value and importance of those which have already been recorded there cannot be the slightest doubt.

I may be allowed, perhaps, without being accused of impertinence, to make a suggestion. A microscopical society has just been formed in Melbourne. Could that society, or at least the medical members, have a more important, interesting, or difficult subject to take up than this? They might confirm or contradict emphatically some of the observations and experiments referred to above, and in general try to settle such points as these: 1. Do the pseudo-membranes in cases of diphtheria invariably contain one or more specific forms of fungoid growths? 2. If so, are they the cause of the formation of the pseudo-membrane and of the alterations in subjacent and contiguous structures, or do they merely find in an inflammatory exudation a favourable soil for their growth and development? 3. Can they be traced from the ordinary seat of the local disease, in the throat, into the blood, and from it again into the internal organs, and especially the kidneys and spleen?

In conclusion, I must state that the materials for preparing this paper have been found in great measure in several reports and articles in *Schmidt's Jahrbücher* for 1871-73.

Warrnambool, 8th October, 1873.

ON DISPLACEMENTS OF THE UTERUS.

By W. V. JAKINS, L.R.C.P. Ed., &c., F.O.S. Lon.

(*Continued.*)

In the August number of *The Australian Medical Journal*, I offered a few clinical remarks on the varieties, causes, and diagnosis of displacements of the uterus. I now purpose going more into detail on the prognosis of displacements, those in which there is no complication, as by the existence of a tumour. The question is often put in a given case—Can you do me any good? and—Is it likely to return again? As a general rule all cases can be relieved, and the majority cured. The prospects of the return of the complaint depend on common care being used in carrying out directions for the prevention of such returns. As a matter of practice I find that these directions are successfully acted upon, and that relapses are very infrequent. In simple *prolapsus* of the uterus, neither the age of the patient, nor the duration of the complaint, seem much to influence the restoration to health. Cases of external prolapsus of twenty-five years' standing, seem to recover as well as those a few months old, and frequently better; for in recent cases there is often much irritability of the vagina, which requires considerable care and nicety in the selection and adjustment of proper support. Generally speaking these recent cases occur after a severe confinement, and many are curable by rest alone. Those of long standing are most commonly of twenty to twenty-five years duration. One patient of seventy-three years of age had suffered from

external prolapsus for fifty-three years. I found nearly the whole of the uterus, and about three inches of the rectum, prolapsed. She told me that the womb had been outside for more than twenty years, and that many doctors had tried to put it back, but could not. There was no obstacle to its replacement. A Swanke's screw-pessary kept them both in position, enabling her to spend the remainder of her days in comparative ease. Elongation of the cervix is often a source of difficulty in the cure of prolapsus. The existence of adhesions of moderate tensity, does not of necessity prevent the successful use of mechanical appliances. Firm adhesions of course resist all mechanical support, and when occurring with an elongated cervix, can only be dealt with by amputation of the cervix, as high up as possible. Cystocele, a very common complication of prolapsus in Ballaarat, is frequently very troublesome to relieve. In one case that occurred to me, the patient was three months pregnant, and it descended externally to the size of a hen's egg. The os was within the vulva. A gutta-percha ring pessary was sufficient to reduce the cystocele. It was replaced three days after the confinement, being worn during the remainder of the pregnancy, and for about three months afterwards, when she declared herself well. Constipated bowels, or rather obstipation, proves a difficulty in sustaining a prolapsed uterus, very slight pressure so frequently inducing pain and ulceration.

Neuralgic tenderness, especially over the ischial spines, is another obstacle in affording mechanical support. There is a peculiarity here in Ballarat in my experience in the use of pessaries. All authorities say, never use them in gestation. Now, I frequently use them in pregnancy, alone and in all stages, and always without ill effects. Prolapsus in the early months and cystocele in the later months are not uncommon. The instruments can be worn to the birth of the child. One patient whom I have attended at her last three confinements, never wears an instrument at any other time save when she is four to five months pregnant. For the cure of prolapsus an instrument is required to be worn for from two to twelve months, and, generally speaking, there is no necessity for avoiding household duties.

The prognosis of retroflexion is decidedly bad, the longer it has continued. The bent under-portion seems to become atrophied, so that even if the organ be placed in proper position, the thus-weakened part is unable to bear the superincumbent weight; nevertheless, if a stem-pessary can be borne a cure may be effected. In retroversion, the prognosis is more hopeful, as there is no atrophy of part of the cervix; moreover, the under part of the fundus can be mechanically supported, or the cervix may have pressure applied against it anteriorly, thus tilting up the entire organ by making a lever of the cervix. Nature sometimes assists in retroversion; when a full-term pregnancy may cure the patient; nevertheless, I fear adhesions are more common in retroversion than in the flexion. Of course, in retroflexion conception is uncommon; and, if pregnancy should occur, an abortion usually follows. In anteflexion,

the bend is not usually so marked as in retroflexion, and the prognosis, therefore, better. A pubic belt, such as Hall's is of great service ; but a stem-pessary is also necessary. Hall's, pubic belt is frequently sufficient of itself for the permanent relief of anteversion ; the same principles of treatment by pessaries are applicable as in retro-version. Concerning latero-flexions, the bend is to be treated as in the other flexions ; and, perhaps, generally with better prospects of success, as the bend is not usually so severe. The remarks on retro and ante-versions apply equally to latero-versions, save that the difficulty of giving the mechanical support is very much greater. A comfortable and equable side support I find much less easy to effect than where pressure is required, either anteriorly or posteriorly. There seems much less tolerance of pressure ; tenderness and ulceration are very easily induced, and the instrument is very liable to slip out of position. In flexions and versions generally, mechanical support has to be supplied, as a rule, for a longer term than in prolapsus ; they are also more liable to return. They occur in the unmarried occasionally, and at all ages. A very bad case of retroversion I met with in 1867, in a young girl of 15. It resulted from carrying a heavy weight at a menstrual period, when the catamenia were somewhat unusually profuse. Her sufferings were very severe, but were much relieved by re-position of the organ, with one index-finger in the rectum, and the other pressing on the anterior part of the cervix ; the patient being on her knees with her shoulders lowered. Rest in bed in the prone and lateral positions for some weeks was sufficient for her recovery. I saw her a few weeks since. She was nursing her first child, nine months old, and complained that some three months ago she had a heavy fall, when something like her old symptoms came back again. On examination, the fundus was felt dipping towards the rectum, and the os prolapsing towards the vulva. A Greenhalgh's india-rubber pessary gave her instant relief. She is now in good health. At some future time I may give my experience on the mechanical treatment of displacements.

Ballarat, October 1873.

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THE SPECIFIC FOR DIPHTHERIA.

The Greathead Diphtheria Specific has found many believers, and, as a matter of course, has worked many cures. No specific was ever proclaimed which did not work cures. The days of miracles are not passed, and perhaps never will be. The bones of saints have now, as they had in the middle ages, therapeutic virtues. The Royal Touch healed the thousands who believed it would heal them. So