suffering, both local and general, and is marked by periodical exacerbations, corresponding to the monthly periods.

Accidental Amenorrhœa.—The second class of cases comprises those in which menstruation has existed, but has been suddenly or gradually suppressed.

The sudden suppression of menstruation is generally the result of exposure of the body, and especially of the feet, to cold, or to the wet; of a mental shock, from fear, grief, pain, or anxiety, &c.; or of a sudden attack of disease. It not unfrequently occurs, for a time, as a result of a sea voyage, or of change of climate, without giving rise to much distress, and without requiring medical treatment, the return taking place spontaneously. The sudden suppression of the menses, under the influence of the other causes mentioned, is often followed by the development of inflammation in the uterus, ovaries, or lateral ligaments. Even when suddenly suppressed, however, the suppression may be unattended with any unfavourable symptom, beyond slight pain in the back and hypogastrium, flushing, and headache. Amenorrhœa, thus suddenly induced, seldom extends over more than one, two, or three periods, under proper management, although the suspension may be much more lengthened, and is sometimes indefinite.

A gradual suspension of menstruation is sometimes observed in those females in whom the function has set in late and with difficulty, without there being any evident cause, general or local. It would appear as if the ovarian and sexual vitality were anomalously low; and after making one or more efforts, at irregular periods, to establish itself, menstruation ceases, not to return, except under the influence of treatment. When this occurs, the health is scarcely ever good, the constitution generally remaining delicate and weak.

In such cases, however, we are warranted in suspecting ovarian or uterine disease. Generally speaking, in the absence of the chlorotic or tubercular cachexia, the gradual suppression of the menses is connected with such disease. The development of the various tumours to which the ovaries are liable, frequently entails amenorrhœa; and the chronic inflammatory affections which are so often observed in the neck and body of the uterus, may have the same result. Menstruation first becomes irregular, being delayed days, weeks, or months, and then ceases completely. I have often been consulted for amenorrhœa by females who were labouring under these forms of disease, and in whom it had evidently come on subsequently to the uterine affection.

When menstruation does not return, the uterus, and especially its cervix, even in the absence of positive disease, appear sometimes to be the seat of a kind of permanent congestive irritation, which ultimately may bring on hypertrophy and induration of the latter region. I have seen the cervix become thus enlarged, under my eyes, as it were, in the course of four or five years, although there was never any really tangible disease during that time. In one instance, that of a married woman, now twenty-eight, the menses, which from the first had been irregular, stopped immediately after marriage at twenty-three. Soon afterwards she began to suffer from uterine symptoms, and when she consulted me, I found the cervix inflamed and ulcerated, but not hypertrophied. The disease was soon subdued, but the menses have only returned once or twice. The uterus has appeared to remain in a state of semi-congestion, and the cervix has gradually enlarged. This female remains delicate, although in very tolerable health, free from pain, and not suffering under any other morbid state.

Suppressed menstruation, either sudden or gradual, is not unfrequently followed, even when uterine inflammation is not developed, by serious general symptoms, obstinate vomiting, severe hysteria, and sometimes by the establishment in the economy of a supplementary hæmorrhage, to which the name of "vicarious menstruation" has been given. The mucous membrane of the nasal fossæ, of the lungs, stomach, and bowels, are the most ordinary seat of this hæmorrhage, which takes place in some instances with the regularity of normal menstruation, and in others at irregular periods. All the other mucous membranes, as also the skin itself in various regions, have been the seat of vicarious menstruation. It has not unfrequently been observed from the surface of wounds or sores. Such being the case, it is evident that hæmorrhage occurring from any of these sources in a young female in whom the menses are suppressed, has not that importance which it would have under other circumstances. The hæmorrhage may be, and probably is, merely an effort of nature to establish a supplementary issue for the menstrual secretion, which has not taken place.

(To be continued.)

REMOVAL OF TÆNIA BY THE MALE FERN.

By W. M. F. CHATTERLEY, Esq., M.R.C.S.

J. B.—, living at Walbrook, aged eighteen, had been long troubled with tape-worm, for which I desired him to fast from the evening of the 4th Jan., 1851, to the evening of the 5th. This was done, (so at least he said, and his family confirmed,) with the exception of some weak tea, and a small cup of thin gruel. On that evening he took six drachms of castor-oil, and on the following morning, the whole of this mixture: tincture of male fern, one drachm and a half; compound tragacanth powder, half a drachm; water, three ounces,—to be followed by at least half a pint of weak tea. A little thin gruel was allowed during the day; and in the afternoon, six drachms of castor-oil again. In the evening, at one effort, the whole of a tape-worm, measuring twenty-two feet in length, was expelled; and he has since been free from so unpleasant a companion up to the present time, (more than fourteen months.)

A little girl, aged five years, who was frequently in the habit of passing a yard or two of tape-worm at a time, had half a drachm of the same tincture (Hooper's) given in pills of extract of liquorice, which she vomited almost immediately, and which produced no effect on the worm. She had previously fasted about eighteen hours, at my house, under my own inspection. I may add that koussou had been administered about four months previously, at King's College Hospital, when many yards had been expelled, but, I believe, not the head; and if this do not take place, as is well known, the entozoa will continue to multiply.

Hereford-square, Old Brompton, March, 1852.

SMALL-POX AFTER VACCINIA.

By MATTHEW HINCHLIFFE, Esq., M.R.C.S.

On February 13th, I was called to visit Betsy L—, a little girl, aged four years, labouring under small-pox. I had previously vaccinated her some two years ago, and the cicatrices of the vaccine pustules are still visible. The case did well, and is now convalescent.

Seeing the mother suckling a little child at the breast, I inquired if it had been vaccinated, and on receiving a reply that it had not, I proposed to perform that operation. Accordingly, on February 18th, — L—, aged eleven months, was vaccinated, and on the Wednesday following (February 25th), two fine vaccine pustules were developed.

February 26th.—Sent for in great haste, as the child had great difficulty of breathing, and had been vomiting all day.

27th.—Breathing and vomiting relieved, but a number of small pimples appearing about each groin and thigh.

30th.—Small-pox pustules generally diffused over the whole surface of the body. The child passed easily through the disease, and became convalescent.

Dewsbury, March, 1852.

A Mirror

OF THE PRACTICE OF MEDICINE AND SURGERY IN THE HOSPITALS OF LONDON.

Nulla est alia pro certo noscendi via, nisi quam plurimas et morborum, et dissectionum historias, tum aliorum proprias, collectas habere et inter se comparare.—MORGAGNI. *De Sed. et Caus. Morb.*, lib. 14. Proæmium.

ST. BARTHOLOMEW'S HOSPITAL.

Case of Death by Chloroform; Post-mortem Examination.

WE stated, at the conclusion of our report of this unfortunate case, (*THE LANCET*, March 20, 1852, p. 283,) that we should present the post-mortem examination, if such were made. The autopsy was conducted by Mr. Paget; and our readers will easily perceive, by the following details, that the examination does not yield any clue to the suddenly fatal effects of the inhalations of chloroform. It would certainly be a great pity if this accident were to render surgeons loath of availing themselves of the advantages of anæsthetic agents, for it cannot be denied that operations are now-a-days far more