Although, however, the soft parts covering the vertex of the fœtus were beginning to descend toward the outlet, I could entertain no hope that a spontaneous righting of the position of the uterus would take place, or the child be safely born by the natural expulsive efforts, for with every pain the fundus descended, and there was reason to fear that it might be forced through the vulva, pushing before it the posterior wall of the vagina. The prospect of such a form of *prolapsed uteri* was by no means an agreeable one. As there could be no doubt of the death of the child, the thought presented itself of perforating and bringing down the head by some form of *crochet*. But no suitable instrument was at hand, and there was no time to be lost in sending for one.

In this emergency, a mode of treatment occurred to me which formed the only novelty in this case. The child's head, although the scalp was to some extent forced down behind the symphysis pubis, was still, during each pain, distinctly perceptible, through the abdominal parietes, above the pubes. I thought that, while with two fingers of the left hand in the rectum, making steady upward pressure on the fundus of the

POSITION OF THE PARTS, AND THE MODE OF TREATMENT EMPLOYED.

- A. Fundus uteri.
- B. Os uteri; child's head protruding, covered by membranes.
- C. Bladder.
- D. Rectum.
- E. Promontory of Sacrum.
- F. Symphysis Pubis.

uterus, I might be able, by counter-pressure with the right hand laid flat upon the abdomen immediately above the pubes, to rectify the malposition of the uterus. By this manipulation, persisted in for a few minutes, I succeeded beyond my hopes. I first felt the fundus recede a little, and then, almost with a bound, the uterus righted itself; the tumour of the fundus vanished from the rectum, that of the head from the hypogastrium, and, in a minute or two more, the fingers introduced into the vagina met the child's head arrived almost at the os externum. Delivery was speedily accomplished. The uterus contracted, but rather irregularly, so as to retain the placenta, which had to be removed by the hand. Regular contraction ensued, not a single unfavourable symptom succeeded, and in a few days the patient was convalescent.

There was not much to be learned of the previous history of this case. About ten weeks previously, Mrs. R. had suffered from retention of urine, with symptoms of peritonitis, and was relieved by the catheter and a few leeches. There can be no doubt that retroversion had then taken place, and continued

until, the increasing bulk of the uterus rendering its new position intolerable, it was excited to efforts prematurely to throw off its burthen. That these efforts were so long delayed, must be attributed to the capacity of the pelvis, which certainly was of more than average size. The appearance of the fœtus proved that at least six months had elapsed from conception.

Of the various modes of treating a retroverted uterus named by writers on the subject, that said by Dr. Ramsbotham (*Obstetric Medicine and Surgery*, 3rd edit., p. 629) to have been "suggested by Bellanger and Lallemand, and spoken of with praise by Boivin and Dugès," comes the nearest to that employed in this case. It is to pass a sound into the bladder, to act as a lever upon the os uteri, so as to press it down. We must agree with Dr. Ramsbotham that such a procedure is in the highest degree objectionable, from "the palpable chance of injury" to the urethra and bladder, or even to the uterus itself. To the method employed by me, the same objection cannot, I think, be made. If it do no good, the pressure of the open hand through the abdominal walls can scarcely do harm.

The proposal made by several writers, while pressing up the fundus of the uterus, with the fingers of the other hand to draw down the cervix uteri, is founded on the same principle. It is the application of a mechanical remedy to a strictly mechanical affection. The advice to use the force thus applied to the os uteri "in the most gentle manner" (Ramsbotham, *op. cit.*, p. 627) shows the dread entertained, by those who have recommended it, of possible mischief to the uterus. It may be questioned whether sufficient traction could thus be made, without inflicting serious injury. Both these recommendations show that others besides Burns (*Principles of Midwifery*, 8th ed., p. 258) have seen that in pressing on the fundus alone, "our efforts tend rather to press the os uteri farther up, than to raise the fundus into its place." It has been felt that means were wanting of causing the uterus to revolve on the centre of its long diameter.

It may be possibly said that due allowance has not, in narrating this case, been made for the rupture of the membranes which must have occurred immediately before the revolution of the uterus. In a similar case, it would probably be right to endeavour thus to reduce the bulk of the uterine mass before attempting its replacement. On this occasion, the end was doubtless attained by the additional pressure to which the ovum was subjected.

BELLADONNA IN INCONTINENCE OF URINE.

By T. T. GRIFFITH, Esq., Wrexham.

As the multiplication of successful results best substantiates the claims of any remedy to confidence, I beg to enclose for insertion the following case of long continued incontinence of urine cured by belladonna.

Master B., aged 4, of a delicate strumous constitution, had been subject since early infancy to nocturnal incontinence of urine, which the ordinary means had failed to correct. I saw him first on December 31st, 1858, and prescribed the following:—

R Extracti belladonnæ gr. iiss; alcohol 3ss; syrapi tolutani 3i; aquæ destillatæ 3v. M. Fiat mistura cujus capiat cochleare i minimum ter die.

Directions were given to take him up, late at night, and early in the morning.

The good effects of these means were soon apparent; and to make the special influence of the belladonna more clear, the complaint returned during its omission for a few days. Its good effects were, however, soon re-established, by taking it again regularly; and its use being no longer necessary, it was gradually discontinued. A week ago, I received from the little patient's father the following satisfactory report. "My little boy has quite recovered from his weakness; and if ever he does suffer from it, a single dose of the medicine quite corrects it."

DONATION OF DR. MUETTER TO THE COLLEGE OF PHYSICIANS OF PHILADELPHIA. Early in January last, Dr. T. D. Mütter perfected his agreement with the College of Physicians, by which he gives to that institution his museum, together with his plates and diagrams, to serve as a basis for the "Mütter Museum." Besides this, he endows the College with thirty thousand dollars, to defray the expenses of the museum and to establish lectureships. The College is bound, on its part, to have a fire-proof building completed within five years, for the accommodation of the collection.