systematic work on the malformations of man, two cases of this kind were figured, one of which—a preparation in the Würzburg Museum—very exactly resembled that observed by Dr. Cappie, even to having the septum imperfect at the upper part, so that the vagina had a single vault. The other figure showed a simple bridge consisting of a double layer of mucous membrane inclosing some muscular fibres, lying towards one side of the canal, and allowing of the passage of a thick quill between it and the vaginal wall. The only case in which he (Dr. A. R. S.) had met with this variety of malformation, was one in which, as in that instance, there was a small bridge of about an inch in length, lying half way up the left side of the vagina, underneath which he could pass the fore-finger: unless we might refer to the same category, a crescentic band of mucous membrane which he had felt in another case, to the right side of the cervix uteri, presenting none of the characters of cicatricial texture, but forming a small pouch or *cul de sac* towards the roof of the vagina that just fitted the tip of the finger.”—*Edinburgh Med. Journ.*, April, 1864.

47. *Double Uterus and Vagina*.—Dr. ALEXANDER R. SIMPSON communicated to the Obstetrical Society of Edinburgh, the following case of this:—

H. B., æt. 22, began to menstruate first after she had reached the eighteenth year of her age, and catamenia continued irregularly for about twelve months after its first appearance. Having gone to town in the capacity of a domestic servant the monthly periods had disappeared during an entire year, and during the succeeding year only appeared four times. She had now begun to suffer from leucorrhœa, headache, and some of the other indications of ill-health associated with amenorrhœa; and after having employed some of the ordinary remedial measures for a time in vain, he (Dr. A. R. S.) had introduced an intra-uterine galvanic stem pessary. He had done so under the idea that the amenorrhœa was connected with an imperfect development of the uterus, for on examining, per vaginam, he had felt the cervix small and flat, and on passing the sound, had found the cavity to measure only $2\frac{1}{4}$ inches in length. She had not worn the instrument many days when menstruation had set in, and lasted seven days. On introducing the finger afterwards to withdraw the instrument, he was amazed to find the vagina and os uteri empty, whilst the hard bulb of the pessary could be felt to the left side, as if it had been lying outside the vaginal wall. A little further examination, however, had solved the puzzle, by showing that there was a septum running down the centre of the canal to within a short distance of the external orifice, and dividing the vagina into two, whilst the uterus was also double. The sound passed into the right uterine canal rather more than a quarter of an inch further than into the left, and when sounds were passed at the same time into each of the horns, the right one was found to turn toward and somewhat in front of the left. Five months had elapsed since that period, and the patient had thrice menstruated freely.—*Ibid.*

48. *Hypodermic Treatment of Uterine Pain*.—Dr. J. HENRY BENNET gives his testimony (*Lancet*, March 12th, 1864) to the extraordinary efficacy of the hypodermic treatment for the relief of uterine pain.

“During the last winter,” he states, “I have used, with prompt and marked success, the hypodermic injection in several cases of severe dysmenorrhœa, with or without hysterical complications, and in several others of uterine and ovarian neuralgia, and of facial neuralgia having a uterine origin. The relief has been obtained in from fifteen to thirty minutes, without being attended or followed by the headache, loss of appetite, or nausea which are so frequently the result of the use of opiates in any other way, even by injection into the rectum. This latter mode of administering opiates has hitherto been my sheet-anchor in the treatment of uterine spasms and pain, and is certainly most efficacious; but it is not unfrequently attended by all the above-mentioned drawbacks, from which the hypodermic injection appears to be singularly free. In nearly all the instances in which I have tried this mode of introducing opiates into the system the sedative result alone has been produced: there has been no subsequent bad effect whatever.

"In one case of severe uterine tormina and pain, the result of arrested menstruation from cold, I injected thirty minims of the solution of morphia. In half an hour the pains, which had been agonizing for the previous twenty-four hours, were calmed. A good night's rest followed; and the next morning the menses had resumed their course, and my patient was all but well. In another similar case, the uterine pain was accompanied by severe hysterical symptoms. The injection was followed by the same favourable result—case, sleep, and rapid disappearance of all morbid symptoms.

"Owing to the complete control over the element of pain which the hypodermic injection of opiates appears to give, I have been able to carry on the necessary treatment in an interesting case of uterine disease which I should otherwise have been obliged to treat under chloroform or at a great disadvantage. The patient, a young German lady of twenty-four, came to Mentone last autumn, by direction of her medical attendants, with the view of spending the winter in the South. She was considered to be suffering from neuralgia, facial and general, and from nervous irritability of the system in general. She had been travelling with her husband from place to place, from bath to bath, in the search for health, for more than two years. On being consulted, I recognized the existence of a host of uterine symptoms, and found that the neuralgic and nervous illness *had manifested itself after a severe confinement, which had occurred about three years ago.* The discovery of extensive inflammatory ulceration of the neck of the womb gave the key to the state of ill health. Singularly enough, none of her previous medical attendants had suspected the uterine origin of the neuralgia. Such cases are always very difficult to treat—interference with the uterine lesion all but invariably rousing the neuralgia. I have repeatedly had cases of the kind that I could only examine and treat locally by giving chloroform to the full surgical extent on each occasion, and this I have had to do twenty or more times in the same patient.

"With the patient in question the surgical treatment of the ulceration was borne tolerably well at first, but as the diseased surface became more healthy, and consequently more sensitive, endurance diminished. Every time the sore was touched severe neuralgia followed, and the general health began to flag. In former days I should have suspended all treatment, and have sent the patient to the country for a couple of months, to allow the nervous system to calm down, and to let Nature do her best. In this instance such a course was not desirable, my patient being very anxious to continue the necessary treatment so as to be locally cured before we separated in the spring. I thought, therefore, of the hypodermic treatment, and tried the injection of thirty minims of the solution of morphia immediately after each uterine dressing. This course was attended with complete success; no neuralgia ensued, and I have been able to continue uninterruptedly the treatment now all but brought to a successful issue. On one occasion I omitted the precaution, and was sent for at ten o'clock at night. I found the patient a prey to a most distressing attack of facial neuralgia, which had come on an hour before. She was positively convulsed and shrieking with agony. Chlorodyne, sulphuric ether, &c., had been taken, with no relief. I injected the thirty minims of morphia solution, and in twenty minutes she was calm and free from pain. It was repeated next day, and the facial neuralgia has not returned. This lady will no doubt gradually recover her health and get rid of the neuralgia when the uterine disease is thoroughly cured.

"In a case of pure neuralgia, attacking first one and then another part of the body, I have injected from twenty to thirty minims of the acetate of morphia solution forty-two days in succession, without any unfavourable result. The neuralgia, which was very severe, was entirely subdued by it for about eighteen or twenty hours, when it reappeared, gradually increasing in intensity until the injection again relieved it. At the end of that long period the pains gave way, the treatment having been either curative, or having allowed the neuralgic attack to wear itself out. During the entire period of treatment, the patient, a very delicate lady, slept better than usual, ate as well (her appetite being usually bad, and the digestive powers weak), and was able to take part socially in all that was going on around her. No one, indeed, was aware except her

family, that she was suffering from so painful a malady. To my surprise, I was able to suspend the morphia suddenly without any of the distress and discomfort which is habitually observed when opiates have been long used and are abruptly abandoned.

"From what I have seen of the hypodermic system, I believe that its use is capable of great extension in the treatment of pain generally. I consider that the injection of a solution of morphia after any operation would deaden pain, and produce a general calm of the system both soothing and beneficial to the patient. I think also that this result might be obtained in most cases without the usual drawbacks of opiates taken internally."

Dr. B. also recommends the hypodermic injection in sea-sickness.

Dr. B. uses almost exclusively "a solution of acetate of morphia in distilled water. Nine grains dissolved in two ounces of water gives a strength about equivalent to that of laudanum. The liquor morphiæ of the Pharmacopœia contains spirit, and I have found that it constantly occasions small patches of painful inflammation; without the spirit, on the contrary, it appears to be quite innocuous. A moderate sized steel needle or canula I find preferable to the small gold one. The steel canula is sharper, and passes easier through the skin. By pinching firmly the fold of skin that has to be pierced between the finger and thumb, its sensibility to the puncture is much diminished. It does not seem to matter much, as regards results, in which region of the body the injection takes place. I have principally chosen the præcordial region for uterine and general pain, and for local neuralgia a spot as near to the region affected as possible."

49. *Statistics of Queen Charlotte's Lying-in Hospital.*—Dr. GEO. B. BRODIE communicates to the Royal Medical and Chirurgical Society, May 10th, 1864, a paper on this subject. He stated that for the last 36 years, from 1828 to 1863 inclusive, the registers have been carefully kept, but no detailed accounts published; during this period 7736 patients (producing 7824 children), were delivered in the hospital; of this number 3611 were single women, who are admitted if it is their first pregnancy, and of these 126 died; the remaining 4125 were married women, of whom 72 died. The great mortality existing amongst unmarried women on their passage through the puerperal state was then touched upon, and some reasons were given to account for this fact, of which the separation from friends, their living in seclusion for some months previous to their admission into the hospital, exposure to atmospheric changes, and semi-starvation, all tending to depress the mental and bodily powers, were the principal. Some reference was also made to the married patients, who are often admitted into the hospital in labour very shortly after they are married, and a case in illustration of this which fell under the author's notice, was given, in which the patient walked from the church to the hospital, registered her letter as a married woman, and was admitted in labour within three days from that date; the mortality amongst the married patients would, therefore, be considerably diminished if it were not for the fact that so many are exposed during the period of gestation to the same depressing causes as the single patients. The first table (Table I.) showed the number of deliveries, and number of deaths, with the death-rate for every year since 1828. The number of women delivered at their own homes annually was also given, but of these, there being no trustworthy records, no further notice was taken.¹ A detailed investigation into the cause of death in each year was then entered into, the results of which were given in Table II.; for four years the hospital presented a clean bill of health. Puerperal fever (under which denomination its many varieties were necessarily included) was found to have been present in 123 cases, no less than 99 of which were in primiparæ; 75 out of the 123 cases were among the single women; the death-rate from this cause was 1.57. The various periods of the year in which these cases of puerperal fever occurred was given in Table III., the result of which

¹ The total number of patients delivered at their own habitations from 1828 to 1863 inclusive, was 10,858. The number of patients, therefore, delivered in and out of the hospital during this period was 18,594.