atrophy, Dr. MURCHISON stated that the patient had no syphilitic history, that the age was twenty-two, and that the health had been good up to the date of seizure.

OBSTETRICAL SOCIETY OF LONDON.

WEDNESDAY, FEB. 5TH, 1868.

DR. HALL DAVIS, PRESIDENT.

ON TWO CASES OF INVERSION OF THE UTERUS.

BY DR. TYLER SMITH.

AFTER a few words on the rarity of this formidable accident, the author proceeded to relate the two cases which had fallen under his observation. In the first case, which occurred in the practice of Dr. Norton, of Bayswater, the author was summoned about two hours after the accident. The placenta had been separated, and the uterus returned into the vagina. No unusual traction had been exerted on the cord. The uterus was suddenly inverted a few minutes after delivery. Efforts had been made to reduce it in vain. The patient was in a state of collapse from shock and loss of blood. The pain had been excruciating. The patient was placed under the influence of chloroform, and, by a process of squeezing and upward pressure, reinversion was effected. Dr. Tyler Smith pointed out that in such cases the danger of separating the uterus from its pelvic attachments by the necessary upward pressure should be guarded against. With the left hand the inverted uterus was steadied through the abdominal walls, while the organ was manipulated with the right hand. The patient made a tedious recovery. The second case occurred in the practice of Dr. Walter Bryant, in a forceps case, at which the author was present. The inversion occurred suddenly, before any attempt was made to remove the placenta, and while the author had his hand over the fundus uteri. The patient had been delivered while under the effects of chloroform, and had not recovered sensibility. A little more chloroform was administered, the placenta was carefully peeled off from the uterus to reduce the size of the inverted mass, and the organ was then easily replaced, the patient having known nothing of the accident. In remarking upon the cases, Dr. Tyler Smith dwelt on the severity of the shock produced by inversion, and by the spasmodic strangling of the uterus by the os and cervix; and insisted on the necessity of prompt reduction under chloroform. He looked on the accident as caused, in a majority of cases, by an active reversed peristaltic action of the uterus, tracing its similarity to intussusception of the bowel, and its relation to hour-glass contraction and encysted placenta.

Dr. PROTHEROE SMITH observed that it had not been his lot to witness inversion of the uterus immediately following labour. In one case, however, in which he had diagnosed chronic inversion of the uterus, another gentleman, believing it to be polypus, had attempted its removal by incision; but although, having discovered his mistake, he did not complete the operation, the patient shortly afterwards died of acute peritonitis. In another case which he had seen, many attempts to reduce the inversion had been made, and thirteen months had elapsed since the occurrence of the inversion at the time he first saw her. He, however, accomplished the reduction by means of a hemisphere of wood on a handle, by which the protruded fundus was compressed; and gradually, by the persistent efforts of Dr. Sanderson, Mr. Scott, and others continued for some hours, the rigid condition of the cervix yielded so as to enable him to effect the complete retrocession of the inverted uterus. In proof of the superiority of this operation over that of Mr. Cross of Norwich, he would further state that the patient had since given birth to two children. On both occasions there was considerable atony of the uterus in the third stage of labour, with hæmorrhage; and on the last occasion there was adherent placenta, and so little contractile power that the hand had to be held in the uterus for an hour before contraction ensued and hæmorrhage ceased. Notwithstanding this condition, in neither instance was there any attempt on the part of the uterus to reproduce inversion.

Dr. PRIESTLEY regarded Dr. Tyler Smith's paper as very interesting, and a valuable contribution to our knowledge concerning inversion. The author had advanced very good reasons to prove that an irregular and abnormal contraction of the uterus after delivery might produce inversion, and that this might take place spontaneously. Whether this hypothesis were true, or whether they accepted the explanation recently given by Dr. Matthews Duncan, he thought there

were good grounds for believing that there were more ways than one by which inversion might be produced, and that besides the spontaneous cases there were others arising from injudicious management on the part of the attendant, or, indeed, produced inadvertently and unavoidably by the skilled obstetrician. It could very readily be understood how, in certain flaccid conditions of the uterine walls after the expulsion of the child, a very moderate amount of traction on the umbilical cord added to the weight of the placenta yet attached to the fundus might produce inversion. And besides the cases in which the uterus was turned inside out, as it were, by too violent pressure from unskilful hands, he was inclined to believe that in rare instances the most careful obstetrician might inadvertently produce slight indentation in the fundus uteri while exerting compression through the abdominal walls in cases of tardy contraction of the uterus, and where the shape and position of the organ were indistinct. The indentation once produced, the depressed portion would be seized by contracting fibres lower down, and might culminate eventually in complete inversion. It might not be possible in all cases to avoid such an accident, but the recognition of its possibility would suggest the desirability of making compression on a flabby uterus general, and not partial, and particularly not of such a character as might indent the fundus uteri. A class of cases of inversion not adverted to by the author, but which seemed to favour his view that uterine contraction was chiefly concerned in inversion, were those occurring in the unimpregnated uterus. Dr. Priestley detailed the history of two cases of this kind. In one the patient was an old woman, and the polypoid tumour formed by spontaneous inversion was successfully removed by ligature. In the other a fibroid tumour, nearly as large as a child's head, had so pulled down the fundus that the womb was completely inverted, and the large size of the swelling so completely filled the pelvic cavity that its attachments and relations above could not be made out. The inversion was not discovered until it had been pulled by midwifery forceps beyond the vulva, and it was then deemed best to push the tumour back into the vagina, rather than attempt any further operation at that time. The result had been that either from the pressure employed in pulling it down, or from some other cause, the troublesome discharges entirely ceased, and the patient was reported to be comparatively well.

After some further discussion, in which Dr. Rogers, Dr. Phillips, Dr. Barnes, Dr. Greenhalgh, and the President took part, Dr. Tyler Smith replied, and the meeting adjourned.

HARVEIAN SOCIETY.

THURSDAY, FEB. 6, 1868.

MR. ERNEST HART, PRESIDENT.

Dr. FULLER read a paper on

THE DOSES AND ACTIONS OF MEDICINES.

He considered that the prevalent distrust in the efficacy of drugs might all be resolved into the three following formulæ: 1. The natural reaction from the overweening confidence in medicine, and from the wholesale and indiscriminate administration of drugs which prevailed at the beginning of the present century. 2. The discovery that certain disorders, if left to themselves, in many instances tend to recovery. 3. The prevalence of extreme ignorance as to the dose in which each drug is tolerated by the system, and as to the dose in which it must be administered in order to obtain its curative effect. After enlarging somewhat on these points, Dr. Fuller concluded an able paper by remarking that by one means or another distrust had come to prevail, and discredit had been thrown on the curative action of drugs. Disease was left to take its natural course, and homœopathy was practised under the guise of scientific medicine. The public, who see by the reports of cases in our periodical literature how little heed some men pay to medicine, were becoming indoctrinated with the belief that drugs are of no avail, and were consistently betaking themselves to the professed homœopath. For this belief Dr. Fuller maintained that there were absolutely no grounds, and urged the Society to appoint a committee for the purpose of investigating the subject of therapeutics and the action of medicines. If, he said, it should prove, on inquiry, that drugs are of no avail in modifying the course of disease, let us, as honest men, avow our mistake, alter our practice, and admit that homœopaths have had just cause for their

vilification of the legitimate practice of medicine; but if, on the contrary, the labours of the committee resulted in establishing the curative action of medicines, where properly administered in doses and in combinations suited to the exigencies of each case, the profession might fairly hope to obtain as the result of the investigation some trustworthy therapeutical data. The investigation must necessarily be coeval with the existence of the healing art; but the labours of the committee, if carefully conducted, would serve as a model to future inquirers; the conclusions at which they arrived would be a nucleus to which other facts might be added from time to time, until information was obtained in the healing art which would be indispensable to every practitioner; and meanwhile the Harveian Society would have the honour of inaugurating an inquiry which would not have been unworthy of the Royal College of Physicians.

A long and animated discussion took place, in which Mr. Sedgwick, Dr. C. J. B. Williams, Dr. Broadbent, Dr. Sutton, Dr. Drysdale, Mr. Brown, Dr. Kidd, Mr. Baker, Dr. Silver, and others, took part.

Eventually a motion was carried appointing a committee to make a preliminary report to the Society at as early a date as convenient. The committee is to consist of the following, with power to add to their number: Drs. Broadbent, Tilbury Fox, Fuller, Hare, Hickman, Handfield Jones, Norton, Pollock, and Sieveking; Messrs. Ernest Hart, Curgenvin, and Sedgwick.

Reviews and Notices of Books.

Traité d'Anatomie Topographique, comprenant les Principales Applications à la Pathologie et à la Médecine Opératoire.
By MM. V. PAULET and JULES SARAZIN. Paris: Victor Masson.

THIS elaborate and perfectly executed work, which has been in hand for some years, is now complete, and published in the form of three volumes of text, with an atlas of plates. The text is written by M. Paulet, professor and chief of the anatomical department of the Imperial School of the Val-de-Grâce; the plates are by M. Sarazin, Surgeon of the Cent-Gardes of the Emperor.

The text of Part I. is a description of the anatomy of the head, the cranium, and the face, and is written with singular fidelity. It is short, clear, and practical. The facts connected with the anatomy proper and the surgical anatomy are of special interest, not only to the surgeon and pathologist, but to the physiologist also. We will return to this subject by way of illustration. The anatomy and surgical anatomy of the face comes next. The internal region of the orbit, the region of the lip and chin, the buccal region, the pharyngeal region, the lateral facial region, and the nasal cavities follow.

Part II., in which the subject-matter is divided into the neck, the thorax, the abdomen, and the pelvis, makes up the larger portion of the work so far. All parts are not equally treated—that is to say, all do not seem to be treated with equal labour. But this is, perhaps, unavoidable in a work which is chiefly intended to describe the illustrations drawn by the hand of the anatomical draughtsmen.

M. Paulet writes not only with great ease, in so far as style is concerned, but with unbiased judgment, and with a wide knowledge of what our brethren on the other side the Tweed very properly call the “institutes of medicine.” In his descriptions of the brain, for example, there are to be found, as we have already hinted, points of peculiar interest. Amongst other facts which he relates are some bearing on the subject of pressure on the brain. He maintains, and in this matter we have been led by experiment to confirm him entirely, that a certain degree of pressure is necessary to sustain the integrity of the functions of the encephalon. He relates a case in which M. Bérard laid bare, by the trephine, a very large portion of the brain. As the brain became exposed to view, the patient fell immediately insensible, without respiration, and in a state of apparent death. A light pressure with the hand on the brain removed these symptoms, and restored the patient to conscious-

ness; but when the pressure was taken off she at once relapsed. These observations were repeated many times. The patient lived thirty-four hours. On the other hand, as we all know, excess of pressure produces symptoms equally serious; but even when there is much pressure, there is great difference of symptoms according as such pressure is gradual or sudden. Thus when there is very gradual pressure, no symptoms may be manifested for a long period of time, and then symptoms suddenly produced may end in immediate death. In other cases there may be no cerebral symptoms up to death. In proof of this last fact M. Paulet adduces a very remarkable case which occurred in the Hospital of Val-de-Grâce. On the 14th of March, 1862, a soldier died in the hospital with tuberculous cavity in both lungs. On examining the body after death, M. Paulet found a distinct depression of the frontal bone immediately over the external orbital apophyses on the right side; here there had been an old fracture altogether consolidated. To the internal table of the bone there adhered a fragment of the ball; the dura mater was markedly thickened, and the brain, at the spot corresponding to the depression, presented a cavity eight centimetres long, four wide, and very deep. This man had received his wound on the 24th of June, 1859, at the battle of Solferino. Whether he had suffered from any cerebral (intellectual) derangement at the time is not known, it is only probable; but the author says he can affirm that the patient remained in active service, and that from his entrance into the hospital until his death, he enjoyed the most lucid intelligence, without any lesion of sensation or of movement. Respecting the functions of parts of the brain, M. Paulet speaks with caution. He asserts that the brain-substance itself is devoid of all trace of common sensibility—an assertion which must, as a general fact, be admitted, although we have known an animal scream vehemently when the inferior and frontal surface of the brain has been raised. He disputes, by adducing a crucial observation from Combette, the theory of Gall that the cerebellum governs or presides over the generative functions, and he appears equally to question the hypothesis of Flourens that the cerebellum is the co-ordinator of the muscular movements. He with some confidence quotes the theory of Luys, that the optic thalami are the centres of common sensibility, the corpora striata the centres of motion, the cerebral hemispheres the centres of psychical activity, and the cerebellum the generator of nervous force. He accepts with reserve the modern theory of the seat of aphasia, and believes that the only proved fact in nervous pathology is the fact of the cross paralysis of sensation or motion.

Here we must reluctantly leave the text of M. Paulet, to dwell for a moment on the Atlas of M. Sarazin. Our work now is brief, because no length of description could increase our earnest admiration. Eighty-eight plates in chromo-lithograph comprise the illustrations of this remarkable work. In these the touch and feeling of the true artist is happily blended with the learning of the accomplished anatomist, and with industry of the highest order. Altogether the combination is perfect, and we can wish no better fortune for the busy practitioner in this country than that some enterprising publisher, led by an intelligent translator and editor, should bring out MM. Paulet and Sarazin's work, as far as it now goes, in an English dress. The text carefully translated, the plates, we should assume, could be supplied direct from M. Victor Masson for the English edition.

OUR LIBRARY TABLE.

The Use of the Laryngoscope in Diseases of the Throat; with an Appendix on Rhinoscopy. By MORELL MACKENZIE, M.D. Lond., M.R.C.P. Second Edition, revised and enlarged. London: Hardwicke. 1866.—This new edition of a work already well known to the profession does not require a lengthened notice from us; it is sufficient to say that Dr. Mackenzie has considerably increased its value by the careful revision which he has given to it, and the new matter which