

clots was still taking place, accompanied by severe uterine action and much pain. Her countenance and skin had that bilious and bronzed hue so indicative of an attack of ague; and many of the irregular symptoms of this had been present for days before the discharge had come on.

Habeat hydrarg. submur. ℞ss.

Opii. gr. 1. Ft. pulv. statim sum. et repetatur post horas tres.

A little whiskey with warm water was occasionally given, and warmth applied to the feet and legs.

The first powder relieved the uterine action, and the discharge of clots then ceased. She took the second powder as ordered, and passed a very comfortable night without pain or discharge.

In the morning, the extremities were warm, the pulse improved, and the constitution considerably rallied; many of the symptoms of fever were present, and the bowels had not been acted on by the powders.

She then took a large dose of castor oil, which produced a free discharge from the bowels during the day;—the state of prostration gradually left her, and she had no return of uterine action or discharges of clots. A few days rest, and free purging with calomel, colocyath and oil were sufficient to improve the secretions from the bowels, and to restore her general health.

In talking over these and other cases, of this peculiar affection of the uterus and urethra, with Dr. McPherson of Caledonia, I found that he had lately met with cases of the same character, though his attention had not been particularly directed to them. That he, as well as myself, had met with one or two cases of dark coloured blood and clots discharged periodically from the uterus during a state of pregnancy, in which the child would be born full grown and healthy, after a natural labour; and the placenta we found in its natural position, attached to the fundus of the uterus.

Such cases are exceedingly perplexing to a practitioner, leaving the occurrence

of pregnancy uncertain in the early months; and in the latter, giving rise to all the anxiety of those in which the placenta is attached to the os uteri.

I was lately called suddenly to a case, where a profuse discharge of blood had taken place in the last month of pregnancy. It had subsided before my arrival. I found that the patient had suffered from irregular febrile symptoms; that her appearance was aguish; that previous to her pregnancy, she had experienced one or two attacks of profuse and painful menstruation; and that she had lived in a house in which I had met three or four cases of the same kind.

On examination, the uterine tumor and presentation were found natural; the os uteri was so far up, and towards the back part of the vagina, that it could scarcely be reached, yet I felt certain that the placenta was not attached to the neck of the uterus.

Rest was enjoined, and a course of moderate purging with calomel, colocyath and castor oil had recourse to, which soon relieved the febrile symptoms. No recurrence of the discharge from the uterus took place. Labour came on at the proper time, was natural, and the child full grown.

The great increase of cases of profuse and continued leucorrhœa, that has lately taken place in the valley of the Grand River, had struck both Dr. McPherson and myself, and led us to look for the cause of them in some general constitutional affection, more than in any local organic change, which indeed could seldom be detected, ulceration or even abrasion being exceedingly rare.

The absence of these, and the unsatisfactory result of purely local treatment, have long since led me to look on the constitutional symptoms and manifest derangement of the general health that always accompanies these affections as the real object to which the attention of the practitioner ought to be directed; and the affection of the mucous membrane of the vagina and uterus, with its altered and increased secretions, as one of the