

I had some trouble in taking away a caoutchouc pessary, which had become hard from the calcareous deposit of eight or nine years, it never having been removed during the whole of that time; but on making some severe remark to the woman on her neglect, she simply replied, that the comfort she had derived for the years she had worn it, far outweighed any suffering she had latterly endured. She went out of the hospital quite recovered in a few weeks, and never afterwards, at least to my knowledge, had a return of the proclitidia. I scarcely know any cases where irritation of the bladder, stranguary, or constipation, have remained beyond the first fortnight after introduction, if excessive exertion and errors of diet have been avoided. There are examples where, after replacing the parts and introducing a pessary, excitement, pain, and fever run so high, that abdominal inflammation may be feared. In such, probably, the mischief is more consequent on the reposition than on the pessary; but be this as it may, the instrument should be removed, and the uterus permitted again to come down. Bleeding from the arm, fomentations, poultices, leeches to the abdomen, purging may be required; and for some days or weeks the attempt ought not to be repeated. If the pulse again rises, and the same evils are threatened, the reposition will be frustrated, and such a case may be one in which the uterus must remain proclitid. Laceration of the perineum certainly prevents the beneficial employment of the common pessary; but I cannot conceive why such an exception should be taken. These lacerations are happily exceedingly rare;—as compared with proclitidia of the uterus the proportion must be small indeed; and it certainly cannot be fairly objected to any instrument, that it is not applicable to cases for which it was not designed. The circular ring pessary, the one in most general use, was intended to rest on the flooring of the vagina. Without such a foundation it cannot be employed, and this very flooring is often entirely destroyed by laceration of the perineum.

Dr. Hamilton lastly asserts, "that pessaries subject the patient to the charge of medical attendant for life." Is not this contradicted by every day's experience? Women take out, wash, and replace the pessaries themselves. I have known many who do this, and who only apply to their medical attendant in some unusual emergency, or when they think the size of the support requires diminution. The pessary is certainly not a perfect instrument; but how rarely, in the treatment of diseases, have we the choice of remedies so good as to be without some imperfections. Does it not much more frequently happen that our choice is limited? Proclitidia is an evil; the wearing of a pessary is an evil also; but it does not require any great discrimination to perceive, or errand to acknowledge, that the greater evil by far is the proclitidia; and that the lesser evils of the pessary are merged in the benefits it so constantly confers.

A good pessary should be light, hard, and smooth, and so accurately adapted to the size of the vagina, that whilst it supports the uterus, it should produce neither pressure nor abrasion, and certainly not interrupt the evacuations of the bladder or rectum.

To fulfil these conditions, the ingenuity of medical men has been largely taxed, and many pages would be required for a summary only of their various inventions. Gold, silver, lead, iron, sponge, cork, elastic gum, and boxwood, have all been used. The last is by far the best material, as it is light, and yet of hard texture, and so close in its grain, that it is not acted on by the discharges; being also, when well polished, perfectly smooth.

The circular boxwood, or ring pessary, is that in most common use. Its edges are round and smooth, with a central aperture for the tip of the finger to alter its positions or to assist in its removal, and to permit the escape of any natural or morbid discharges. In the construction of this form, care should be taken that the outer margin is tolerably thick, by which better support is afforded to the uterus, and there is less risk of any injurious pressure or abrasion of the inner surface of the vagina. It is also of still greater importance, that the central hole be not too large. A small aperture will suffice for the purpose already mentioned; a larger one will allow the entrance and strangulation of the os and cervix,—an accident exceedingly painful to the patient, and perplexing to the practitioner. In a case lately, I had to scarify freely before the cervix could be set at liberty. It is probable, that many of the cases of inflammation, ulceration, or gangrene, have had such an origin. But this could never happen, if, instead of an aperture large enough for the thumb, as it often is, there be one so small as to admit only the tip of the fore finger. Laundry has for many years made all the pessaries used at Guy's

this principle. It is rare to hear any complaints of this pessary, when it has been of right size, and properly introduced; for, although I have tried every kind of abdominotonic supporter, Hamilton's, Hull's, and several others, yet I find that patients give the preference to this simple, cheaper, and generally more efficient support. The perineal pad, the distinguishing feature of these more elaborate contrivances, is not without its disadvantage. I have one patient who never has the bowels relieved without removing the 'supporter,' and latterly, she has discontinued it altogether, because it produced great irritation and pressure about the valve and rectum. She now wears a common circular boxwood pessary. Women, who can themselves remove and re-introduce it, support, ought to be supplied with some of the same, and of lesser size, never using a pessary for a second time. If the assistance of a medical man is required, once in three, four, or six months will suffice, although, of course, exigencies may arise rendering more frequent attention necessary. Occasionally these instruments are worn for twelve or eighteen months without removal; and some months since I took one away which I had introduced four years previously. The patient had been in Van Dieman's Land during the interval, and had derived the greatest comfort from the support thus afforded. The uterus was so high up, and the vagina so healthy, that she has since gone through her daily duties without the pessary, and without any further descent. For married women this form is the best, as neither intercourse nor conception are prevented. Let it also be understood, that other remedial measures are not to be given up, as the time during which a pessary may be necessary, will much depend on the patient's persevering in the recumbent posture, and the use of astringent injections.

But there are cases where, owing to the morbid capacity of the vagina, the *hollow ball pessary* must be used. This form also is best made of boxwood, with several holes for the escape of the discharges, and having affixed to one end a slip of tape, to facilitate its removal. Often this will be retained, when of proper size and well introduced, without any external mechanical contrivance; but where the dilatation of the parts is excessive, the plan of Sir Charles Clarke has succeeded well. But most surgeons are somewhat ingenious, and I frequently see inventions of greater or less utility, the half of which it would be impossible to enumerate. Pp. 561—565.—*Ashwell on diseases peculiar to Women.*

FORENSIC MEDICINE.

CASE OF POISONING BY HYDROCYANIC ACID.

On the evening of the 23d of January, I was summoned to the aid of Mr. H—, a medical gentleman of Stratton, near Cirencester, who was reported to have poisoned himself. I found him lying on his back on the hearth-rug, his head supported by a folded shawl. His countenance was placid, and free from all contortions, his eyes closed, and the pupils not largely dilated; a fresh healthy colour was on his cheeks. His limbs were quite supple, and his body warm. Life had been extinct about ten minutes. From the statement made to me in the room, and which afterwards appeared in evidence at the inquest, I learnt that he had returned home from a long round of visiting, much fatigued, and feeling a pain in his chest, took the bottle of acid from its place in the surgery, and went into the parlour adjoining, for the purpose of taking a minim dose to relieve it—a remedy he had more than once had recourse to before, for the same purpose. While there he was heard to stagger, and as the house-keeper rushed into the room, he fell, and an ounce phial, about half full of hydrocyanic acid, of Scheele's strength, corked, dropped from his hand. She rang the bell violently, and gave the alarm, and in five minutes his brother, who is a medical man, was on the spot. He was then breathing, and his pulse was distinctly perceptible at the wrist. Notwithstanding every means tried to counteract the effects of the poison, he expired in a few minutes without any scream, and quite tranquilly.

Appearances, twenty-two Hours after Death.—Weather very cold. The body was cold and rigid. All the depending parts, as the back, shoulders, bend of elbows, &c., were of a mottled purplish colour. On opening the chest, the right lung presented a dark, dusky purple appearance, was not much collapsed, and