up, under the promontory of the sacrum, and generally pointing backwards.

2nd. In front of os uteri the vaginal wall will be felt tense and stretched, and through it the rounded mass of the uterus can be made out.

3rd. By combined vaginal and abdominal examination, the fundus uteri can be felt above or behind the symphysis pubes.

The sound will also give diagnostic signs, but it must not be used if pregnancy is present.

Treatment.—Some mechanical support is necessary to keep the uterus in its normal situation. The sound will rectify the displacement, but it usually quickly returns to its malposition without a support. When the abdomen is very prominent a good abdominal belt is indicated. (*Vide* Nos. 1, 2, 3, "Remarks on Displacements in General.")

Anteflexion of the Uterus.

Symptoms.—(Vide No. 4-8, "Remarks on Displacements in General.")

Treatment.—The rectification of the anteflexed uterus is more difficult than that of the anteverted one. It is most important that the fundus should be raised to its normal position and retained in it. The former can generally be easily effected by means of the uterine sound, but the latter is a matter of much difficulty. A stem-pessary, when it can be borne, often accomplishes the latter purpose. When the abdominal walls are very flaccid, a good belt ought to be worn. (*Vide* Nos. 1, 2, 3, 7, "Remarks on Displacements in General.")

Prolapsus Uteri, or downward displacement of the uterus. There are different degrees of descent of the womb. The minor degrees, in which the uterus only drops in the vagina, are usually distinguished as prolapsus; whilst the extreme ones, in which the uterus passes forth through the vulva, bear the name of procidentia. In a large proportion of cases of prolapsus the history is a continuous one, beginning with labor, and marked successively by uterine engorgement, subinvolution, inflammation, prolapsus, retroversion, and hypertrophy.

Prolapsus is called acute when it is produced suddenly, as by violent coughing, from a fall, &c.

Causes.—Especially those enumerated under Nos. 1, 2, 3, and 5, "Causes of Displacements in General." In a large majority of cases, this displacement is associated with elongation of the supra-vaginal cervix.

Symptoms.—They vary much in different cases, and in aggravated examples there may be much suffering. Dragging pain in the back, hypogastrium and groins. is generally present, as well as a sense of bearing down. Micturition and defœcation are difficult. Menorrhagia may exist, and there is nearly always leucorrhœa. In cases of old standing, when the prolapse is complete, the mass hanging outside the vulva is frequently enormous; in them the surface of the tumor is covered with patches of ulceration, while the mucous membrane of the vagina is so altered by exposure and the effects of friction as to resemble true skin.

Treatment.—Prolapse is always a very troublesome affection, the tendency of which is to become slowly worse. The prolapse can usually be replaced by manual treatment, the patient being placed in the horizontal position. In favorable cases, if reposition is followed by prolonged rest, a cure may result: but generally some kind of pessary is necessary to retain the uterus in its proper position. Astringent injections must be used if the vagina is relaxed. Operative measures are often necessary in this displacement, but palliative treatment should always first be tried. Much can be done by postural treatment, by astringent injections, and by the judicious use of pessaries. For an irreducible procidentia, the only available treatment is a suspensory bandage, which may support, and by gradual pressure eventually diminish, the displaced mass. When the perineum is much relaxed, or if it has been lacerated from parturition, it will be necessary to narrow the vagina. In these cases a V-shaped portion of the mucous membrane of the anterior vaginal wall must be removed on Sim's plan. If there is considerable elongation of the cervix uteri, amputation of the cervix is indicated. This is not a difficult operation, and is best performed by means of the ecraseur, care being taken not to remove any portion of the vaginal wall. When there is considerable rectocele, with impairment of the perineum, the perineal operation, or posterior colporrhaphy, must be performed. — *London Hospital Gazette.*

ELIXIR CHLOROFORMI COMPOSITUS.

By W. F. McNutt, M.D., L.R.C.L., Etc., Etc., Etc., Professor Principles and Practice of Medicine, University of California.

I have been in the habit for several years of prescribing Collis Browne's chlorodyne, in certain cases of asthma, colic, diarrhœa, neuralgia, rheumatism, hysteria, etc. It has seldom failed to be of some benefit, and often acted like a charm; in fact, I found it a most excellent and reliable anodyne, antispasmodic and sedative.

On account of several objections to its use, I have, after a great deal of experimentation, adopted the following formula as a substitute for chlorodyne, viz.:

℞	Morp. mur.....	gr. ½
	Chloral hyd.....	
	Chloroform.....	aa ʒ ss.
	Tinct. cinnab. ind.....	
	Tinct. capsici.....	
	Acid hydrocyan. dil.....	aa M xx.
	Spt. menth. pip.....	M x.
	Syr. sassafras co. *ad*.....	℥ j.

Dose—ʒ j.

This I have named elixir chloroformi compositus, and can heartily recommend it to those who have been in the habit of using chlorodyne. To those who have never used chlorodyne I may say that they will find elix. chlorof. comp. a most efficient