The boy's father denied that there had been any syphilitic taint in the family; but with such teeth, together with the interstitial keratitis, there cannot be any doubt that this disease was hereditary. In fact, the case presents those features in a marked degree which were first pointed out by Mr. Hutchinson as pathognomonic of congenital syphilis.

Treatment.—On admission, he was given 5 grains of Iodide of Potassium in water three times a day, and ordered to use a Permanganate of Potash wash for the mouth. ʒjs. of Ozonic Æther was afterwards added to each dose of the mixture. The quantity of Iodide of Potassium was gradually increased till May 2nd, when the Ozonic Æther was omitted, and 25 grains of Iodide of Potassium, with 5 grains of Am. Citrate of Iron, were ordered to be given three times a day. This treatment was continued till the 25th of June, when a mixture of Tincture of Iron and Chlorate of Potash was substituted for the other. The necrosis and unhealthy ulceration had healed, leaving of course the cavities in the soft and hard palate; the corneæ were clearer, the sight much improved, and the patient expressed himself as never having felt so well in health as at present.

It is worthy of remark that the best results followed the large doses of the Iodide, and no inconvenience was at any time occasioned by its use.

In July he left the hospital, and was told to present himself again in six months.

ON DISPLACEMENTS OF THE UTERUS.

By W. V. Jakins, L.R.C.P. Edin., &c., Fell. Obstet. Soc. Lond.

The extreme frequency of uterine displacements, leads me to offer for your pages a few clinical remarks. As a matter of experience, I find that nearly all cases can be greatly relieved and the majority cured, and that chiefly by mechanical treatment, to the exclusion of all surgical operations. In uterine displacements, I include retro-flexion, ante-flexion, and latero-flexion; as well as retro-version, ante-version, and latero-version; and also prolapsus in all degrees.

The causes of displacement are chiefly, over-straining the body by reaching too high, making a false step, holding the urine for too long a time, and straining in passing a constipated motion.

I find that women are most liable to these affections during or just after the catamenial period, in the early months of pregnancy, and in the few weeks succeeding delivery.

Too much stress cannot be laid upon the subject of diagnosis. In these remarks I eliminate all cases in which a tumour is the cause of the displacement, and confine myself to that which is the rule—simple displacement. The most common form that has presented itself to me is slight prolapsus, descending nearly to the vulva. Then comes prolapsus externally, generally of some years' duration. Ante-version to a small extent is very frequent, and is usually complicated with descent of the bladder, sometimes to the

size of a hen's egg externally. Latero-version is the cause of many of the milder symptoms which we refer to the uterus; it most commonly occurs on the left side. Next in order comes retro-version, a complaint generally of some years' standing. Of the flexions, I have most frequently met with retro-flexion; occasionally I see a case of ante-flexion, and rarely latero-flexion.

The general symptoms of prolapsus are: a feeling of weight and bearing down in the vagina; vague pains in the lower part of the back and abdomen and thighs; after micturition a desire to urinate, as if the bladder were not thoroughly emptied, only to be accomplished in some cases by kneeling, with the hips high and the shoulders low, and, in extreme cases, upward pressure of the prolapsus is also necessary.

Sometimes the posterior wall of the vagina comes down as a swelling, just behind the uterus. In old cases I have met with prolapse of the rectum with the uterus.

When prolapsus is of long duration, and external, its surface becomes rough and dry, like the palm of the hand. It is to be distinguished from tumours by the position of the os tincæ.

Retroversion causes difficulty in passing a stool, and inability to hold the urine beyond a limited time and amount; the fundus of the uterus may be felt with one finger in the rectum, while the os is felt (with a finger of the other hand) tilted up behind the os pubis. In retro-flexion the difficulty in passing a stool is usually greater than in retro-version. The inability to hold the urine is commonly absent, and the os uteri is felt almost in its natural position; moreover, the uterine sound cannot be passed to the fundus. In both, flexion and version sacral pains are predominant. Ante-flexion gives rise to frequent micturition, from the bladder being encroached upon; the uterine sound passes but a short distance; the position of the os is not usually altered, and the pains in the lower half of the abdomen are apt to be severe even in coughing, or on slight exertion. The pains in ante-version are less severe; the bladder symptoms are but slightly marked, or are altogether absent; the os is thrown backwards upon the rectum, and the sound can be passed with difficulty. Latero-flexion I have found but seldom; it being impossible to pass the sound beyond a short distance in an otherwise open cervical canal, is the only point in which it appears to differ from latero-version, in which the sound proceeds to the fundus, with the concavity of the instrument towards the side. In ante-version, the sound goes with the concavity forwards so much that the handle has generally to touch the rectum. In retro-version, the concavity is to be directed markedly backwards, and the handle forwards.

In all cases of displacement, I find it necessary to thoroughly examine the uterus internally and externally, also the vagina and the abdomen. The existence of a tumour being excluded, many hints for treatment are suggested, especially by the condition of the vagina; part or a whole ring of the circumference of the canal may descend; a spot or two of neuralgic tenderness may be found; the sacro-sciatic ligaments may be relaxed, or the perinæum may

be ruptured. Occasionally, troublesome shifting pains, affecting the top of the head, clavicles, or abdomen, may be the only indications to lead one to suspect uterine displacement. A case in point will serve wherewith to conclude the present paper :—

In July, 1871, I was called to see a lady aged 32 years, the mother of several children, the eldest 16 years old and the youngest 5 years. She was complaining of abdominal pains, with slight diarrhœa, the catamenia being normal. Under ordinary treatment, in a few days, she recovered. Shortly afterwards I again saw her for pains about the clavicles, sore throat, a little difficulty in swallowing, and a heavy fixed pain in the top of the head. Every few months, for some years, she had been troubled with these attacks, the duration of each attack varying from a fortnight to three months, and it seemed to be but little affected by treatment. Her complaint had been called "disordered liver," "indigestion," "rheumatism," &c. &c. During one attack the solid nitrate of silver had been freely applied to the fauces; in another ulceration of the os uteri had been treated in like manner; still her health did not improve, and she was frequently confined to bed for days together. With this history, I determined to examine the uterus. By touch, I found a long cervix, no roughness nor tenderness, which might have led one to suspect ulceration. I was unable to pass the sound beyond an inch and a quarter. After dilating with a small sponge tent, the sound went in with its concavity to the left and backwards to the extent of three and a half inches. I diagnosed mixed retro- and latero-flexion, and fitted her with a Graily Hewitt's gutta percha ring pessary, moulded to the condition of the parts. This enabled her to leave her bed, and take moderate walking exercise. After a time she began to relapse, with her old symptoms, although not in their former severity. Other pessaries were used, with but temporary relief, until a long Wright's spring intra-uterine stem was introduced; and this she still wears. She has not enjoyed such health for ten years, and is able to go about like other folks.

Ballarat, August 1873.

A CASE OF UNAVOIDABLE HÆMORRHAGE SUCCESSFULLY TREATED BY CHLORAL HYDRATE.

By JOHN WARNOCK, L.K.Q.C.P.I., L.R.C.S.I. and L.M.
Physician to the Richmond Dispensary.

Mrs. S. was taken suddenly with faintness and flooding, and I was urgently requested to visit her without delay. On my arrival there was not much external loss, nor had there been; the clothing was well saturated, but it was not of that bright character that one usually meets with in other cases of hæmorrhage of another class, nor were there any clots in the bed; (a chamber utensil had not been used).

Mrs. S. was 38 years of age, in her eighth month, with her eighth child. All her former labours had been favourable. On