

and thorax, and pushed the body of the child upwards and to the left side; in consequence of which the head was brought near the axis or pelvis. He then relinquished his hold of the body and grasped the occiput—bringing it down so as to enable the head to engage.—*Western Lancet.*

*Medical Society of London.*—Dr. HENRY BENNET read a paper on the *Diagnosis of Inflammatory Diseases of the Cervix Uteri, and on the use of Potassa Fusa or Potassa cum Calce in their Treatment.*—The mucous membrane lining the cervix uteri and its cavity, a highly organized membrane, and one abundantly supplied with mucous follicles, was extremely liable to inflammation and ulceration. The slighter and more fugitive forms of inflammation to which this mucous surface was liable, no doubt gave rise only to slight and fugitive symptoms, and were consequently scarcely ever seen by observers who, like himself, never even thought of bringing the organs in question into view unless the local symptoms were intense, or, being slight, were intractable to ordinary treatment, and connected with equally intractable general symptoms. Owing, no doubt, in a great measure, to the circumstances of the molimen hæmorrhagicum of menstruation generally aggravating and feeding the diseased condition, inflammation in this region, however, too slight in the first instance to be noticed, often became confirmed, and ended in ulceration, when a host of decided local and general symptoms usually appeared. The tendency of confirmed inflammation of this mucous membrane to end in ulceration was so great, that out of 243 cases of inflammation, attended with decided uterine symptoms, treated by him at the Western General Dispensary, in 222 slight or severe ulceration was present. The local symptoms were, pains in the lumbo-sacral, ovarian, hypogastric, and inguinal regions, as also pains down the thighs and legs; sensations of weight and bearing-down, accompanied by more or less difficulty in standing and moving; derangement in the menstrual function, assuming the form of dysmenorrhœa, menorrhagia, amenorrhœa; vaginal discharges; constipation or diarrhœa; irritability of the bladder, &c. The general symptoms

were principally dispeptic, neuralgic, and hysterical conditions, entailing, secondarily, defective general nutrition, and consequent debility and anæmia. When all, or nearly all, the local symptoms enumerated existed, the examination of the uterine organs was at once indicated and sanctioned, as it was all but certain, not only that disease existed, but that it was of long standing, and had produced structural changes which could only be remedied by local surgical treatment. If one local symptom was present but in a marked and constant manner, with or without general symptoms, the existence of disease was very probable, but no examination was warranted until ample local means, such as injections and proper general treatment, had been tried. Lastly, the mere existence of disordered general health, of depraved functional activity, of dyspepsia, hysteria, anæmia, &c., in the absence of uterine symptoms, was no proof whatever of the presence of uterine disease; although the lengthened duration of these conditions, and their proving intractable to the usual treatment, ought to lead us to minutely scrutinize *verbally* the state of the uterine functions. By thus minutely weighing the symptoms, general and local, and by submitting *doubtful* obscure cases to the test of general and non-surgical local treatment, a conscientious and scrupulous practitioner need seldom, if ever, make an unnecessary physical examination. Even when such an examination was deemed advisable, the use of the speculum ought never to be thought of until a careful digital investigation had confirmed its necessity. The morbid conditions of the body of the uterus, as to size and position, could only be recognised by the finger, the speculum giving no information, and the finger of the practitioner, with whom it had been educated by the eye, was also the safest guide as to the necessity for further examination. If the os was found open, so as to admit one or two fingers, or even the tip of one finger; if the cervix was enlarged and indurated; or of its surface was velvety and soft, the use of the speculum was indicated. The open state of the os was a very valuable symptom, as it was nearly always the evidence of ulceration occupying the surface, or of inflammation penetrating the cavity of the os uteri. If a speculum examination was