

eschar, one should detach it, and dust the wound with powdered camphor.

Now, for the leucorrhea produced by scrofula and herpetism, we must administer internally cod-liver oil and syrup of arseniate of soda. In these cases we ought to prescribe baths containing carbonate of soda, sulphurous or sublimate baths, lotions of sublimate, of coal-tar saponine, of carbolic acid, and if the disease resists, paintings with solution of nitrate of silver. The leucorrhea never resists these combined measures, and the combination of internal and external treatment which I have mentioned suffices to triumph over this disease."—*Annales de Gynécologie*, Mai, 1874.

THE STRUCTURE OF THE MUCOUS MEMBRANE OF THE UTERUS AND ITS PERIODICAL CHANGES.

By JOHN WILLIAMS, M.D., Lond., Assistant Obstetric Physician to University College Hospital.

The paper consists of observations made on the uteri of nine women who had died in different stages of the monthly period.

In two of the uteri the menstrual flow had almost ceased, and the mucous membrane was wanting in the bodies of the organs. The muscular fibre-cells were more or less exposed in the cavity, and the meshes formed by their bundles contained glands and groups of round cells.

In one uterus menstruation had ceased three days before death, and the muscular fibres were not exposed in the cavity of the organ, but imposed upon them was a layer of tissue composed of fusiform and round cells. This tissue contained glands. The muscular tissue near the internal orifice was devoid of glands, but nearer the fundus it contained numerous glands.

In one uterus, in which the catamenial flow had ceased probably about a fortnight before death, the layer of superficial tissue was thicker than in the last; and near the internal orifice there was a marked and abrupt distinction between it and the subjacent muscular tissue.

In one uterus the flow had ceased three weeks before death, and the superficial layer was still thicker; and the distinction between it and the subjacent muscular layer was well marked, except at the fundus. The uterine glands were tubular, and arranged in some parts obliquely, in others perpendicularly to the surface. They were lined by columnar ciliated epithelium.

In two uteri menstruation was imminent, but the flow had not begun. In these the mucous membrane of the body of the uterus was fully developed, and had begun to undergo fatty degeneration. There was a marked distinction between it and the muscular tissue throughout the uterine cavity; it was highly congested.

In one uterus the menstrual flow had taken place for one day, and in another for two or three days before death. In these there was extravasation of blood into the mucous membrane, and the latter had in part been disintegrated and removed.

Menstruation appears essentially to consist not in

a congestion or a species of erection, but in growth and rapid decay of the mucous membrane. The menstrual discharge consists chiefly of blood and of the debris of the mucous membrane of the body of the uterus. The source of the hemorrhage is the vessels of the body of the uterus. The mucous membrane having undergone fatty degeneration, blood becomes extravasated into its substance; then the membrane undergoes rapid disintegration, and is entirely carried away with the menstrual discharge. A new mucous membrane is then developed by proliferation of the inner layer of the uterine wall, the muscular tissue producing fusiform cells, and the groups of round cells enclosed in the meshes of the muscular bundles producing the columnar epithelium of the glands.—*Obstetrical Journal*.

LAMBERT H. ORMSBY,

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ON CHRONIC RHEUMATIC ARTHRITIS OF HIP-JOINT.

This is a disease that produces at times great deformity in this joint. It has, as is well known, been first accurately described by two Irish surgeons, Mr. Robert Adams, of Dublin, and by the late Professor R. W. Smith; it was formerly called chronic rheumatism of the hip-joint, then morbus coxæ senilis; but the first-named seems to be the generally accepted term in the present day to denote this peculiar disease. Mr. Adams says, as to the cause of this chronic disease of the hip joint he believes little is known. We have heard it frequently attributed to the effects of cold and wet, and an acute attack of rheumatic arthritis of the hip-joint produced by cold we can easily conceive may occasionally merge into the chronic affection we wish to describe. We have also reason to think that falls upon the greater trochanter have given rise to the first symptoms of this disease, but in many cases no satisfactory cause can be assigned by the patient for the origin of the affection.

Symptoms.—It generally occurs in those advanced in life, over 50, but may arise sooner—between the ages of 50 and 70, the most common. I have seen it more in men. One hip or both may be effected, also other joints in the body. It commences by the patient complaining of great stiffness in the joint, and about the greater trochanter a dull boring pain is felt, extending down the front of thigh to knee; the stiffness is most felt in the morning; if the patient has walked much in the day the stiffness and pain are severe in the evening; there is a limitation in the range of motion, pain is felt when the patient places full weight on the affected joint, but when the surgeon presses the head of the bone up against the acetabulum no appreciable pain is experienced, the limb is shortened for about two or three inches, which varies in different subjects, but it is more apparent than real, owing to the obliquity of the pelvis, the nates is flat on the affected side, and the muscle appears wasted. When the joint is rotated, crepitus, owing to the grating, can be heard occasionally. A