

ing. But the ball could not be found. Three weeks later the wounds having healed, upon examining the part, I again felt the ball in the old situation: although a few days before it was not there. The following day I pressed the ball outside the bone and readily removed it by incision. It was a small conical bullet with the point slightly turned and flattened by striking the upper jaw where it entered. Upon examination, I found that with the mouth open it was possible for the ball to have passed inside the lower jaw to the point where it was found. The mysterious disappearance of the body at the first operation, can only be accounted for by supposing that the violent contraction of the muscles during vomiting removed it to a point beyond the reach of the finger.

The wound of the face made by the ball was treated by applying a poultice for a day or two, and then water dressing. The wound healed without a drop of pus forming and with but little watery discharge. This would have been a striking proof of the astonishing value of antiseptic gauze, and application of germicides, had I not omitted to employ them.

HYPERPLASIA OF THE UTERUS, WITH CASES AND TREATMENT.

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CASE I.—Mrs. A. F., aged forty-two years, a large-framed woman, naturally very robust; prior to her present illness had enjoyed excellent health, but now presents a blanched and exsanguine appearance—is much prostrated by long continued uterine disorder; she is the mother of three children the youngest of them is nine years old; from the birth of this child she dates the commencement of her present malady.

The patient states that she had a miscarriage five years ago, which added to her trouble, for soon after this event menstruation became excessive and irregular—with occasional discharges of blood in the intervals, rendering her very anæmic. This irregular flow continued for three years, until December, 1876—when the loss became almost constant, the recumbent position had to be observed to avoid continued hemorrhage. This condition persisted for the following seven months, confining Mrs. F. to her bedroom. The patient during this period had the attendance and advice of four different medical gentlemen, who mostly prescribed tonics, anodynes and astringents, but she received scarcely any local treatment. However in July, 1877, the discharge somewhat lessened till near the end of December when it again increased. The oozing of blood tho' not profuse was constant, and the patient now became much exhausted. In this unpromising condition I first saw her on January 30th 1878 after her long affliction of above five years duration.

Having introduced a large vaginal speculum, a fungoid growth of about eight lines long was seen to project from between the lips of the os externum: this I found to be attached for about the same distance to the floor of the cervical canal within the orifice. I excised the little fungus—the bleeding soon ceased—applied acid nitrate of mercury twice, and there was no return of the growth. In consequence of the anemic and exhausted condition of the woman an intra-uterine examination was deferred—generous and nourishing diet was ordered, and injections of tannic acid and alum were used twice daily, from which considerable benefit was derived. Unavoidable circumstances prevented me from seeing Mrs. F. again until April 3rd, when I found that hemorrhage had recommenced, the seat of the fungoid growth had quite healed over, and a proper examination was now obtained. Laminaria tents were employed for two days, but in consequence of the tense and thickened state of the upper part of the cervix the finger could only be passed just sufficiently above the inner os to discover that a granular state of the mucous membrane of the uterine cavity existed; small doses of fluid extract of ergot were now ordered to be taken three times a day. The uterine cavity was carefully mopped with strong nitric acid by means of cotton wool swabs passed through small glass canulas every third or fourth day until four dressings had been applied, without however materially diminishing the sanguineous flow. Two weeks after this, thirty grains of the sulphate of zinc were passed up through a glass tube well into the fundus and allowed to remain there, only causing a slight uneasiness for about half an hour. In a few days the womb was well wiped out with dry cotton swabs and twenty-five grains of the nitrate of silver introduced and left in the cavity to dissolve; this caused a moderate amount of pain for nearly two hours—