that he has weapons which they do not use. By assuming this position, by raising this peculiar flag, he becomes, or rather he voluntarily makes himself, an avowed antagonist of *us*. Lastly, a consultation, however much we may refine about it, virtually acknowledges this antagonistic position to regular medicine as just and proper. Herein lies the mistake. By refusing to consult with a Homœopathist, we do not persecute or proscribe him. We simply refuse to acknowledge the position he assumes. And this we ought to do. Whenever the Homœopathist will pull down his sectarian banner, when he will cease to avow himself an enemy of the regular physician, when he will come beneath the broad folds of the banner of legitimate medicine, which knows no sect or nation, no race or clime, and whose only motto is *Veritas*, then, and not till then, we can fraternize with him, and by so doing recommend him to the public as an honest man and not a charlatan. Honesty is of more value to the public in a practitioner than any peculiar theory. The present position of Homœopathy is dishonesty. Consultations sanction that position. They tacitly call black white, and therefore regular physicians cannot consult with Homœopaths.

JUNIOR.

MENSES RETAINED FROM OCCLUSION OF THE OS UTERI.—OPERATION BY A. B. SHIPMAN, M.D., OF SYRACUSE, N. Y.

REPORTED BY WM. H. PALMER.

[Communicated for the Boston Medical and Surgical Journal.]

Mrs. H., residing in Fayetteville, Onondaga Co., N. Y., aged 27 years, and the mother of three children, aborted in January, 1857. The placenta was retained ten days; and when it was removed by the attending physician, symptoms of fever and peritonitis followed, with tenderness of the abdomen, and a profuse and offensive discharge from the vagina. Soon, however, she recovered, and resumed her domestic duties.

On the first of May, the attention of her physician was called to the fact that the catamenia had not as yet returned, and that all attempts by her husband at coition were unsuccessful, and attended with much pain. Soon, a small tumor appeared in the right iliac region, increasing week by week, while the difficulty at coition remained as before. Motion was now felt by Mrs. H., which was thought by herself, her physician and others, to be foetal.

She first consulted Dr. Shipman on September 20th, 1857. Her figure was small and slender, and her health was good, with the exception of expulsive pains recurring weekly, and lasting for days together. The tumor in the abdomen was large, movable from side to side, and, on auscultation, gave indication of motion, as of foetal life, though quite deceptive.

By an examination *per vaginam*, the finger passed about two

inches into the canal, which terminated in a *cul de sac*, or rather an uniform, convex surface, on which not the least indication of an os uteri could be felt. There was little or no induration, but much tenderness, especially at the conjunction of the vagina with the convex surface above mentioned; which tenderness, however, was much more acute where the tumor was reached and plainly felt by the rectum.

Diagnosis—Retained menses since recovery from abortion.

Prognosis—Favorable. The operation was performed on Sept. 27th, Drs. J. O. Shipman and Lord assisting.

Having emptied the bladder by the catheter, one finger being in the rectum, a puncture was made with a large-size trocar, which was immediately followed by a copious discharge of dark, inodorous fluid, thick and tar-like in consistence, and to the amount, including the few following days, of nearly four quarts. The canula was retained in place till after the second subsequent catamenial period, since which time there has been no difficulty in the menstrual function, and she is now as well as ever.

What was the cause of this occlusjon? Was it the result of abortion, natural or criminal? of retroversion of the uterus? or of ulceration? If the latter, what was the cause of it, and why was there absence of all induration? If from retroversion, why was there not the usual disturbance of the urinary function? The attempt at abortion by criminal means is denied by the patient.

Syracuse, N. Y., April 1st, 1858.

CASE OF CHOREA TERMINATING IN IMBECILITY, WITH SOME OBSERVATIONS ON THE CAUSES OF IDIOCY.

BY HENRY M. SAVILLE, M.D., QUINCY.

[Communicated for the Boston Medical and Surgical Journal.]

GEORGE L., a tall, pale lad of lymphatic temperament, æt. 13 years. He was physically a fine-looking boy, with a well-formed head, measuring 22.8 inches in its greatest circumference, having a fronto-occipital arc of 15 inches and a bi-temporal diameter of 6.3 inches. He had been afflicted with choreal convulsions since he was 4 years old, and, during a part of the time, had been under treatment for hydrocephalus, as well as for those irregular muscular actions. Three years ago, he was considered an active, intelligent boy, but shortly afterward he began to evince an unnatural inclination to sleep, and when not asleep was almost constantly drowsy, or else so irritable and vicious as to be nearly unmanageable. At the time he came under my notice, his countenance had acquired an expression of vacancy, indifference and languor indicative of complete fatuity. Most of the anti-spasmodic and contra-stimulant medicines had been successively employed in this case, without alleviating in any degree the violence of the disorder.