

into the vagina, even the finger in making a digital examination. Another cause is ulcerations in the vagina, around the carunculæ myrtiformes, from a failure of the hymen, lacerated in the natural way, to heal. Another cause is vulvitis. Other causes may be a general hyperæsthesia of the uterus from hyperæmia, or inflammation, or ulceration of the cervix. We very frequently find this hyperæsthesia at the time of sexual intercourse, associated with sterility.

On making a digital examination, there seems to be no soreness about the vulva or vagina, but the patient shrinks on touching the neck of the uterus. There is a slight disposition to retroversion of the uterus.

On making an examination per speculum, the neck of the uterus is seen to be the seat of a subacute inflammation, giving rise to endocervicitis, or catarrh of the neck. The pain, therefore, which the patient complains of, is due to this sub-acute inflammation of the cervix, and the sterility upon the endocervicitis.

(The case was now exhibited to the class. There was seen a thick, tenacious, alluminous fluid issuing from the cervix.)

Probably this inflammation may have existed for many months, and is not the result of her new relations. What is the cause of the cervical catarrh? All we can say is that it is a remnant of the detritus resulting from inflammation which has existed at an antecedent period.

One great obstacle to the success of our treatment in these cases is the continuance of sexual intercourse. Hence you can see the benefit to be derived in such cases by causing a temporary separation of the wife from her husband. We will treat this patient by scarifying the cervix, taking about half an ounce of blood, and then pass the saturated tr. iodine by means of a probe tipped with cotton, to the os internum.

## Materia Medica and Chemistry.

### THE NEW ANÆSTHETIC.

Professor Simpson, the well known discoverer of Chloroform, has recently been experimenting further in the same direction. In a late number of the *Medical Times and Gazette* he gives his observations concerning its effects—the essential portions of which are embraced in the following:—

“The last of these compounds—the bichloride of carbon is the new anæsthetic which forms the special subject of the present observations. It was first, I believe, discovered by M. Regnault, in 1839. It has already received various appellations from various chemists, as perchloroformene, perchlorinated chloride of methyl, dichloride of carbon, carbonic