted, so that I was enabled to apply a pessary. The first I used was too small; the second produced irritation; so that I deemed it advisable to return to the former treatment. After a time, the symptoms of irritation again subsided, and a pessary was applied, which gave great relief.

This patient continued under observation until the middle of last summer, more than three years, and wore a pessary during the whole time; and although the uterus had regained its natural size, and the vagina become much contracted, I could not persuade her to leave it off. I removed the instrument every three months and substituted another, allowing an interval of a few days between the removal and substitution.

CASE III. Mrs. W., whilst I was in attendance upon her daughter, consulted me for a bearing down from which she had suffered during the last ten years. There is nothing remarkable about her history; at present she is in good health. On examination, a simple prolapse was detected; a pessary was adjusted, and complete relief followed.

CASE IV. Mrs. B., whom I attended in her second confinement in July 1855, consulted me in the October following for a bearing down, attended with profuse discharge. Her history was that she had not felt well since her confinement, which was in every respect a natural one. Recently she had had so much pain in the back and a feeling of bearing down, that she had been unable to walk about. The discharge had been considerable for the previous three weeks, she felt herself very weak, and had not much appetite. On examination, prolapse of the womb was detected. She was ordered to keep in the recumbent posture, to take a tonic mixture, and to use an alum injection. In a fortnight the discharge had so far ceased as to permit of a pessary being applied, which gave complete relief, and did not produce any irritation or inconvenience. At the end of three months I advised its removal. In proceeding to do this, I found the vagina so much contracted that it was not without some trouble that I effected the extraction of the instrument. She has not since suffered from any symptoms of prolapse.

REMARKS. I have not related these cases because there is anything peculiar about them, but for the opposite reason, because I believe them to be well marked examples of a common infirmity; and did I not feel conscious that we sometimes, in our anxiety to improve the art we practise, underrate the importance of common diseases and easy remedies, I should not have appeared here a contributor to night. I do not intend, on the present occasion, to cite the opinions of a number of authors on the proximate and remote causes of prolapse of the womb, as viewed in their anatomical and physiological relations, but shall prefer, by a brief analysis of the cases, to trace out the causes. The first case selected was one of simple prolapse in a single woman, a housemaid, constantly running up and down stairs. The force from above the womb being greater than the resistance from below, it descended, or was dislocated, so to speak, from its axis. In the second case the uterus had lost its perineal support, in consequence of proper care not being exercised after her second confinement; it descended whilst still enlarged, became a source of irritation; it required four months of treatment to reduce its volume, and return it to its natural position. The third case is one of simple prolapse of long standing; it has been related to show the great relief afforded by an accurately adjusted pessary. The fourth case is one of considerable interest, and great practical importance. The facts are brief: prolapse soon after confinement from over exertion whilst the parts concerned in child bearing were in a relaxed and weakened condition; the means employed were so efficacious that the case was cured in three months.

It is a well conceived idea which teaches that the uterus is suspended or equipoised at the apices of two triangles, the bases of which are the diaphragm above and the perineum below, and that it is retained in its position less by the power of its ligaments than by the general support it receives from above and below, from before and behind. The loss of this balance of support, whether from pressure above, or from injury and weakness below, is the proximate cause of the displacement under consideration. The history of the cases related affords unequivocal evidence of the value of the pessary as an instrument in the treatment of this affection; it is to this part of the subject that I would particularly invite the attention of the

society to-night, by asking the associates present what is their experience of the value of the pessary? In what cases is its use indicated? When ought it not to be applied? What kind of instrument is the best? Have any unpleasant consequences followed its use? The instrument I used in the cases related was the circular ring pessary, composed of cotton or sponge, wrapped and coated with caoutchouc; it is durable and clean, and, when warm, yielding. The fact upon which its successful employment seems principally to depend is its being carefully adapted to the capacity of the vagina. In conclusion I have to remark that I might have related a greater number of cases, as well as have told of the instances in which the pessary fails to afford relief; this would have rendered analysis and criticism more difficult. I have preferred, on the present occasion, to deal with simple cases, as being those which are most benefited by treatment.

Reviews and Notices.

TORQUAY, IN ITS MEDICAL ASPECT AS A RESORT FOR PULMONARY INVALIDS. By C. RADCLYFFE HALL, M.D., Fellow of the Royal College of Physicians of Edinburgh, and Physician to the Torquay Hospital for Consumption, etc. pp. 163. London: Churchill. 1857.

IN most places which are celebrated for the salubrity of their climate, or other natural advantages, some resident physician has been found to publish an account of them. In some instances, it is possible that self interest may have a large share in influencing the minds of such writers, and their productions may only be on an equality with those unpretending but useful manuals which direct the excursionist in the pursuit of pleasure. The present work, however, is from the pen of a physician who has every claim to be regarded as a scientific inquirer. Dr. RADCLYFFE HALL is well known to our Association by the distinguished zeal and ability which he devotes to his profession. We are glad, therefore, to welcome his little work on the Medical Aspect of Torquay.

It is difficult, perhaps, to offer anything very new respecting a residence for invalids which is already so celebrated; but Dr. Hall's work will, at least, be found to contain a valuable and succinct statement of what is most important to be known. It is professedly written at the suggestion of Miss Gore, who, it appears, is the benevolent founder of the Torquay Hospital for Consumption. Dr. Hall is ready to confess that the climate of Torquay is not able to accomplish everything that may be expected, and that consumption itself is by no means unknown to the natives; yet this cannot be urged as any rational objection, for a complaint which originates in low and abortive forms of nutrition may exist in all climates. It is sufficient that Dr. Hall is convinced that the air of Torquay is particularly soothing to the respiratory passages. In matters of this kind, the experience of patients can form the best and only guide; and we make no doubt that we have in Dr. Hall's work a candid statement of what he has observed. At the end of the book will be found some useful meteorological tables. Those who look for an amelioration or cure of pulmonary disorder in a change of place, may consult with advantage a work which emanates from a resident physician who is so competent to advise.

MORE SUSPECTED POISONING. Some circumstances have come to the knowledge of the police at Stamford, which have induced the authorities there to order the exhumation of the body of Nathaniel Bacon, the father of Thomas Fuller Bacon. It is stated that Mr. Bacon, sen., was possessed of house property in Stamford to the extent of about £160 per annum, a portion of which would immediately revert to his son, Thomas Fuller Bacon, and the remainder to his wife for life. Nathaniel Bacon, the father, dined with his son on the 13th of October, 1854, was taken ill, seized with cramps, spasms, and vomiting, died on the 17th, and was interred in Great Casterton churchyard. The chemical analysis of the remains of the deceased will be commenced without delay.