with, infiltrated with a serous-looking fluid, which rapidly coagulates, and becomes like jelly, at a heat of 84° Fahr. This exists in enormous quantities, and requires to be removed, in order to proceed with the dissection. The muscles are found pale-looking, and rather atrophied, in some cases considerably so, and with much fat and cellular tissue around them. The veins, except the larger ones, are diminished in size, and appear less numerous, the superficial ones being almost obliterated. The arteries are small, compared with what might be expected from the abnormal hypertrophy of the parts they supply. The nerves are somewhat flattened by compression. The outer skin is not at all mobile; it seems glued to the part; the thickness becomes less marked towards the borders of the foot. When a portion of the skin is removed, and sliced horizontally, it seems to be composed of layers, and has the appearance of sheets of pasteboard, soaked and firmly compressed together. The epidermis is less affected than the cutis vera, which has the physical characters of marked hypertrophy, although the epithelia of the former are greatly enlarged, and present an appearance not unlike the scales of a fish.

Georgetown, Demerara, June, 1846.

ON THE UTILITY OF INJECTIONS INTO THE UTERINE CAVITY

IN THE TREATMENT OF

HÆMORRHAGE, & INACTION OF THE UTERUS, DURING PARTURITION.

By THOMAS CATTELL, M.D., Braunston.

IN THE LANCET of December 6th, 1845, I drew the attention of the profession to the utility of injections into the cavity of the uterus in the treatment of inaction, and of hæmorrhage occurring at the time of, and subsequently to, delivery. I requested, at the same time, after a trial had been made, that the experience of my professional brethren might be recorded on the subject. I had, however, not observed anything relatively thereto, until the appearance of the very excellent paper by John W. Tripe, Esq., in THE LANCET of August 1st. But in this communication, Mr. Tripe has not done me the honour of making the slightest reference—all I could possibly desire—although I am not aware that any active uterine injection had been used in these cases prior to the time at which my paper appeared.

I am, notwithstanding, greatly gratified that Mr. Tripe should have taken up the subject, and that he has been able to suggest another injection, capable of producing such favourable results.

The considerations which induced me to adopt the injectional mode of treating uterine hæmorrhage, and inaction of the uterus during parturition, were—

1. Because the local treatment which has been proposed by the most eminent men in this department of practical medicine is frequently found to be inefficient, opposed to the feelings of the patient, and often impossible of adoption.

I refer, for example, to plugging the vagina with a silk handkerchief, or the use of ice; insertion of the hand into the uterus; dashing cold water over the abdomen, or allowing it to drop from a height; compression of the aorta, &c.

2. Because one of our most efficient internal remedies, ergot of rye, will not be always retained by the stomach; indeed, I have known the very smell of the decoction, or infusion, induce an intense degree of sickness, most unfavourable to the state of the patient.

3. Because uterine injections are generally more available, the issue of the case not being solely dependent on the state of the stomach to receive medicines, as is often experienced when the ordinary external means have failed.

4. Because, by the use of injections into the cavity of the uterus, we produce an immediate effect, which in many cases of uterine hæmorrhage is absolutely necessary to the safety of the patient.

5. Hæmorrhage succeeding parturition is generally the consequence of atony of the uterus. The use of injections, then, which possess a stimulating action on that organ, at the same time that they influence the character of the effused and effusing blood, would appear to be peculiarly indicated. These properties will be found in the employment of those medicines, in the form of injection, proposed by me in THE LANCET of Dec. 6th, 1845.

It is well known that vaginal injections of cold water have been used in the suppression of uterine hæmorrhage; but Dr. Ramsbotham thinks (no doubt rightly) that uterine phlebitis might ensue from their use. If such a result were to trans-

pire, I am of opinion that it would be mainly attributable to the shock produced on the system by the disparity of temperature between the cold injection, and the blood, and the cavity into which it was injected.

Should the view now taken of this interesting and important point be in any way tenable, all that we have to observe is, that the proposed injections can easily be made of an equal temperature, and yet retain their properties. And it requires but slight reflection to convince ourselves that the absence of success in the treatment of uterine hæmorrhage, experienced by the use of vaginal injections, and the disparaging opinions which have been expressed relatively thereto, will not derogate in the slightest degree from an altogether different class of injections—i. e., uterine, as distinct from vaginal.

Braunston, Northamptonshire, Sept. 1846.

ON THE NERVES OF THE UTERUS.

By T. SNOW BECK, Esq., M.R.C.S., London.

THE opinions of Dr. Robert Lee, and of myself, upon this subject, having been so frequently quoted in opposition to each other, perhaps it may not be inappropriate to give a short account of the opinions of each, and that they may be more readily compared, to place them in juxtaposition. Nor does it appear improper to add to this account the statements of the principal authors upon the same subject, and then to examine the points in which any difference of opinion exists.

The chief new statements, which are found in Dr. Lee's late papers, comprise assertions relative to the existence of large ganglia and plexuses, which completely cover the whole surface of the gravid uterus; the large size of the nerves which enter into the formation of those plexuses; the great increase which occurs in them during pregnancy, and their returning, after parturition, to the state in which they were previous to impregnation; and the large size of the ganglia at the neck of the uterus, and on the vagina. Each of these statements, however, will require a separate examination.

DR. LEE'S VIEWS.

The whole surface of the gravid uterus is covered with large ganglia and nervous plexuses, which are named as follows:—

The anterior subperitoneal ganglia and plexuses, which cover the whole anterior surface of the uterus as high as the fundus.—These structures are firmly adherent to the peritonæum and muscular coat of the uterus at the upper part, but are separated from the muscular coat at the lower part by a thick soft layer of cellular tissue. The middle part of the ganglion is more than two lines in thickness, but it becomes everywhere thinner towards the circumference, and particularly at the inferior border. Large, broad, flat, and innumerable nerves are sent off from these structures to the uterus.

The posterior subperitoneal ganglia and plexuses, which cover the whole posterior surface of the gravid uterus, and are of similar structure and extent as those on the anterior surface.—The nerves are described as equally large, broad, and innumerable.

The left subperitoneal gang-

DR. LEE'S VIEWS.

The great transverse plexuses, which extend across the body of the uterus, and are described as a "white, pearly, fasciculated membrane, about one quarter of an inch in breadth."

lion and plexuses.—A structure figured as one inch and three quarters in length, and described as numerous large branches of nerves which extend up the left side of the uterus from the cervix to the fundus.

The right subperitoneal ganglion and plexuses.—Structures of similar extent and situation as those on the left side of the organ.

The left spermatic ganglion.—Figured as three quarters of an inch in breadth, by an indefinite length, and situated in the vicinity of the principal spermatic artery and vein.

The right spermatic ganglion.—That there is a similar structure on the right side "does not admit of doubt."

MR. BECK'S VIEWS.

These various ganglia and plexuses described on the body of the uterus are not nervous structures, but a layer of organic muscular fibres, which, in many parts, adheres to the under surface of the peritonæum, and extends from thence to the proper muscular tissue of the uterus, in the form of broad, flat, fasciculated bands.

MR. BECK'S VIEWS.

The transverse plexuses are a band of fibro-cellular tissue, which extends across the body of the uterus. This has only been seen in the gravid uterus.