

could be discovered. The uterus itself was not larger than natural, and examination by rectum and with a catheter in the bladder, did not disclose any increase of size. It was moveable and not painful on pressure.

It was not difficult to account for the want of a uterine tumour, for the anæmic condition of the patient, and her excessive debility, easily explained why the menstrual fluid had not been formed in any considerable quantity for several months previous.

The general treatment consisted in the employment of blue pill in small doses, combined with hyoscyamus and rhubarb; the application of a sinapism for about fifteen minutes over the inguinal region, and repeated every four hours. This plan of counter-irritation was continued for several days, and was productive of much relief; rest in the horizontal position was also enjoined. Under this plan of treatment, followed by tonics and chalybeates, the general health became much improved, and the inguinal tumour disappeared, yet distressing bearing down pains occasionally tormented her, particularly at night, for the relief of which, she was obliged to use morphine and æther. I now determined to remove the obstruction that existed at the entrance of the womb, but difficulties presented themselves, which were however successfully overcome by the following measures. I need not point out to the reader that the plan recommended by some writers, of plunging a trocar into the womb, without considering whether it follows the natural canal, and merely enters the womb at any part, was not applicable to this case, because there was no evidence of enlargement to justify such a course, and the mobility of the organ would have rendered such an operation difficult as well as extremely dangerous, and I am quite certain that such a procedure can give only temporary relief, and that unless the mouth of the womb be discovered and opened, and the natural passage from the vagina to the body of the womb be restored, the future accumulation of the menses cannot be prevented, nor pregnancy be rendered probable, and consequently the future condition of the womb must soon resemble its present state. The following plan was therefore adopted:—After careful examination, the cervix was engaged in a cylindrical speculum, a central spot was ascertained, which as it afforded less resistance to the pressure of a fine probe, was presumed to indicate the original situation of the os; around this some cerate was painted, leaving a circular space about the size of a split pea uncovered by the ointment; to this was applied a piece of wood sharpened like a pencil, and which had been dipped in potassa fusa, rendered deliquescent by exposure to the air. The piece of wood was retained firmly pressed against the membrane for a short time and then withdrawn. A sponge charged with vinegar was freely applied, so as to neutralize the alkali, and prevent its destructive action extending beyond the limits proposed.* In a few days a small slough fell out, but the canal was not yet reached. The operation was repeated, and after a few days

* It is to Dr. Henry Howard the oculist and aurist, that I am indebted for this method of applying potassa fusa. He told me he had frequently applied it in this manner to granulations of the membrana tympani, and having always poured vinegar on the eschared surface, had never remarked the action of the remedy to extend beyond the surface, brought intentionally into contact with it.