

ganglia there were found to be engorged. This, which was attributed to the irritation produced by leech-bites, was supposed to be the cause of the pain in the groin; but the next day, the peculiar position of the patient struck M. Nélaton, and an effusion of liquid was found in the hip-joint. This was greatly benefited by a dozen cups, applied in the neighbourhood of the great trochanter. After remaining nearly a month in the wards, his articulations in about the same condition, but his general health becoming worse, the man complained of pain alongside of the sternum, at about the level of the third intercostal space. There was a projection there as of abscess with an acute march. Examining, in order to determine if it came from the interior of the chest, it was evident that the greater portion of the tumour was enclosed therein. It was believed to be an abscess formed in the cellular tissue of the mediastinum. Afterwards, there was some doubt as to whether the tumour might not be an encephaloid cancer; when the hand was placed upon it, it could be felt to beat; it was pulsating and fluctuating. M. Nélaton said that it reminded him exactly of the case of Bérard, junior.

The friends of this patient unfortunately removed him from the wards, so that no examination of the body could be made after death."

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ART. XIX.—*Complete Inversion of the Uterus; with Laceration of the Vagina.* By CHAS. R. POTTS, Shannonville.

A rather unusual case of complete inversion of the uterus, with laceration of the anterior wall of the vagina, occurred in my practice a few months ago, to which I purpose drawing the attention of the profession through the medium of your journal.

September 15, 1858, I was called to attend a Mrs. K., who lives at a distance of 14 miles from my residence. She had been delivered of a child at 11 a.m., but as the midwife sent me word there was something wrong (it was the first confinement), I found a young, strong, and previously healthy woman, a little above the medium size. She was free from any absolute pain; but was suffering from a distressing feeling of vacuity in the lower part of the abdominal cavity, or, as she expressed it, she felt as though some of her insides had been taken out. The placenta had not been removed; but the old midwife, a Mrs. Osborne, had torn the umbilical cord away. There was no flooding. Her pulse was weak and fast, 130. Upon placing my hand above the os pubis, I could detect no tumour beneath the abdominal parietes. I proceeded with the examination of her vagina. I found a large fibrous tumour completely filling the cavity of the pelvis. Upon enquiring of the women present, I was told that immediately after the child was born, the midwife commenced pulling forcibly on the cord, and even jerked, which, as they