

especially where the case was offering to become prolonged.

9. Sometimes hemiplegia supervenes during pregnancy without albuminuria, but this form does not seem to interfere materially, or very dangerously, either with the pregnancy or labour—the disease running in its own usual course. In one case Dr. Simpson has seen the patient gradually but imperfectly recover the use of the palsied arm after delivery. In another no improvement occurred.—*Transact. of Edin. Obstetric Society.*

*Puerperal Convulsions connected with Inflammation of the Kidney.*—Dr. Simpson has pointed out the connection of puerperal convulsions with derangement of the kidney, as a very striking fact in obstetric pathology. He has seen *post-mortem* appearances of nephritis in some fatal cases of convulsions.

CASE I.—In this case, the patient, a delicate female, was exhausted by the pains of labour, and complaining of severe headache when the convulsions supervened. Dr. Niven promptly and easily delivered the child, which was dead, by turning. The convulsions gradually subsided, but re-appeared several times. In the intervals she was profoundly comatose; and, in this state she died about forty hours after the first attack. *Post-Mortem* appearances.—When the lateral ventricle of the right side was opened, fluid blood escaped. The corpus striatum and outer part of the optic thalamus were broken up, and mixed with a large quantity of coagulated blood, forming a clot of large size. The fluid blood was found in the opposite lateral ventricle, and also in the third and fourth ventricles. The right kidney was converted into numerous cysts, of about the size of a walnut, containing unhealthy pus, which passed along the ureter and filled the bladder. The left kidney exhibited an advanced stage of Bright's disease.

CASE II.—Dr. Simpson lately saw, with Dr. Carmichael, a lady, who had so perfectly recovered after a labour which was quite natural, as to have been out at church, &c. Seven weeks, however, after delivery, after some sudden anomalous affections of sight and hearing for thirty or forty hours previously, she was seized with the most severe convulsions. Despite free evacuations, &c., they continued to recur from time to time, and proved fatal in three hours; the patient during that time never being perfectly sensible. The pelvis of each kidney was filled with a whitish purulent-like matter, and its mucous lining membrane coated with large patches of adherent coagulable lymph, or false membrane. The ventricles of the brain were distended with serous fluid. The urine, when tested, presented no sign of albumen.

CASE III.—In a third case, one fit of convulsions came on a month before delivery, and recurred again in a severe and fatal form fourteen days after confinement. During the intervening six weeks the patient was free from any symptoms, and the labour was natural. The last attack came on suddenly in the evening, about nine o'clock; the convulsions were again and again repeated, and she died comatose in eight hours. Dr. MacLagan, Dr. Handyside, and Dr. Simpson, examined the urine during this last attack, but found in it no traces of albumen. On inspecting the body, some whitish turbid fluid was found in the renal pelvis, and could be pressed out abundantly from the renal papillæ. It looked like pus. On microscopic examination, it seemed to contain merely a very large quantity of epithelial cells, and no pus-globules. Was this inflammatory? There was no effused fibrine or coagulable lymph.—*Prov. Med. and Surg. Journal.*

have been hitherto much neglected by the profession, and are in general but little studied by the student of medicine in this country, and consequently, the profession, as a body, are to a great extent ignorant of their diagnosis and treatment; yet, without a knowledge of uterine disease, both functional and organic, it is impossible satisfactorily to treat the numerous disorders to which the female sex is liable.

Till within the last few years very little was known of the displacement of the womb, denominated *retroflexion*. We find in authors very vague notices of it, as a pure and interesting affection. Dr. Denman is the first author who speaks of it in his treatise on Midwifery and Diseases of Women, more particularly describing retroversion of the uterus, as it occurs in the pregnant state, which is a perfectly distinct affection from that under consideration. He says, "The retroversion of the uterus has generally occurred about the third month of pregnancy, and sometimes after delivery; it may likewise happen when the uterus is from any cause enlarged to the size it acquires about the third month of pregnancy, but not with such facility as in the pregnant state, because the enlargement is then chiefly at the fundus. If the uterus is but little enlarged, or if it is enlarged beyond a certain size, it cannot well be retroverted; for in the first case, should the cause of a retroversion exist, the weight at the fundus would be wanting to produce it, and in the latter the uterus would be raised above the projection of the sacrum, supported by the same. Another complaint similar to that which we have been describing, and which has been called a *retroflexion*, has occurred in practice. By this term is implied such an alteration in the position of the parts of the uterus, that the fundus is turned downwards and backwards between the rectum and vagina, whilst the os uteri remains in its natural situation, an alteration which can only be produced by the curvature or bending of the uterus in the middle, and in one particular state—i. e., before it is properly contracted after delivery. A retention of urine existing at the time of delivery, and continuing unrelieved afterwards, was the cause of the retroflexion in the single case of that kind of which I have been informed by Dr. Thomas Cooper, and symptoms were like those occasioned by the retroversion. When the urine was drawn off by the catheter, which was introduced without difficulty, the fundus of the uterus was easily replaced by raising it above the projection of the sacrum, in the manner advised in the retroversion, and it occasioned no further trouble."

The following historical notice was published by Madame Boivin, in her "*Traité Pratique des Maladies de l'Uterus et de ses Annexes*." "Dr. Denman's case was nearly forgotten, when an observation, forwarded by Madame Boivin to M. Ameline, and published by that gentleman in his thesis on '*Anterversion*,' fixed the attention of practitioners of midwifery; since that time incurvations of the unimpregnated uterus have been often recognised, and rationally treated. We here purposely make use of the epithet unimpregnated, to distinguish deflexions of the uterus in that state from an inclination of the same organ during advanced pregnancy, which was known before. Baudelocque had correctly observed, that in certain obliquities of the uterus, the neck deviated from the natural axis of the entire organ, in the same direction as the fundus. The same fact has been observed by Madame Lachapelle, Velpeau, and others."

Dr. Moreau, of Paris, is the only observer who notices the fact of retroflexion occurring more frequently in the unimpregnated state, than during pregnancy. Prof. Tiedemann, of Hiedelberg, published, in 1840, some researches on what he designated the *congenital obliquity of the uterus*, an obliquity depending on an inequality of the broad ligaments by which its fundus is bound down to one side of the pelvis.

Seeing this displacement was but little known, we shall not wonder when we find the records of its detection after death to be few.

*On Retroflexion of the Uterus.* From a paper read before the Medical Society of King's College, London, November 18, 1847. By FREDERICK JOHN HENSLEY, M.B., Lond., Vice-President of the Society.—The diseases of the uterus