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