natural secretions, it proves of immense benefit. If to the therapeutic properties which the medicated tampon possesses we add its ability to act as a support when properly applied to the dislocated fundus, and, moreover, that it can be gradually made to exert an increasingly greater amount of power as the hyperæsthesia of the uterus becomes reduced, it must be acknowledged that it can be employed as a pessary when the ordinary vaginal pessary would be a most dangerous instrument to insert. The tampon forms a bed for the dependent fundus to rest upon, and it is easily moulded to suit the exigencies of the case. Each successive tampon by degrees elevates the fundus until it is made to occupy its normal position, while simultaneously the hypertrophy and congestion are being removed by the therapeutic properties of the medicaments with which the tampon is saturated. When the normal position of the uterus has been re-established, it is retained there either by a continuation of the treatment for a little time, or, if it is thought more advisable, by the application of a well-fitting vaginal pessary. It not unfrequently has happened in my experience, however, that the tampon has accomplished all that could be desired, a complete recovery having been the result, and this often when a pessary has been worn for years without affording relief. In like manner when prolapsus is present, especially when due, as it frequently is, to a greater strain being thrown upon the uterine ligaments and vaginal wall by the constant dragging of a subinvolved organ, we observe the immense benefit derived from this tampon. It matters not, however, whether the hypertrophy, as in subinvolution, is the primary cause, or whether it is secondary to the prolapsus, which we know often is the case. I say it matters not how the prolapsus has been produced or in what manner the hypertrophy has arisen, we obtain the dual effect of the tampon and relief of the symptoms. Its application is rapidly followed by a reduction in the size of the organ, a cessation of the uterine catarrh, and a healing of any excoriation that may exist. At the same time the uterus rises in the pelvis and speedily assumes its normal position.

(To be concluded.)

A CASE OF REFLEX PARALYSIS.

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A. M—, aged fifteen, was quite well in every way up to July, 1882, when she fell with a pitcher in her hand and cut her right forearm on its inner and anterior aspect near the middle. The cut, which bled very freely, was about two inches long; it healed slowly but apparently well. After a few weeks she noticed a little weakness of the right hand, which gradually increased up to my seeing her as an out-patient at the Leeds General Infirmary in April, 1883, when I noticed a very marked wasting of the ball of the thumb and little finger, especially the fifth. The hand was numb, cold, and livid, presenting a contrast to the opposite one, which had a healthy appearance. Faradism elicited no response, but a twenty-cell continuous current produced feeble contraction of all the muscles except those of the ball of the thumb. The right forearm was rather thinner than the left. There was no loss of sensation when the hand was warm. The scar of a wound which had healed by granulation was perceptible in the forearm over the course of the internal cutaneous nerve. Galvanism was ordered to be applied to the affected muscles. In July the shoulder and upper arm seemed weak, and a wasting of the deltoid was found to have taken place; the posterior scapular muscles also seemed to be impaired in power, and there was a tendency to projection of the scapula, evidently due to weakness of the serratus magnus. Galvanism was ordered to be applied to all the affected parts. In a note made last week I find recorded more power in the upper arm and shoulder, deltoid fuller, scapula less prominent, and muscles of hand apparently increased in volume; hand still cold; reaction to faradism and galvanism (twelve cells) fairly good in all the muscles except those of the ball of the thumb, where even the strongest current produces no reaction.

I take this to be one of those interesting examples of reflex paralysis of which a number of cases are now on

record. According to Dr. Brown-Séquard it may be brought about in two different ways: in one kind an inflammation takes place in the nervous centres by an influence exerted by the peripheric irritation, and the paralysis thus produced is accompanied by the usual symptoms of congestion or inflammation of some part of the brain or spinal cord; while in another kind the paralysis exists without any such symptoms of inflammation, here being due, at least in some cases, to a reflex contraction of bloodvessels in a part of the nervous centres. In some cases paralysis may apparently depend on a peculiar influence exerted on nerve-cells in the central nervous system by an irritation starting from peripheric nerve fibres, producing what has been called inhibition, or at any rate changing the condition of activity of these nerve-cells. This last mode of production of paralysis is the most frequent in the case of peripheric wounds acting on a nervous centre so as to produce loss of voluntary movement. This inhibition may co-exist with spasm of vessels as a cause of paralysis. The author above referred to mentions a case of injury to the elbow producing paralysis of both arms, but especially marked on the injured side. Every change in the degree of pain in the elbow was accompanied by a corresponding change in the degree of paralysis. Dr. S. Weir Mitchell gives a case of paralysis of the arm due to injury to the sciatic nerve. It is well known that facial palsy has followed neuralgia of the fifth nerve, and in one case was cured by removing a piece of porcelain which was irritating the infra-orbital nerve. Schenck has seen a case of general paralysis produced by a wound of the eyebrow. In the example before us I suppose the irritation has been conveyed from the wound along the internal cutaneous nerve to the cervical region of the spinal cord, where, either by continuity of tissue, transference of impressions, or reflex action, the motor cells situated in the anterior cornu of the cord have become impaired in function, and have thus given rise to the paralysis.

Leeds.

CASE OF RECOVERY AFTER SWALLOWING CARBOLIC ACID.

By ALBERT HIND, L.R.C.S. ED., &c.

ON July 30th, between 12 and 1 P.M., Miss F—, aged seventeen, took a six-ounce bottle of crude carbolic acid (the strength of which I afterwards found was 14 per cent., and from which two teaspoonfuls had previously been removed), and, putting it to the back of her mouth, swallowed all but twenty or thirty drops. Her mother says that she had been constipated for nearly a week, that she was in the habit of taking medicine in that way to avoid tasting it, and that she had mistaken it for black draught. She had had two slices of bread-and-butter and a teacupful and a half of tea for breakfast at 8 A.M., and nothing else since the previous night. Her mother at once discovered the mistake, and, putting her finger down her daughter's throat, caused one or two teaspoonfuls to be vomited, and then gave her some mustard and salt, and also lime scraped from the wall.

In the temporary absence of my neighbours, Messrs. Furze and Sanders, I now saw the case ten or fifteen minutes after the occurrence, and persuaded the patient to swallow the whites of about fifteen eggs mixed with more than a gallon of well-warmed, sweetened milk. The first milk that was returned seemed perfectly free from carbolic acid; the second was quite sooty, and I fancied perhaps it might contain two ounces; and each subsequent vomit contained carbolic acid until the last, which looked and smelt perfectly free from it. Mr. Furze having arrived and seen her at 3 P.M., we both left her, directing some soap and opium pill to be given every two hours or so according to any pain, also a small quantity of thin arrowroot, and warm fomentations or poultices to the abdomen, which was much swollen; in fact the mother pointed out to me how much the abdomen was swelling and getting hard as soon as I arrived. In the evening the pulse was 76, and the temperature under the tongue 98°. Tongue and mouth clean and natural; one white patch between right tonsil and uvula; a little uneasiness in swallowing; abdomen slightly tender; looks and talks comfortably.

July 31st, 3 P.M.: Uneasy from bowels not acting; pupils slightly affected by opium; jerks a little. Had vomited slightly after taking an egg, and the vomit smelt of carbolic